fhi360

The Global Fund Grant Cycle 6
National Aligned HIV/AIDS Initiative (NAHI)

END OF PROJECT REPORT

January 2021 - December 2023

THE GLOBAL FUND

TABLE OF CONTENTS

ACRONYMS

AGYW	Adolescent Girls and Young Women
ANC	Ante Natal Care
AHNI	Achieving Health Nigeria Initiative
ART	Antiretroviral Treatment
BISI	Baby Item Shop Initiative
BPG	Benzathine Penicillin G
cART	Community ART
CBM	Community-based Monitoring
CBO	Community Based Organizations
CCM	Country Coordination Mechanism
CD4	Center of Differentiation 4
CHAI	Clinton Health Access Initiative
CO	Country Office
CPT	Cotrimoxazole Preventive Therapy
CQI	Continuous Quality Improvement
DDD	Decentralized Drug Distribution
DHTS	Differentiated HIV Testing Services
ECEWS	Excelent Community Education and Welfare Scheme
EID	Early Infant Diagnosis
eMTCT	Elimination of Mother-to Child Transmission
FHI 360	Family Health International
FSW	Female Sex Worker
GBV	Gender- Based Violence
GIS	Geographic Information System
HEI	HIV Exposed Infant
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-Testing
HPMT	Health Products Management Template
HRDTs	HIV Rapid Diagnostic Tests
HTS	HIV Testing Service

ICT	Index Client Testing
IHVN	Institute of Human Virology, Nigeria
IPLUS	Iplussolutions
IT	Information Technology
LAMIS	Lafiya Management Information Systems
M&E	Monitoring and Evaluation
MAT	Medication Assisted Therapy
MLSCN	Medical Laboratory Science Council of Nigeria
MMD	Multi-month Dispensing
MPPI	Minimum Package of Prevention
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and STIs Control Program
NAUTH	Nnamdi Azikiwe University Teaching Hospital
NDR	National Data Repository
NEPWHAN	Network of People Living with HIV and AIDS in Nigeria
NISRN	National Integrated Sample Referral Network
NSP	Needle and Syringe Program
NTBLCP	National Tuberculosis and Leprosy Control Programme
NTPP	National Treatment and PMTCT Program
OSS	One Stop Shop
OST	Opioid Substitution Therapy
PAT	Pre-Award Assessment
PBS	Patient Biometric System
PFSCM	Partnership for Supply Chain Management
PICC	People in the Correctional Center
PITC	Provider Initiated Testing and Counselling
PLHIV	People Living With HIV
PMTCT	Prevention of Mother to Child Transmission
PPM	Planned Preventive Maintenance
PPM	Pooled Procurement Mechanism
PR	Principal Recipient
PrEP	Pre-exposure Prophylaxis

PSA	Procurement Service Agent
PWID	People Who Inject Drugs
QMS	Quality Management System
RDTs	Rapid Diagnostic Tests
RSL	Remote Sample Logging
RSSH	Resilient and Sustainable Systems for Health
RTK	Rapid Test Kits
SASCP	State AIDS and STIs Control Program
SBCC	Social Behavior Change Communication
SFR	Sub-awardee Financial Report
SMoH	State Ministry of Health
SNT	Sexual/Social Network Tracking
SOP	Standard Operating System
SR	Sub-recipient
SRH	Sexual and Reproductive Health
SRM	Situation Room Meeting
STI	Sexually Transmitted Infection
TA	Technical Assistance
TAT	Turn-around time
TB	Tuberculosis
TCS	Treatment Care and Support
TPT	Tuberculosis Prevention Therapy
TWG	Technical Working Group
UDUTH	Usmanu Danfodiyo University Teaching Hospital
UMTH	University of Maiduguri Teaching Hospital
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
VDRL	Venereal Disease Research Laboratory
VL	Viral Load
VLC	Viral Load Champions
WHO	World Health Organization
XML	Extensible Markup Language

PREFACE

The National Aligned HIV/AIDS Initiative, Global Fund Grant Cycle 6 (GF-NAHI GC-6) commenced implementation at a critical juncture for the Nigerian HIV response as it began immediately following the COVID-19 pandemic. The first year of the grant, 2021, presented significant challenges due to the ongoing impacts of the pandemic. To the credit of FHI 360 as Principal Recipient and the eight sub-recipients, the grant was implemented successfully such that by the end of the grant on December 31, 2023, the grant performance received a B-2 rating by The Global Fund.

The GF-NAHI GC-6 implemented several innovative and pathfinding interventions, including:

- Providing services to key and vulnerable populations.
- Identifying challenges to and developing strategies to improve the Prevention of Mother-to-Child Transmission (PMTCT) of HIV with significant learning on what worked or did not work.
- Removing barriers to service delivery for Adolescent Girls and Young Women (AGYW).
- Implementing harm reduction strategies for People Who Inject Drugs (PWIDs) to reduce the risk of HIV and other blood-borne diseases.
- Distribution of HIV self-test (HIVST) Kits to increase access to HIV testing services as an entry point in receiving HIV treatment and care.

This document is one of a series of products that has recorded the efforts of FHI 360 and its Sub-Recipients, which include the Achieving Health Nigeria Initiative (AHNI), Society for Family Health (SFH), Excellence Community Education Welfare Scheme (ECEWS), Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), National AIDS and STDs Control Program (NASCP), and PEPFAR Implementing Partners such as Heartland Alliance LTD/GTE (HALG), Centre for Integrated Health Programs (CIHP), Institute of Human Virology, Nigeria (IHVN), and Centre for Population Health Initiatives (CPHI). It details the pathfinding services provided, lessons learned, challenges faced, and the innovative actions taken to address these challenges.

We acknowledge the contributions of all other project staff who contributed to the first draft of this report in November 2023. Special mention is made of the following people who worked tirelessly to complete these series of report in the closeout period.

No	Contributor	Designation	No.	Contributor	Designation
1.	Christiana Laniyan	Project Director	13.	Morenike Oguntokun	Technical Officer
2.	Charles Odima	Deputy Project Director	14.	Ganiyat Kareem	Research Officer
3.	Philip Imohi	Technical Director	15.	Taiwo Adisa	Technical Officer
4.	Emeka Anoje	Technical Director	16.	Nkama Egwu-Nkama	Finance Manager/Team Lead
5.	Tine Woji	Associate Director, Programs	17.	James Uba	Research Consultant
6.	Eucharia Iwe	Senior Technical Adviser	18.	Uche Amalu	Senior Technical Adviser
7.	Samson Bamidele	Senior Technical Adviser	19.	Joseph Ashivor	Senior Technical Adviser/Team Lead
8.	Leah Umeokeke	Senior Technical Officer	20.	Oluwapelumi Aliu	Senior Technical Officer, Monitoring & Evaluation
9.	Oluwafemi Lebi	Senior Technical Officer	21.	Ahmed Babatunde	Senior Technical Officer
10.	Oluwakayode Alake	Program Officer	22.	Kelvin Ugwuanyi	Senior Technical Officer
11.	Adaku Nwogu	Program Officer	23.	Adakole Ochai	Program Assistant
12.	Christian Ikpe	Program Officer, Communications & Health Infographics			

EXECUTIVE SUMMARY

FHI 360 has supported the implementation of Global Fund grants since 2017, when the organization helped strengthen the financial management and accountability of its resources through the implementation of the "Investing for Impact Against Tuberculosis and HIV" grant under the Grant Cycle 4 (GC4) phase which was initially managed by the National Agency for the Control of AIDS (NACA) and Nigeria Federal Ministry of Health. In Grant Cycle 5 (GC5), FHI 360 implemented the "Optimizing HIV Investments for Impact" grant from December 2018 to January 2020. From January 2021 to December 2023, FHI 360 implemented the Grant Cycle 6 (GC6) Nationally aligned HIV/AIDS Initiative (NAHI) to support Alignment 1.0, a joint effort between the Government of Nigeria (GON), the Global Fund, USAID, PEPFAR, and other key partners to create one national HIV program that is more effective, locally led, and sustainable. One of Alignment 1.0's main goals was to streamline HIV programming under a single strategy led by the Government of Nigeria and end partner co-location to reduce duplication of efforts, improve resource allocation, standardize HIV treatment, and unify commodity supply chains.

A meeting was convened by the Government of Nigeria, PEPFAR and Global Fund in January 2023 to consider the progress made since alignment 1.0 and to make decisions related to how to make the national response more effective in the period 2024-2026 resulting in Alignment 2.0. FHI 360 provided technical inputs into both the funding request and grant making that led to the GC7 grant. FHI 360 and other implementing partners were crucial stakeholders in these conversations. The decisions made provided inputs into the Nigeria request for Global Fund's continued financial support and subsequent grant making. Essentially, to make adequate progress towards epidemic control, it was decided that Global Fund would support comprehensive HIV programmes on the prevention to care continuum in four Nigerian States namely: Anambra, Ebonyi, Kwara and Gombe States. It was also agreed that the national response gaps in relation to HIV prevention among key and vulnerable populations; paediatric ART and the elimination of mother to child transmission of HIV would be the priority interventions in GC7.

In accordance with Alignment 1.0, FHI 360 transitioned its work as a Global Fund principal recipient (PR) in about 33+1 states to PEPFAR. FHI 360 also implemented five other activities: a comprehensive surge program in Anambra state; a mini surge program in Ebonyi state; key populations (KP) programs in 13 states; harm reduction programs in 7 states, 4 of which were PEPFAR states. Thus, the Global Fund supported Nationally Aligned HIV/AIDS Initiative was born. In the NAHI period, FHI 360 strengthened health systems for tuberculosis (TB)/HIV integration and expanded service delivery from the general population (GP) to KPs to reduce HIV prevalence among groups of people who are at increased risk of HIV.

To enhance the grant's overall performance through increased portfolio monitoring of sub-recipients (SRs), NAHI adapted learning from Total Quality Learning and Accountability (TQLA), FHI 360's innovative and adaptive management approach to performance improvement and capacity strengthening. NAHI's use of TQLA resulted in a total of 6,365,787 persons tested for HIV out of a target of 5,668,417, representing a grant performance of 112%. Of those who were tested, 61,028 persons were newly identified to be HIV positive (53% of this was from GP while 47% was from KP). Of those who were found to be HIV positive, 58995 were linked to treatment, representing a linkage rate of 97%. Of those who were found to be HIV positive, 58,995 were linked to treatment, representing a linkage rate of 97%. By the end of the grant, 74,978 people were eligible for viral load (VL) testing out of the 84,645 people currently on treatment, and 61,092 clients had valid VL results accounting for 81.5% VL coverage, with 94% of these clients having a suppressed VL under 1000 copies per milliliter.

The grant met national guidelines on comprehensive prevention services for KPs and other vulnerable groups by providing them with at least three standard service packages . In doing so, NAHI reached a total of 2,998,466 people—1,564,119 KP members and 1,434,347 adolescent girls and young women (AGYW)—with minimum package of prevention interventions (MPPIs) out of a target of 2,891,104 people—1,195,459

KP members and 1,695,645 AGYW—over the life of the program, representing an achievement of 104%. To reduce HIV transmission and other blood-borne infections among persons who inject drugs (PWIDs), the grant implemented a Harm Reduction Program in collaboration with Nigeria's Federal Ministry of Health and other partners.

In line with the Government of Nigeria's decision to conduct biometric enrollment for clients to verify data and monitor uniqueness of new HIV cases, the grant deployed a biometric intervention in July 2022. As a result, NAHI enrolled a total of 80,928 people out of the 84,645 clients who were eligible for biometric capture, representing a biometric coverage of 96%. 97% of eligible clients had valid fingerprints entered into Nigeria's National Data Repository (NDR). The grant also used a patient biometric system (PBS) algorithm and implemented standard operating procedures (SOPs) with support from a Nigerian health analytics firm, Public Health Information, Surveillance Solutions and Systems (PHIS3), to de-duplicate the 1.2% of clients whose information was entered into the NDR twice.

FHI 360's finance team, played a crucial role in managing and reporting financial resources to ensure project success, compliance, and donor trust. Over the 2021-2023 period, NAHI demonstrated an absorptive capacity of 88% as of December 31, 2023, when the grant ended contractually. After the six months following closeout, absorption was estimated to be 92%. FHI 360's efforts to enhance NAHI's financial performance included: establishing robust financial controls, diligent budget planning and monitoring, rigorous compliance and risk management, timely financial reporting, and capacity strengthening for project staff. FHI 360 also implemented a backstopping arrangement to provide strategic guidance, technical assistance, proactive problem-solving, continuous quality assurance, and comprehensive monitoring to the various Sub-Recipients on the grant. Through these measures, FHI 360 maintained a culture of transparency and accountability, prioritized knowledge management and capacity strengthened, and reviewed all financial transactions to achieve a clean financial record with no instances of fraud or mismanagement, thus ensuring the effective utilization of the $292,478,305 grant.

Despite these achievements, the project team experienced external challenges that obstructed project implementation, ranging from flooding to escalating insecurity challenges, particularly in southeast Nigeria where the activities of unknown gunmen and frequent sit-at-home orders by armed separatist group restricted the movement of project staff and SRs to the various facilities/sites which in most cases led to complete halting of implementation. Due to these external challenges, NAHI did not have enough logistical support to safely conduct supervisory visits for a major part of Year 2021 and 2022. Program results were also affected by stock-outs of reagents needed to process diagnostic and VL testing and equipment malfunctions in polymerase chain reaction (PCR) laboratories. These obstacles resulted in prolonged turnaround time for VL and early infant diagnosis (EID) results. However, NAHI adapted to these conditions by exploring new strategies to successfully implement activities across program-supported states.

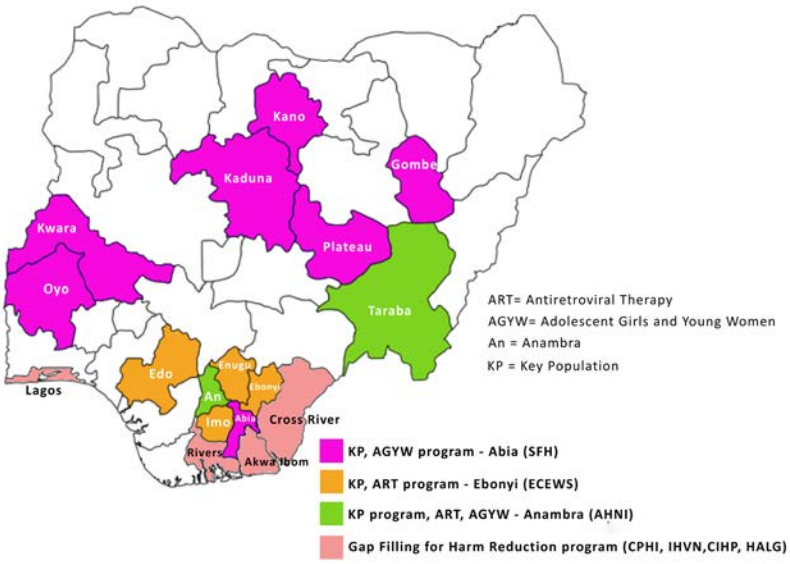
This report provides an overview of the three years of the NAHI grant, showing how FHI 360 helped move Nigeria closer to overcoming the HIV crisis through effective service delivery. The grant's performance highlights achievements and lessons learned in several key areas, including: differentiated HIV testing; treatment care and support; TB/HIV co-infection; reducing human rights related barriers to HIV/TB services; prevention amongst KPs and other vulnerable populations; harm reduction interventions for PWIDs; prevention of mother-to-child transmission (PMTCT); resilient and sustainable systems for health (RSSH); strengthening community systems, laboratory systems, health management information systems, and health products management systems; and enhancing monitoring and evaluation (M&E), program management and coordination, and grant financial management.

1. INTRODUCTION

The Global Fund GC6 NAHI implemented by FHI 360 as PR was a $292 million, three-year grant (January 1, 2021 – December 31, 2023) which worked to reduce HIV incidence and its associated morbidity and mortality among the GP and KPs in Nigeria, and expanded access to HIV prevention, treatment, care and support. The grant was implemented through nine SRs working across 17 states[1]. The grant aligned with the efforts of the Government of Nigeria, PEPFAR and other partners to ensure that Nigeria progressed towards HIV epidemic control and the 2030 UNAIDs' 95-95-95 goals.

NAHI provided comprehensive services for both the GP and KPs on the HIV prevention to care continuum in Anambra and Ebonyi states. The grant reached several KPs, including female sex workers (FSWs), transgender persons, men who have sex with men (MSM), PWID, persons in the correctional centre (PICCs), and other vulnerable populations including AGYWs in 13 states. The range of KP services included MPPIs and treatment, care, and support services. The grant provided these services through One Stop Shop (OSS) service delivery points, KP-friendly facilities, and community outreaches.

Figure 2-1: GF NAHI geographical coverage and SRs portfolio.



Three major interventions, HIV self-testing, AGYW and Harm Reduction, that were not previously implemented in Global Fund grants were launched in GC6. In 2020 (prior to the GC6 implementation period), the Society for Family Health (SFH), implemented a pilot Needle and Syringe Program (NSP) that was scaled up in GC6 to include two other components of harm reduction for PWIDs: opioid substitution therapy (OST) using naloxone and referral services to link opioid-dependent PWIDs to medication assisted treatment (MAT) centres. NAHI also contributed to PEPFAR's Gap Filling for Harm Reduction efforts to provide services for PWIDs in four additional states: Lagos, Akwa Ibom, Rivers and Cross River.

NAHI's overarching goal was to contribute to reducing the incidence of new HIV infections and reducing mortality and morbidity due to HIV among the GP and KPs in Nigeria . Over the life of the program, NAHI helped achieve the following outcomes : 95% of persons living with HIV (PLHIVs) in Nigeria knew their HIV status; 95% of PLHIVs that knew their HIV status were placed on antiretroviral therapy (ART); 95% of PLHIVs on ART achieved viral suppression; 95% of key and vulnerable population had access to comprehensive HIV prevention, care, treatment, and support interventions; and 95% of all identified HIV positive pregnant and breastfeeding mothers began ART.

1 *See Annex 1 for a full list of SRs.*

2. PROGRAM OVERALL ACHIEVEMENTS

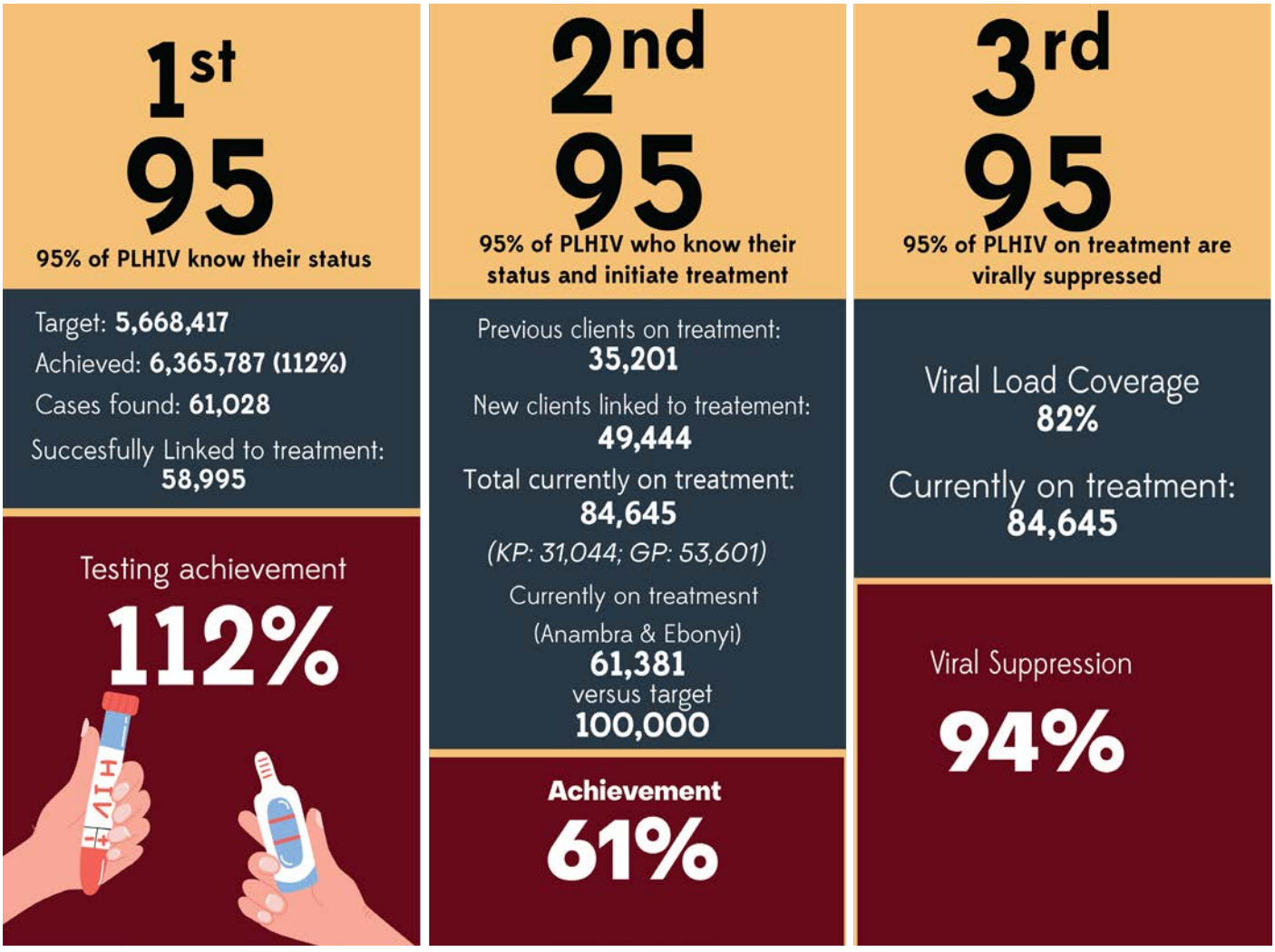
2.1 COVERAGE INDICATORS BASED ON THE 95-95-95 GOALS.

2.1.1 DIFFERENTIATED HIV TESTING SERVICES (1ST 95)

Over the life of the program, NAHI's efforts resulted in 6,365,787 people being tested for HIV, 112% more than the 5,668,517 people who were originally targeted. Of the number of tested, 61,028 persons were newly identified to be HIV positive, with 53% of individuals belonging to GP and 47% belonging to KPs. NAHI connected 49,444 of HIV positive people to treatment, representing a linkage rate of 92%.

The grant's positivity rate for both the GP and KPs is 0.95%, slightly lower than the national prevalence of 1.3%. This is because the national prevalence is based on a survey conducted in 2018, whereas the grant's positivity rate is based on program data representing the actual number of people tested and cases found.

Figure 2-1 Summary of GF NAHI Achievements



2.1.2 TREATMENT CARE AND SUPPORT (2ND 95)

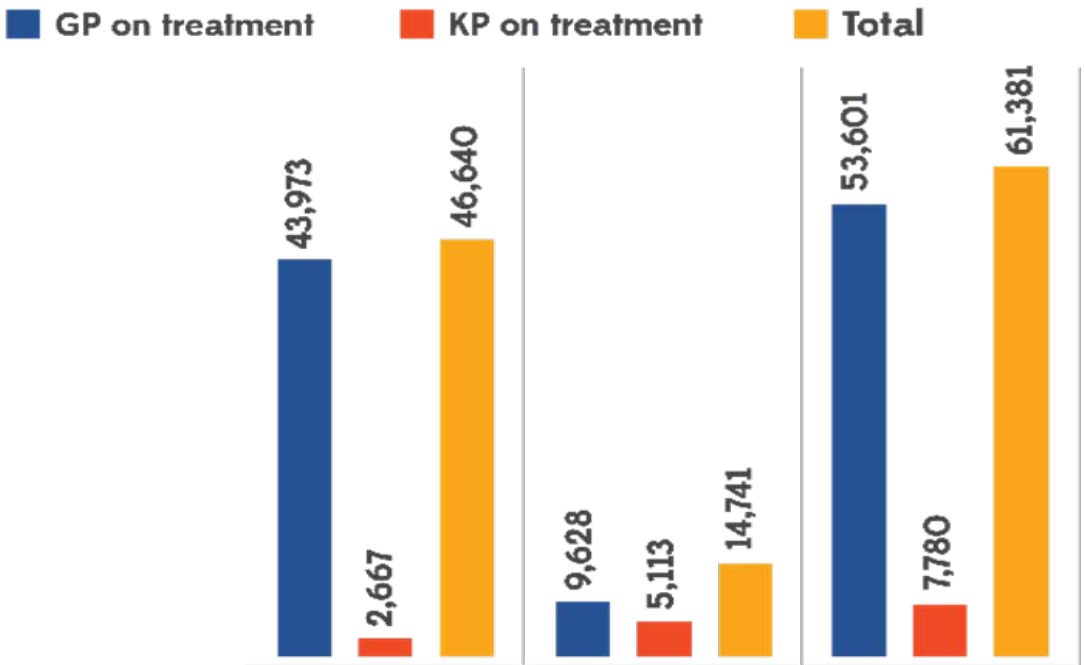
NAHI's grant performance framework recognized Anambra and Ebonyi states as GP states, where comprehensive services were provided to all clients in the states. The number of clients on treatment in these two states by the end-of-project was 61,381. This comprises GP (53,601 for both Anambra-43,973 and Ebonyi-9,628) and KP (7,780 for both Anambra-2,667 and Ebonyi-5,113). See Figure 2-2.

As shown in Figure 2-1, NAHI's work to start HIV positive GP and KP members on treatment represented an achievement rate of 61% achievement . The KP program in the additional 11 states resulted in 23,264 more KP members on treatment. Cumulatively, NAHI's efforts resulted in 84,645 people on treatment by 2023 (53,601 GP members and 31,044 KP members) with a 95% proxy retention rate.

2.1.3 VIRAL SUPPRESSION (3RD 95)

Out of the total of 84,645 people currently on treatment, 74,978 were eligible for VL testing, out of which

Figure 2-2 Summary of GF NAHI Achievements



	ANAMBRA	EBONYI	TOTAL
GP on treatment	43,973	9,628	53,601
KP on treatment	2,667	5,113	7,780
Total	46,640	14,741	61,381

61,092 clients had valid VL results accounting for 81.5% VL coverage, with 94% of these clients having a suppressed VL of less than 1,000 copies per milliliter. A combination of factors, including hard-to-reach areas, insecurity, equipment malfunctions, and clients who received their drugs through differentiated service delivery but could not provide their samples for VL testing, contributed to the reported sub-optimal VL coverage.

2.2 TECHNICAL PERFORMANCE BY PROJECT KEY INDICATORS

The Global Fund measures its grants' technical performance using key indicators that are assessed and reported as scorecards. NAHI ended with an overall technical performance of 103.4% for both GP and KP indicators. The Grant achieved over 120% performance in 10 indicators and over 100% in two additional indicators showing a performance of 100% or more in 12 of 18 indicators as seen in the table below. The grant performed well across most of its testing coverage as evidenced in the Table 1 below, surpassing all

HIV testing services (HTS) targets for both the GP and KPs with an average performance of 120%, earning a Global Fund "A" rating. The only indicator of concern is the PMTCT 2.1, number of positive pregnant women found and placed on treatment. This result will be discussed in further detail in the PMTCT section of this report.

Table 1: GF NAHI Program Scorecard

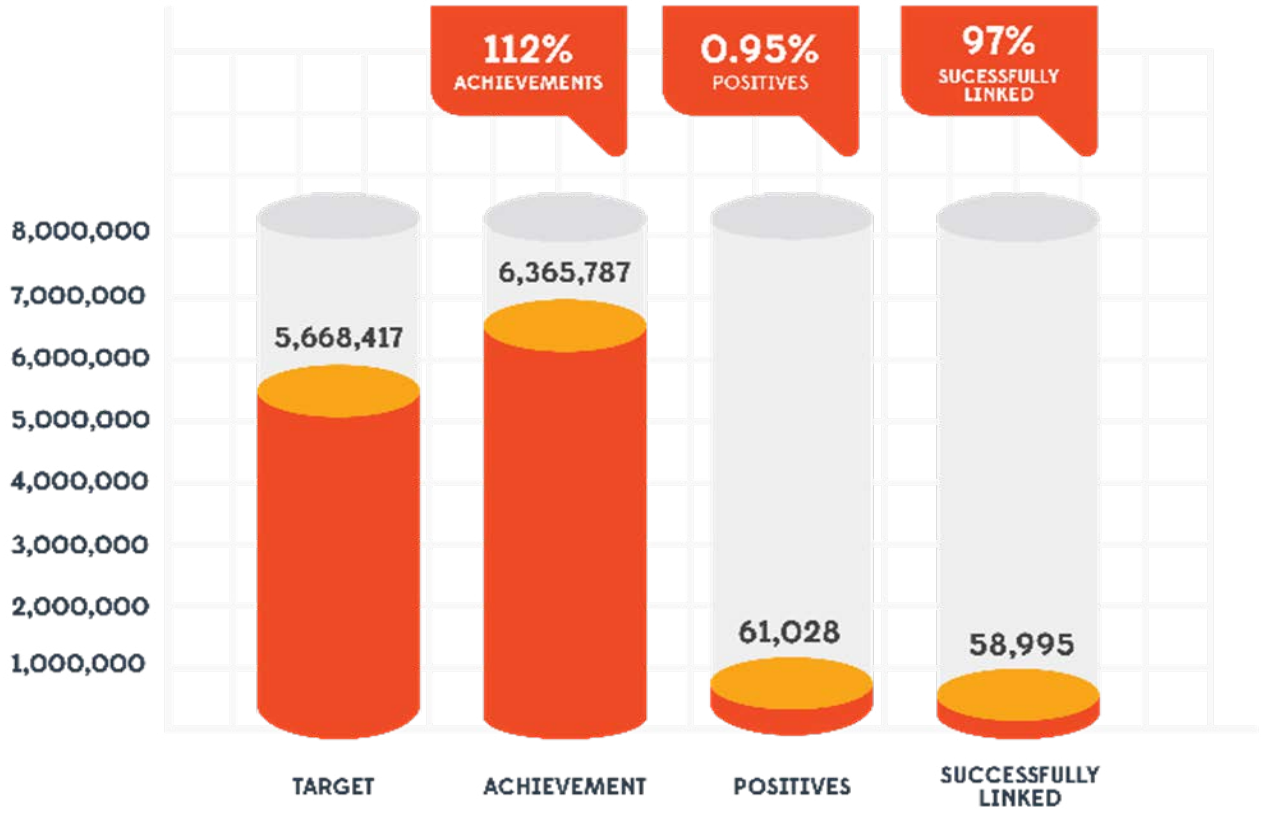
	PR Combined Scorecard		FHI360		
CODE	Indicator		Total	SCORE CARD	Rating
KP-1a(M)	Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Actual Target Percent	256,257 159,057 161%	120.00%	A
HTS-3a(M)	Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	Actual Target Percent	256,243 159,057 161%	120.00%	A
KP-1c(M)	Percentage of sex workers reached with HIV prevention programs - defined package of services	Actual Target Percent	319,323 209,209 153%	120.00%	A
HTS-3c(M)	Percentage of sex workers that have received an HIV test during the reporting period and know their results	Actual Target Percent	319,298 209,209 153%	120.00%	A
KP-1d(M)	Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	Actual Target Percent	132,062 78,996 167%	120.00%	A
HTS-3d(M)	Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results	Actual Target Percent	132,036 78,996 167%	120.00%	A
KP-1f(M)	Number of people in prisons and other closed settings reached with HIV prevention programs - defined package of services	Actual Target Percent	18,278 11,176 164%	120.00%	A
HTS-3f(M)	Number of people in prisons or other closed settings that have received an HIV test during the reporting period and know their results	Actual Target Percent	18,237 11,176 163%	120.00%	A
YP-2	Percentage of adolescent girls and young women reached with HIV prevention programs- defined package of services	Actual Target Percent	867,475 709,174 122%	120.00%	A
HTS-2	Number of adolescent girls and young women who were tested for HIV and received their results during the reporting period	Actual Target Percent	601,318 638,567 94%	94.17%	B
HTS-3e	Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	Actual Target Percent	847,743 629,758 135%	120.00%	A
PMTCT-1	Number of pregnant women who were tested for HIV and who received the results	Actual Target Percent	429,871 363,091 118%	118.39%	A
PMTCT-2.1	Number of HIV Infected women who received antiretroviral drugs to reduce the risk for mother to child transmission	Actual Target Percent	1,423 6,143 23%	23.16%	E
PMTCT-3.1	Number of infants born to HIV –infected women who received an HIV test / PCR test within 2 months	Actual Target Percent	1,064 1,587 67%	67.04%	C
TCS-1	Number of people living with HIV currently receiving antiretroviral therapy	Actual Target Percent	61,381 100,089 61%	61.33%	C
TB/HIV-3.1a	Percentage of people living with HIV newly initiated on ART who were screened for TB	Actual Target Percent	11,101 11,101 100%	100.00%	A
TB/HIV-6 (M)	Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Actual Target Percent	286 288 99%	99.31%	B
TB/HIV-7	Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	Actual Target Percent	12,817 12,987 99%	98.69%	B
Overall Rating	Overall Rating			103.4%	A

2.3 DIFFERENTIATED HIV TESTING SERVICES

HIV Testing Services (HTS) are the gateway to accessing HIV prevention, care, treatment, and other support services. During the grant period, FHI 360 collaborated with government entities to strengthen the capacity of HTS providers to implement differentiated HIV testing services (dHTS) at the facility and community levels. dHTS is a client-centered approach that simplifies and adapts HIV services across the care continuum to meet the needs of PLHIV and reduces unnecessary burdens on the health system.

dHTS Overall Grant Achievement. Over the life-of-project, NAHI reached a total of 6,365,787 persons with HTS, representing an achievement of 112% against the target of 5,668,417 (see Figure 2-3).

Figure 2-3: Grant Overall dHTS Achievement.

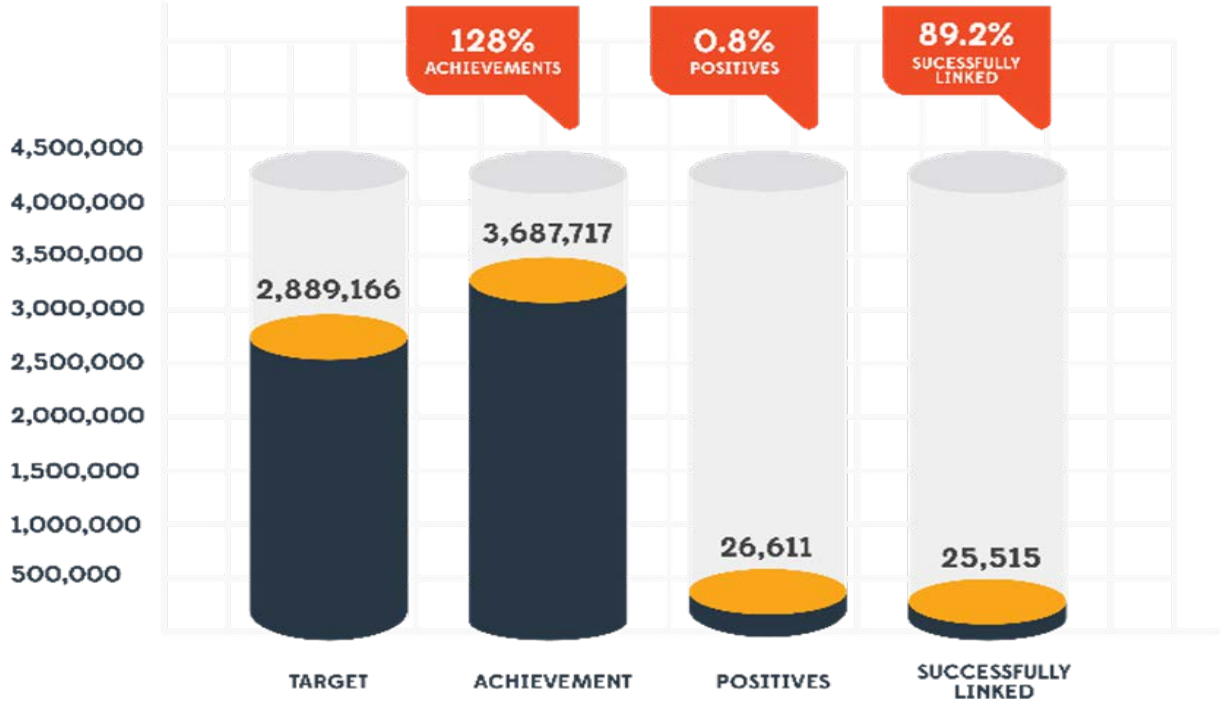


The total number of people tested represents 3,687,717 GP members tested in Anambra and Ebonyi states; 1,562,557 KP members tested in 13 other states, and 1,115,513 AGYW tested in Abia and Anambra states. Of the total number of persons tested, 61,028 positive clients were identified representing a 0.95% case finding/positivity yield, and 58,995 were linked to treatment and care, representing a 97% linkage rate exceeding UNAIDs' first 95 goals of 95%. The 3% unlinked clients are partly due to geographical, economic, and psychological factors, such as clients who lived far from from ART centres; client who lived in hard-to-reach areas without access to ART services; or clients who did not complete their referral despite follow up and counselling.

Number of Persons Tested & Received Results in the GP (HTS Performance). Compared to national standards, Anambra and Ebonyi states were behind in meeting the target for number of PLHIV identified and placed on treatment before January 2021. Under the NAHI grant, testing in the GP was a priority intervention to improve case finding.

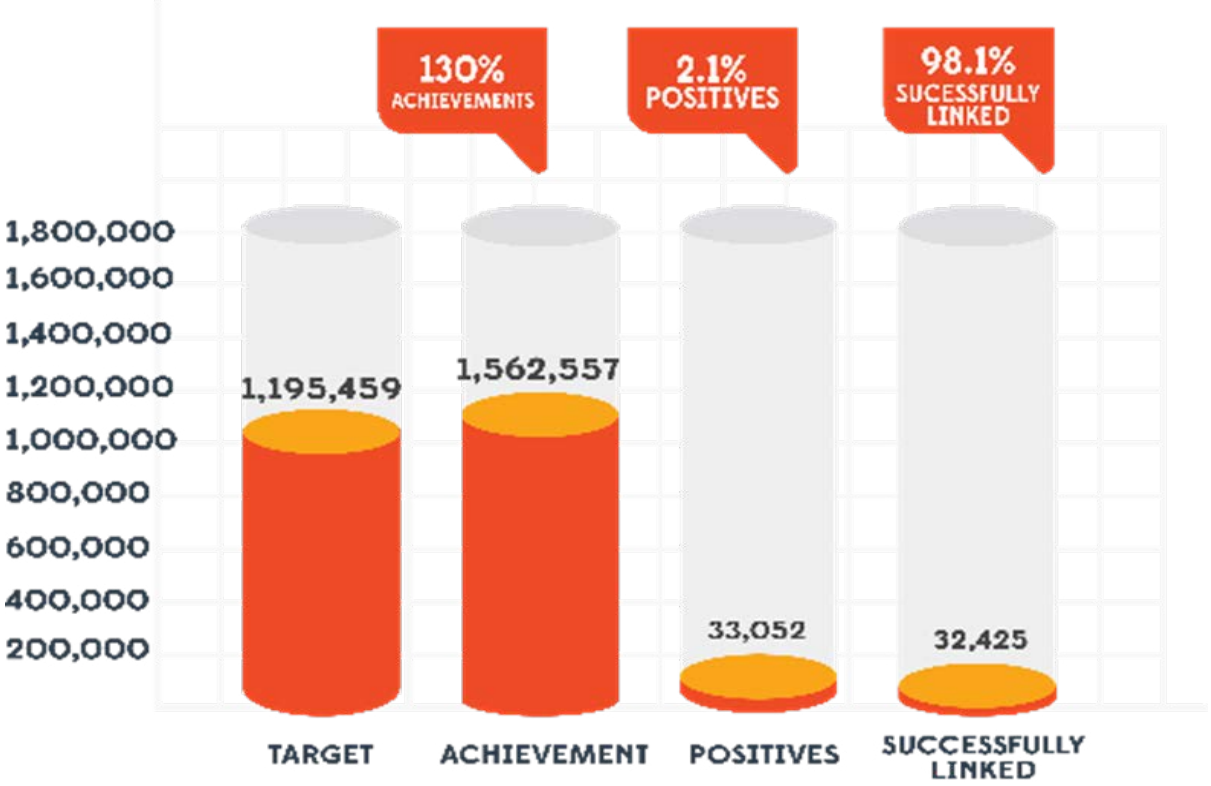
In Anambra and Ebonyi states, the number of people tested in the GP over the life of the project was 3,687,717 representing an achievement of 128% against a target of 2,889,166. There were 28,611 positive cases identified among the GP and 25,515 were successfully linked to treatment, representing a positivity yield of 0.8% and linkage rate of 89.2% (see Figure 2-4).

Figure 2-4: Grant GP dHTS Achievement



Number of KP Tested and Received Results against Target. The grant reached a total of 1,562,557 KP members, accounting for an achievement of 130% against a target of 1,195,459. The total number of positive cases identified among KPs was 33,052 and 32,425 were successfully linked to treatment representing a positivity yield of 2.1% and linkage rate of 98.1% (see Figure 2-5).

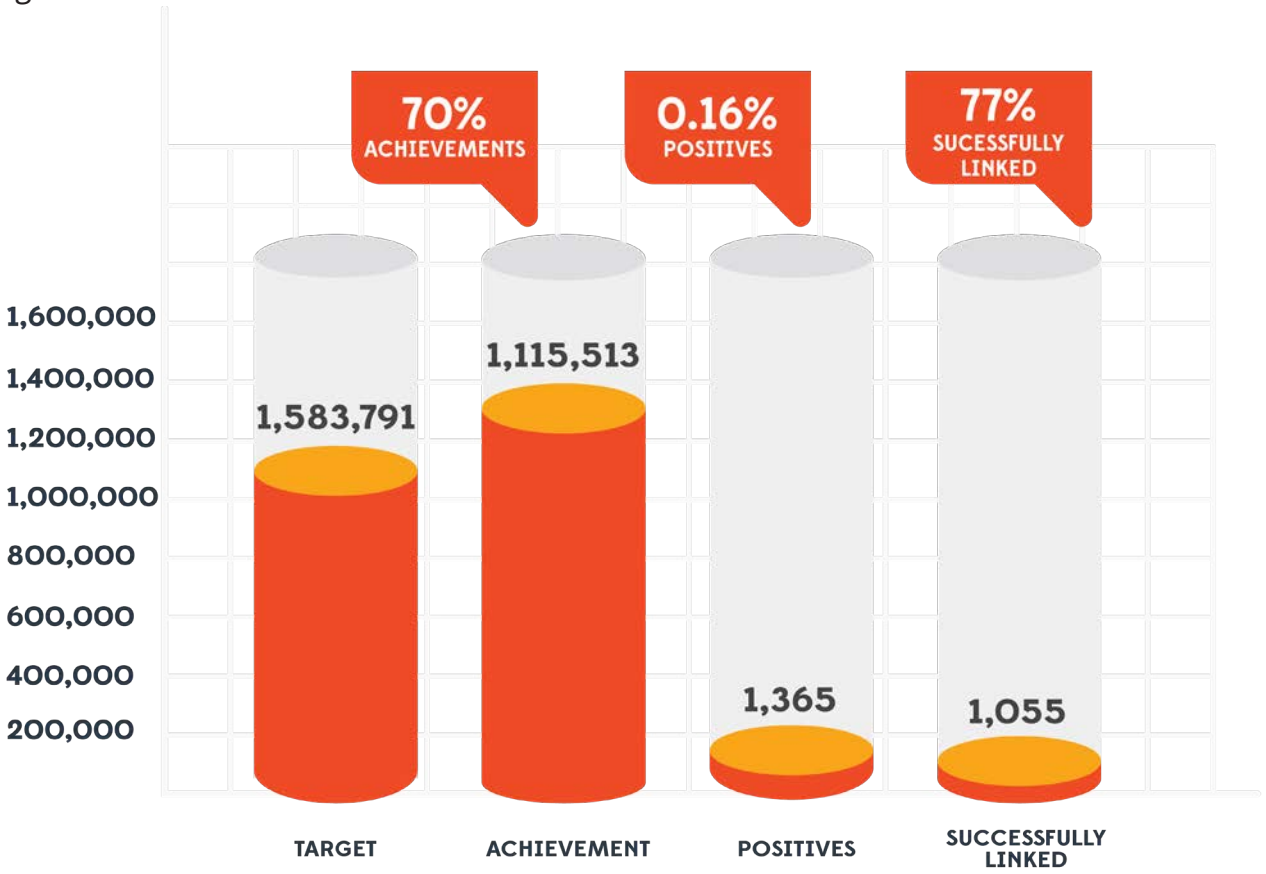
Figure 2-5: Grant KP dHTS Achievement



Number of AGYW Tested and Received Results. According to the 2018 National HIV/AIDS Indicator and Impact Survey (NAIIS) , new HIV infection was said to be highest among AGYW in Abia, Anambra and Taraba states. Therefore, NAHI piloted the provision of priority MPPI, including HIV testing among AGYW in Anambra and Abia states. AGYW was not implemented in Taraba because it was placed on Prioritized Above Allocation Requests (PAAR) (i.e. a list of costed requests that the country would like to have funded through its Global Fund grant but which cannot fit within the indicative allocation amounts set by the Global Fund in the allocation letter) location.

A total of 1,115,513 AGYW were reached with testing services representing an achievement of 66% against a target of 1,695,645. There were 1,365 positive cases identified among the AGYW and 1,055 were successfully linked to treatment, representing a positivity yield of 0.1% and linkage rate of 77% (see Figure 2-6).

Figure 2-6: Grant AGYW dHTS Achievement



- Dealyed start of AGYW and targeted testing at high risk AGYW to improve case finding contributed to the 30% gap.
- Linkage gap due to highly mobile nature of AGYW, denial and non-closure to parents and guardians despite follow-ups

2.3.1 STRATEGIES IMPLEMENTED FOR DIFFERENTIATED HIV TESTING SERVICES

Data-Driven Targeted Community Testing. The project deployed data-driven targeted community testing to identify additional community hotspots and structural drivers of HIV in addition to other models. In addition to using geographic information system (GIS)-based HIV screening and weekend testing, to reach more people, NAHI also deployed community outreach and community ART (cART) teams to conduct moonlight testing. Moonlight testing is a way to test people who are better reached at night either due

to the nature of their occupation and geographical location are not available for testing during the day. This includes farmers, fishermen and members of KP such as FSW, MSM who congregate at night. The moonlight testing is designed to take community outreach and community ART (cART) teams to their locations at night.) Another testing strategy was to embed testing and ART teams within frequently visited places in the community, such as [town halls, markets, viewing centres, etc as opposed to conducting one-off standalone testing outreaches and only testing in health facilities. This strategy accounted for the testing target achievement across the implementation states.

Index Case Testing and Sexual/Social Network Testing. The project optimized index case testing (ICT) and adapted the partner elicitation and notification (PEN) tool to identify and reach a greater pool of PLHIV's sexual partners who have a higher chance of HIV exposure. The sexual/social networking testing (SNT) strategy was efficient in helping NAHI reached 100,676 sexual partners and tested 85,797 (85.2%) of those who agreed with a positivity yield of 85.2%. SNT andICT contributed 24% to the overall improvement in case finding with a total of 12,785 cases identified using SNT and 53,647 cases identified through ICT.

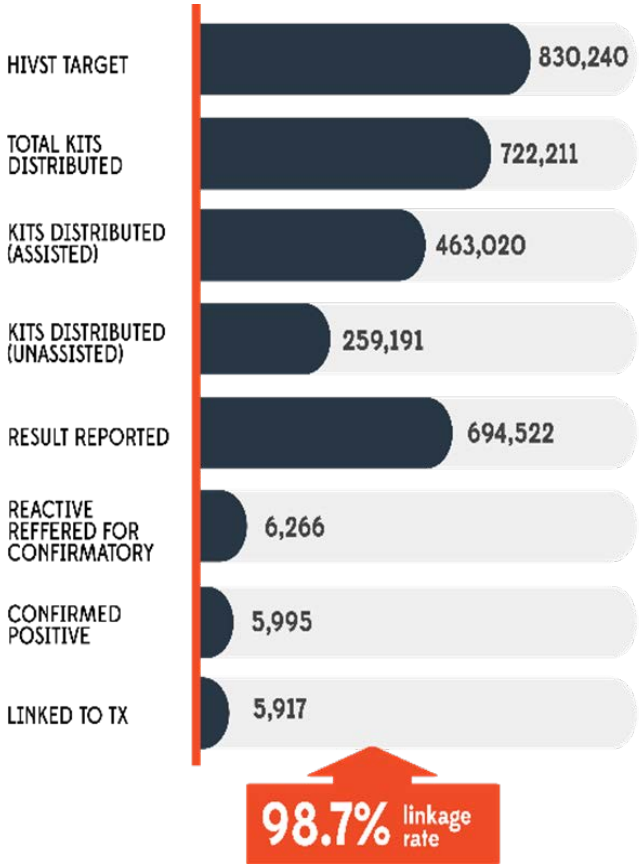
Optimized Provider-Initiated Testing and Counselling. NAHI conducted provider-initiated testing and counselling (PITC) in supported service delivery points, using risk assessment tools for adults to identify those with clinical signs or symptoms, disclosed risks, and testing in outpatient departments to maximize efficiencies and expand coverage. Over 200 servic providers were trained on effective PITC and nationa SOPs and guidelines.

HIV Self Testing Interventions. HIVST interventions were targeted at KPs (FSWs, MSM, PWIDs, transgender person) and other populations including AGYW and sexual partners of PLHIV. This intervention was one of the strategies rolled out to expand HTS access to those at high risk who may not otherwise get tested through conventional means. It also empowered the aforementioned target populations to seek and test themselves on their own. After HIVST, the clients who screened reactive were linked for confirmatory testing at health facilities.

NAHI distributed a total of 722,211 HIVST kits (463,020 assisted and 259,191 unassisted) using both community and facility distribution channels against a target of 830,240, representing an achievement of 87%. Of the HIVST kits distributed, 700,245 results were 96.2% were returned.

A total of 6,266 persons were reported to be reactive using HIVST, and 5,995 were confirmed to be positive using rapid test kits (RTKs). the 5,995 confirmed positive cases, 5,917 were linked to care, representing a linkage rate of 98.7%. Cumulatively, HIVST contributed 11.2% of NAHI's overall case finding during the life of the project.

Figure 2-7: HIVST Cascade

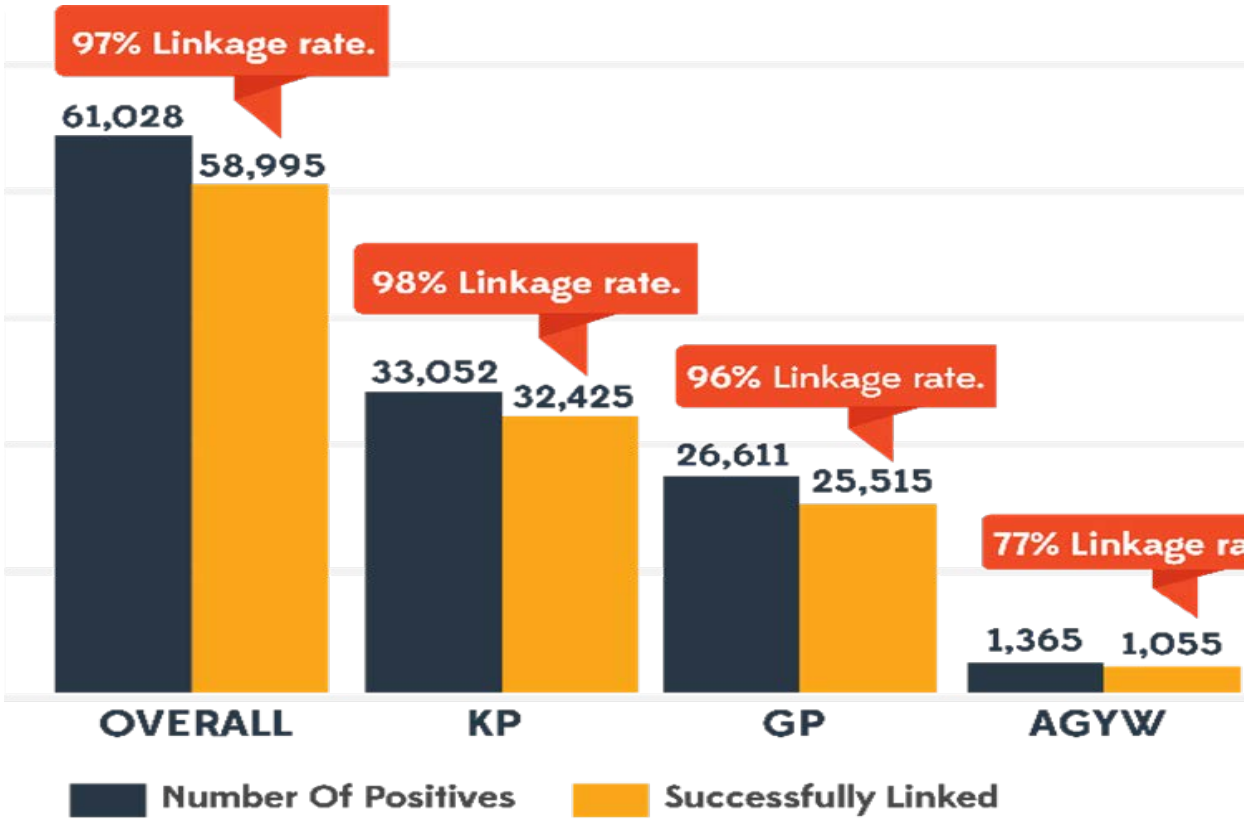


2.4 TREATMENT, CARE AND SUPPORT

Optimal HIV case finding, linkage and retention in care is key to achieving HIV epidemic control. NAHI optimized linkage to treatment and other services, improved care retention, and scaled up differentiated treatment services to achieve VL suppression.

Optimized Linkage to Care and Other Support Services. Out of a total of 61,028 persons who tested HIV positive, 58,995 persons were linked to TCS services, giving a linkage rate of over 97%.

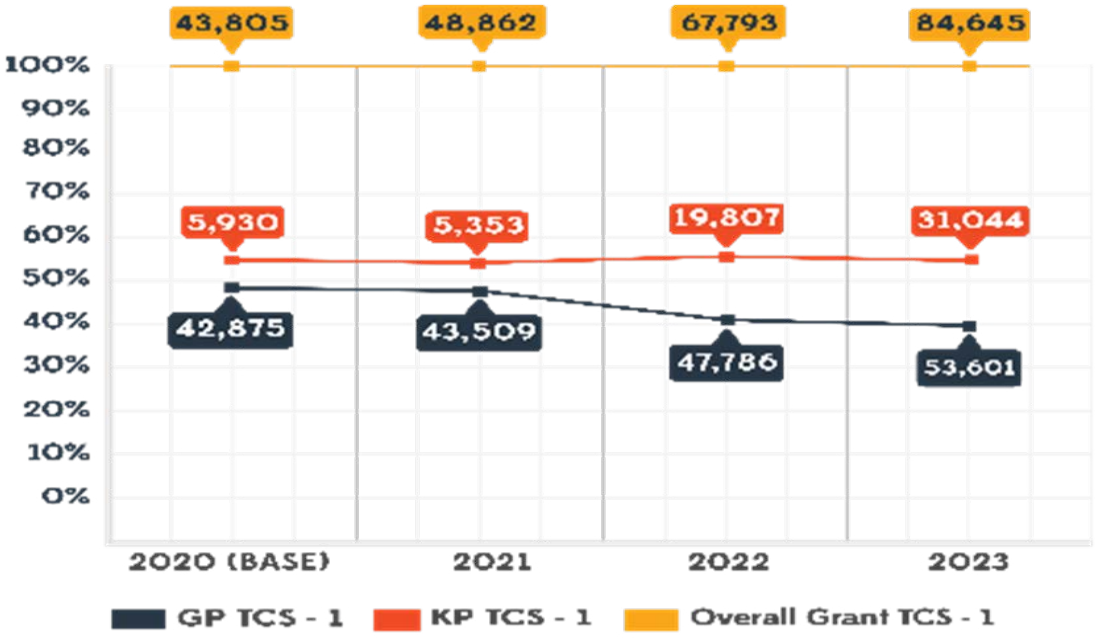
Figure 2-8: HIV Positive Clients Linked to Care



This performance disaggregated by GP and KP is 89.2% and 98.1% respectively (see Figure 2-8). NAHI's high linkage rate was achieved through individualized case management and surveillance, escort services for referred clients, site assessment to determine ART service coverage gaps, and same-day ART initiation at the facility and community levels.

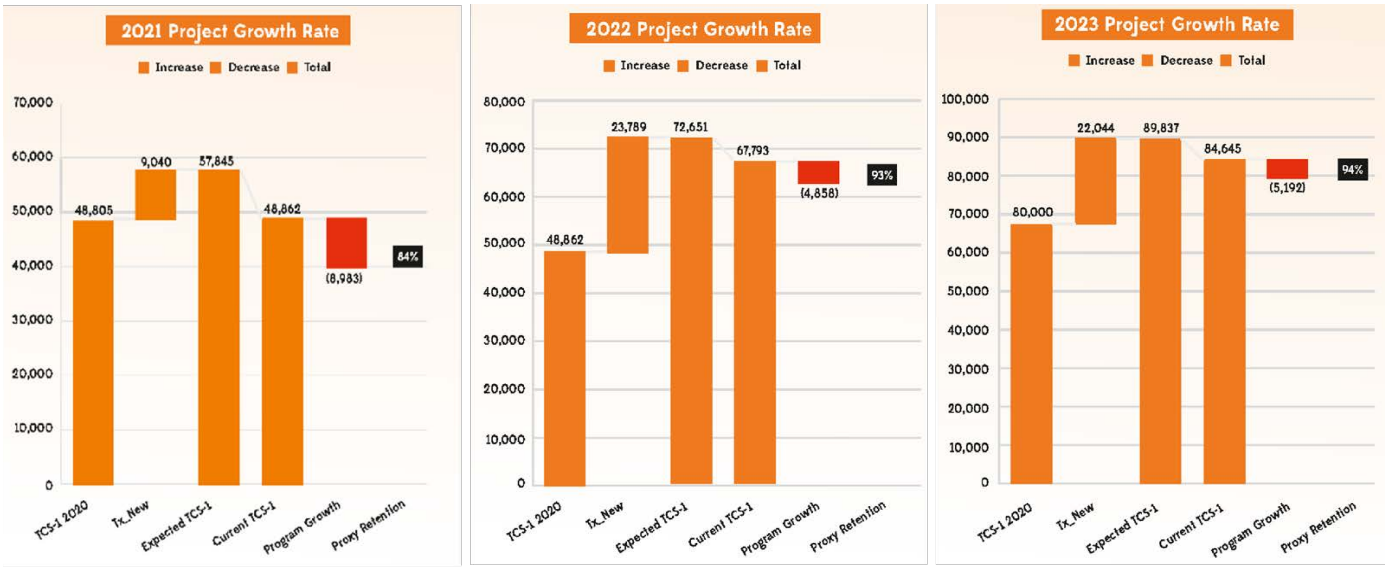
Progressive Increase of Clients Enrolled on ART. In the three years of implementation, the number of clients enrolled in care across the implementation states grew from 43,805 to 48,862 in 2021 to 67,793 in December 2022, to 84,645 in 2023. See Figure 2-9 for a breakdown of enrollment by GP and KP.

Figure 2-9: TCS-1 Trend 2021 - 2023



Proxy Retention. The NAHI grant utilized a case management approach to improve treatment retention among clients accessing care in GF-supported sites. NAHI line listed cients in facilities and assigned them case managers and adherence counselors who helped ensure they did not miss appointments. By the end of the project, the proxy retention rate was 94%, showing a progressive increase from 84% in 2021 and 93% in 2022 (see Figure 2-10). This high PLHIV care retention rate was achieved by activating and strengthening support groups, individualized adherence counselling, mental health and psychosocial support services, and implementation of the Back to Care campaign. The decrease in care retention towards the end of the grant was due to a hike in fuel prices which increased transportation costs and made it difficult for clients to get to the facilities.

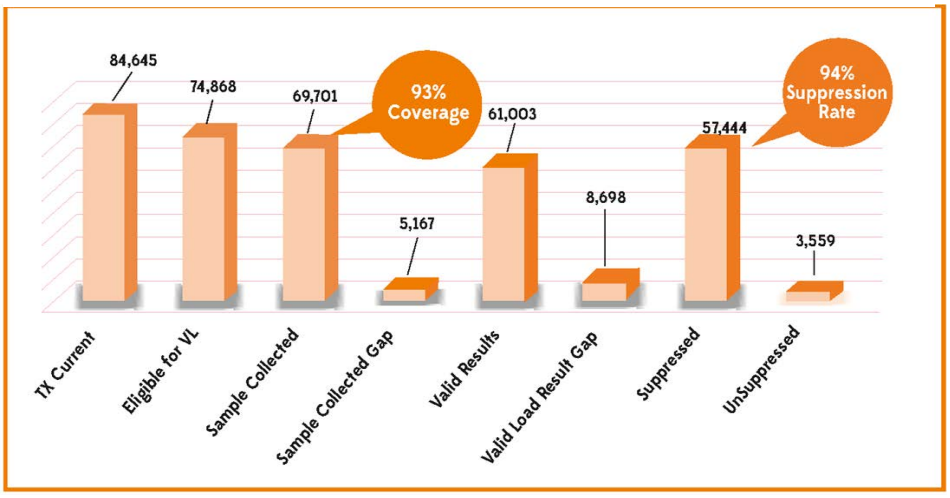
Figure 2-10: Yearly Proxy Retention on the Grant



Differentiated ART Service Delivery and HIV Care. NAHI implemented differentiated ART service delivery to ensure improved efficiency for ART clients by aligning treatment modalities to their specific needs. The following service delivery strategies were implemented in the life of the program: pre-emptive appointments and client tracking, decentralized drug delivery (DDD), integrated KP services in the OSS clinics, drug refills by community pharmacists and deployment of cART teams. NAHI progressively increased the proportion of established clients receiving different modalities of multi-month dispensing (MMD) ART refills. By December 2023, of the 84,645 clients on treatment current, 40% (33,618) were on MMD.

Viral Load Testing and Suppression. VL monitoring enables early and accurate detection of HIV treatment failure before immunologic decline. To improve VL testing coverage, the project conducted weekly line-listing of client VL testing eligibility, proactive VL sample collection at the facility and community levels, and remote sample logging (RSL). Of the 84,645 PLHIV currently on treatment, 74,868 were eligible for VL testing. Of those eligible,

Figure 2-11: Viral Load Cascade



61,003 PLHIV had a viral test done, with 57,444 achieving VL suppression. The overall coverage on the grant is 93%, and viral load suppression is 94% (see Figure 2-11).

2.5 TB/HIV

TB/HIV Collaboration in Anambra, Ebonyi and KP States. TB is one of the leading causes of morbidity and mortality in PLHIV. The program strengthened TB-HIV collaboration across all supported sites to increase early detection and treatment of TB among PLHIV. The strategies adopted included: intensified TB case finding among PLHIV; infection prevention and control; and TB preventive therapy (TPT). NAHI also implemented ART and cotrimoxazole preventive therapy (CPT) for PLHIV co-infected with TB. The program ensured that over 99% of PLHIV initiated on ART were screened for TB. See Table 2 for additional TB HIV achievements.

2.6 REDUCING HUMAN RIGHTS-RELATED BARRIERS TO HIV/TB SERVICES

Barriers to accessing healthcare and social services for KPs and other vulnerable groups arise from factors such as stigma, discrimination, violence, inequality and punitive and discriminatory laws, policies and practices. These barriers significantly increase their vulnerability to HIV and TB.

To address this, FHI 360 mainstreamed interventions to reduce human rights-related barriers within the grant's KP programming. These interventions included advocacy to law enforcement agencies and key stakeholders; training multi-sector stakeholders like the Drug Law Enforcement Agency, Nigerian Police Force, Nigeria Security and Civil Defense Commission, State Ministry of Justice, among others on the public health imperative for providing services to members of KPs (FSWs, MSM and PWIDs) whom the law criminalizes.

Figure 2-12: TPT Performance

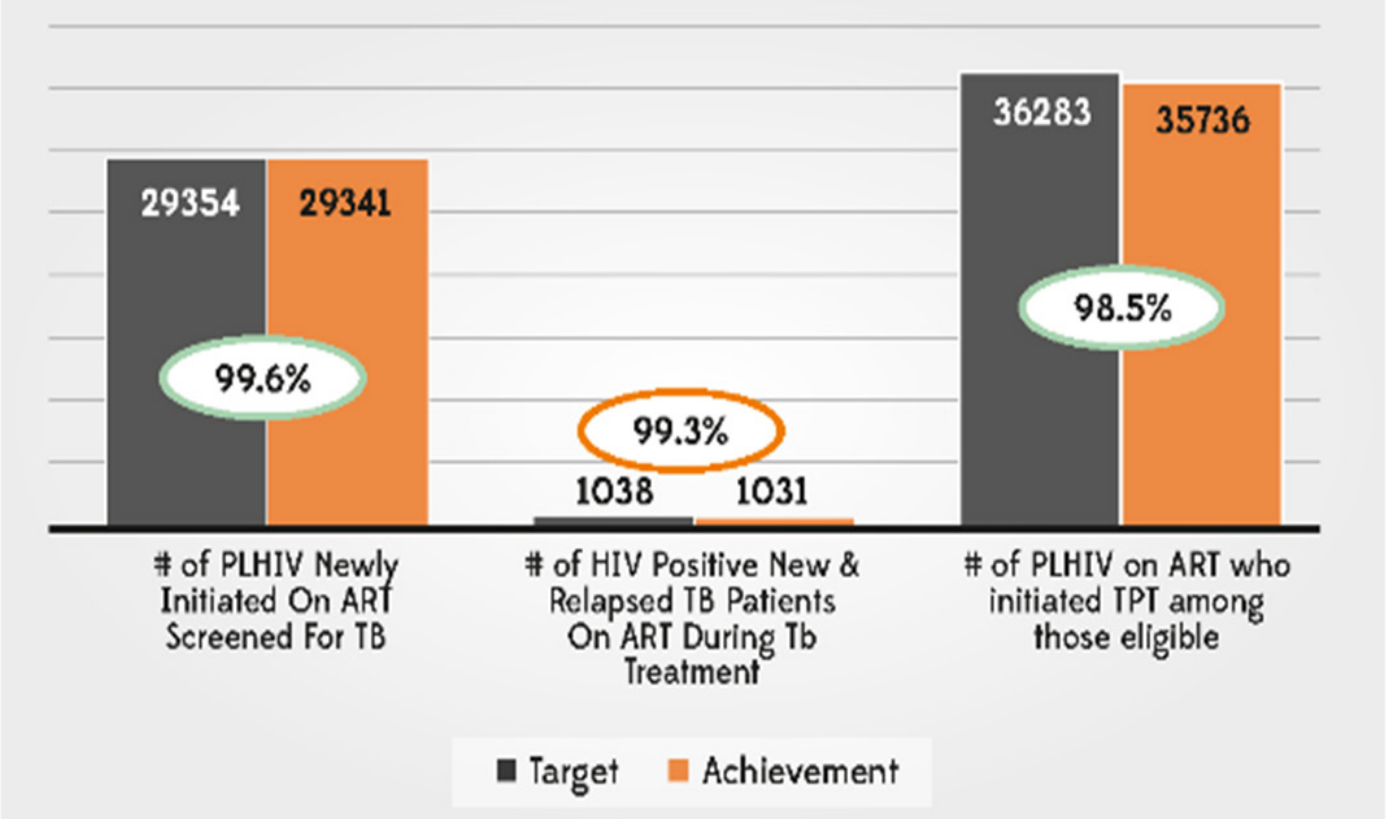


Table 2: TB HIV Achievements on the NAHI Grant

	# of PLHIV newly initiated on ART screened for TB			# of HIV-positive new & relapsed TB patients on ART during TB treatment			# of PLHIV on ART who initiated TPT among those eligible		
Year	Target	Reached	% Reached	Target	Reached	%	Target	Reached	% Reached
2021	6,788	6,779	99.9	376	371	98.7	9,356	9,022	96.4
2022	11,465	11,461	100.0	374	374	100.0	13,940	13,897	99.7
2023	11,101	11,101	100.0	288	286	99.3	12,987	12,817	98.7
Total	29,354	29,341	99.9	1,038	1,031	99.3	36,283	35,736	98.3

Legal literacy sessions were also held by and for KPs. NAHI's SRs engaged paralegal personnel to provide legal aid for arrested KPs. The program also established community-based reporting mechanisms to capture and follow through on reported infractions against KPs and other vulnerable groups.

2.7 PREVENTION AMONGST KEY POPULATIONS & OTHER VULNERABLE POPULATIONS

KPs and other vulnerable groups are at particularly at high risk of HIV infection. Prior to NAHI, significant gaps existed in HIV programming for KPs in Nigeria due to structural and social barriers such as stigma and discrimination, criminalization of KP activities, restrictive laws and policies, and lack of community support. To bridge this gap, the NAHI implemented a KP program in 13 core states for HIV services; four additional states to support PEPFAR's Gap Filling for Harm Reduction efforts; and a AGYW program in two states .

2.7.1 MINIMUM PREVENTION PACKAGE INTERVENTIONS FOR KPS

The national guidelines on prevention services as relates to KPs [1]identifies the following key services as the MPPI of services to be provided to a KP member: HTS, condoms and lubricant intervention, sexual and reproductive health (SRH) education, sexually transmitted infection (STI) screening and management, pre-exposure prophylaxis (PrEP), and gender-based violence (GBV) education. A combination of these packages based on individual client needs are usually provided with the standard being three at least.

Over the life of the project , a total of 2,998,466 members of KP and vulnerable groups were reached with the HIV MPPI (1,564,119 KP members and 1,434,347 AGYW). Figure 2-13 presents MPPI achievements of KPs and AGYW reached by typology and other vulnerable groups.

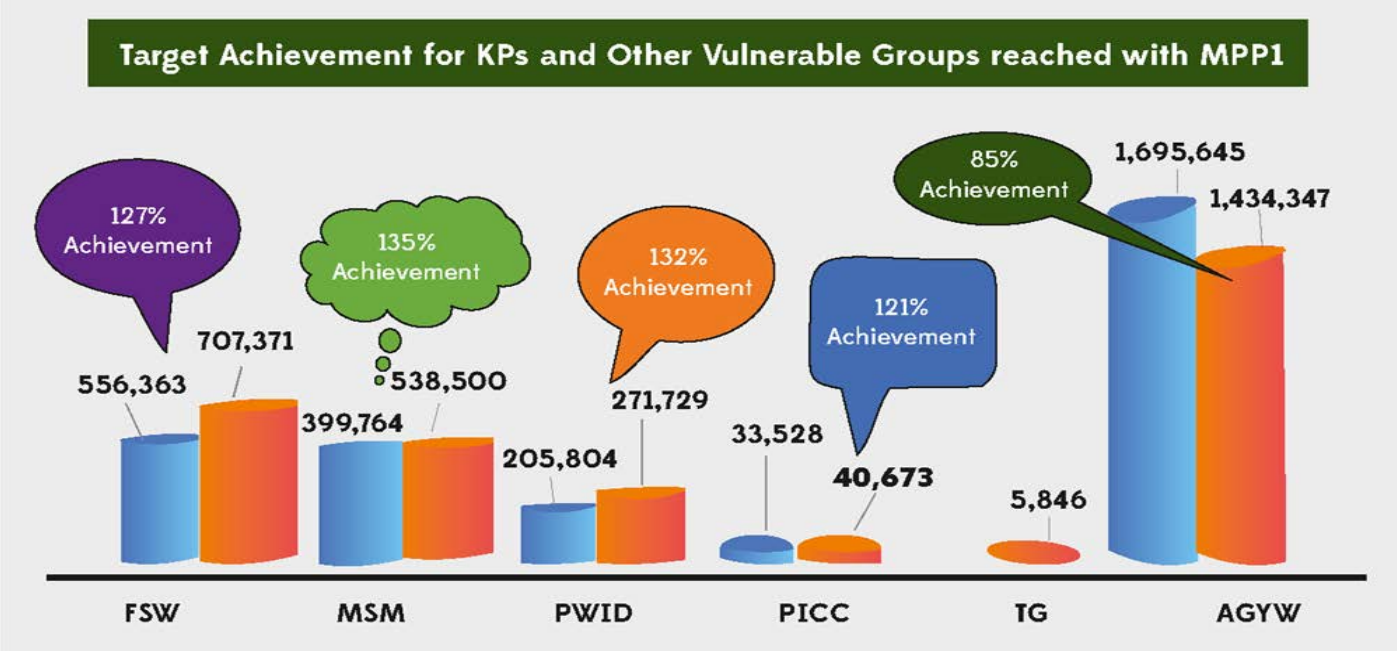
Condom and Lubricant Programming. Condom and lubricant programming is one of the World Health Organization's recommendations for a comprehensive package of HIV services for KP members. NAHI increased access to safer sex products through procurement and distribution of male and female condoms and water-based lubricants, as well as condom education and demonstrations. The grant distributed a total of 33,193,644 condoms (32,722,620 male condoms, and 471,024 female condoms), and 5,044,855 lubricants for KPs and other vulnerable groups through different distribution platforms including the OSS, community outreach, KP community-based organizations (CBOs), drop-in centers, brothels, night clubs, and other locations where KP members congregate.

STI Screening and Management. STI prevention and management plays a vital role in comprehensive

1 *https://naca.gov.ng/wp-content/uploads/2021/05/Key-Population-Mapping-and-Size-Estimation-Nigeria-2018.pdf*

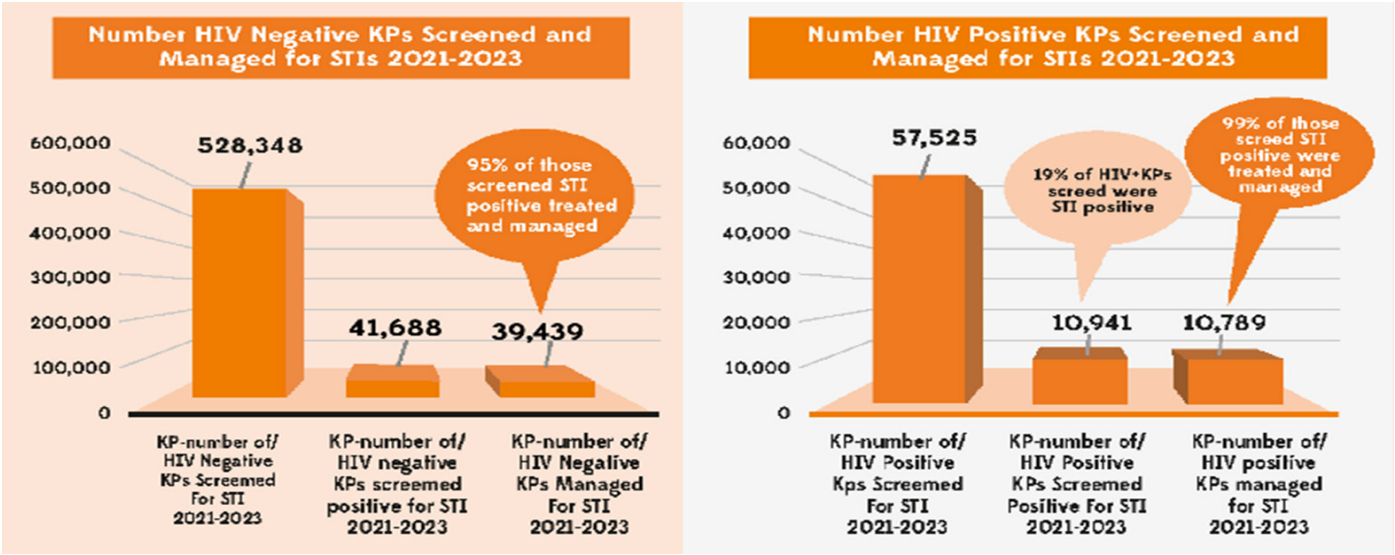
HIV prevention programs. Individuals from all populations with untreated STIs have an increased risk of HIV transmission, regardless of if it is the HIV positive or HIV negative partner that has the STI. Over the life of the project, NAHI optimized STI screening and management services by training service providers at the facility level to screen for and manage STIs as well as printing SOPs and guidelines for use by service providers in GF-supported facilities.

Figure 2-13: Number of KP & AGYW Reached with MPPI



A total of 528,348 HIV negative and 57,525 HIV positive KP members were screened for STIs; 41,688 HIV negative and 10,941 HIV positive KP members tested positive for STIs; 95% of the HIV negative KP members who tested STI positive were treated and managed, while 99% of the HIV positive KPs who tested STI positive were treated and managed (see Figure 2-14). A valuable outcome of the NAHI's effective STI screening and management intervention was the donor's approval for the National AIDs and STDs Control Program (NASCP) to budget for hepatitis treatment beyond screening following FHI 360's advocacy.

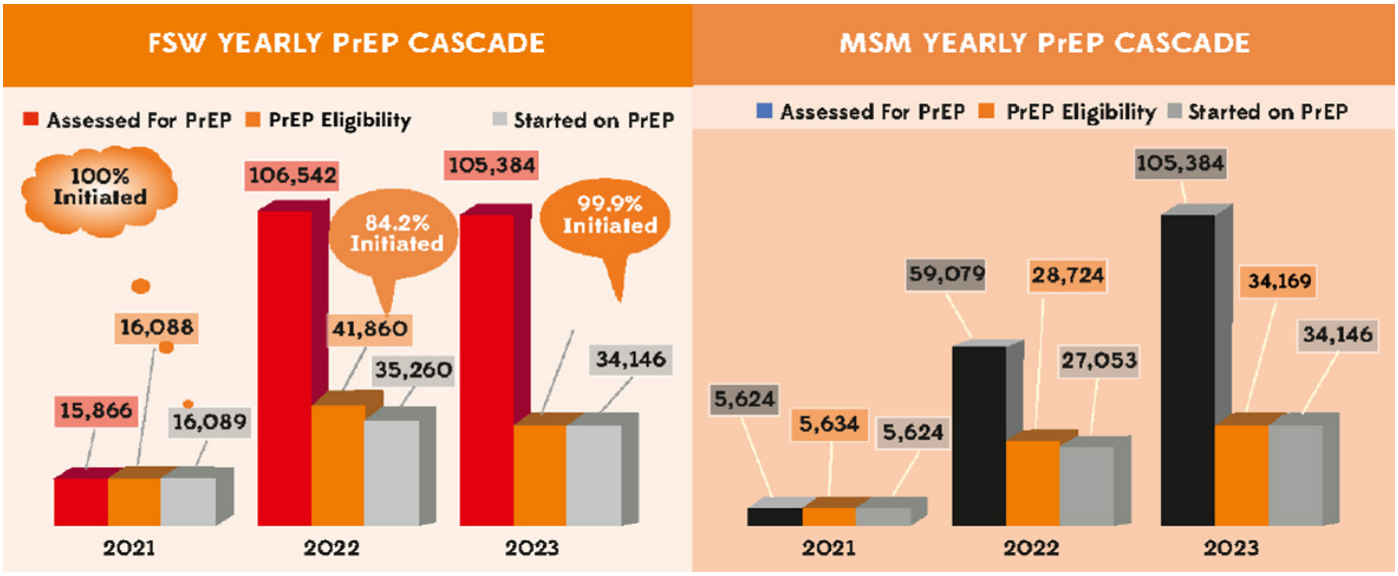
Figure 2-14: Number of KP & AGYW Reached with MPPI



Pre-Exposure Prophylaxis. PrEP is proven to be a highly effective HIV prevention method for KPs. It reduces the risk of HIV transmission from sex by 99% when taken as prescribed. NAHI provided PrEP to eligible HIV-negative KP members who are at substantial risk of contracting HIV either through asexual

relationship with an HIV positive partner, sharing needles with positive PWIDs ,or as identified through the risk assessment tool in line with national guidelines.

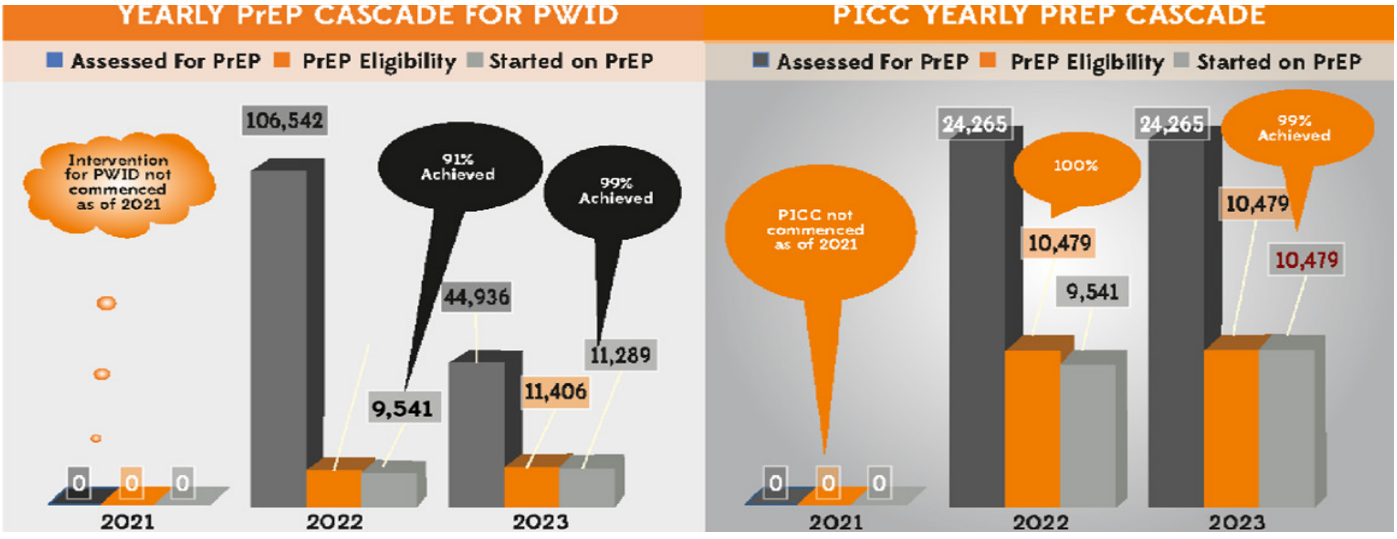
Figure 2-15: Yearly PrEP Cascade by FSW & MSM Typology



NAHI administered PrEP through the KP CBO offices, community facilitators, and OSSs based on the preference of the KP members. NAHI supported these actions by establishing appropriate linkages to GF-supported health facilities for clinical investigations and HIV testing services required for PrEP initiation and continuation.

Over the life of the project, a total of 1,529,506 KP members who tested HIV negative were screened for PrEP eligibility, 552,618 of those screened were assessed for PrEP eligibility, out of those assessed 185,253 were eligible for PrEP, and 174,047 were started on PrEP. See Figure 2-15 and Figure 2-16 to see NAHI's yearly PrEp cascade by typology.

Figure 2-16: Yearly PrEP Cascade by PWID & PICC Typology



HIV, SRH, and GBV Education. Evidence shows that mainstreaming education into HIV interventions results in significant changes in knowledge, attitudes, and practices that affect sexual behaviour and adoption of positive health behavior[2] . As such, NAHI implemented comprehensive HIV, GBV, and SRH education for KP members and AGYW.A total of 2,998,466 KP members and other vulnerable groups were reached with comprehensive education on HIV, SRH, and GBV. NAHI also developed and disseminated

2 *Implementing HIV/AIDS Education: Impact of Teachers' Training on HIV/AIDS Education in Bangladesh - PMC (nih.gov)*

Targeted social behavior change communication (SBCC) materials to increase awareness and knowledge through interpersonal communication sessions, community outreach, radio talk shows, and social media campaigns.

2.7.2 HARM REDUCTION INTERVENTIONS FOR PEOPLE WHO INJECT DRUGS

In partnership with Nigeria's federal Ministry of Health and other key stakeholders, NAHI planned to implement three harm reduction interventions—NSP, OST, and MAT—in seven states (Gombe, Oyo, Lagos, Cross River, Akwa Ibom, Abia, River) to reduce HIV transmission and other blood-borne infections among PWIDs. However, NAHI experienced challenges obtaining government approval to procure MAT medication, and therefore could not refer clients for MAT. Although the MAT program was not implemented in GC6, FHI 360 transitioned the provision of MAT to the incoming GC7 PR.

A key highlight of the harm reduction program is that NAHI sponsored and coordinated the national technical working group (TWG) on [Harm Reduction]. The TWG played a crucial role in advising the Government of Nigeria on effective oversight of the harm reduction program.

The Needle and Syringe Program. The NSP provided clean needles and syringes, education on safer injecting practices, safe disposal options, and overdose management. Over the life of the projec, a total of 50,096 PWID were recruited against a target of 82,966 giving an achievement of 60% between 2022 and 2023 (see Figure 2-17). This target was set based on an anticipated launch of the NSP program from Year 1 (2021). However delays in stakeholder engagement and refining the harm reduction strategy, slowed down the procurement of the harm reduction commodities needed for the program. Thus, only two-thirds of the planned targets were achieved during the period of implementation.

Figure 2-18: Needles Distributed Vs Retrieved

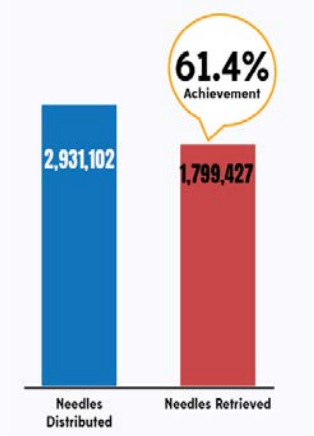
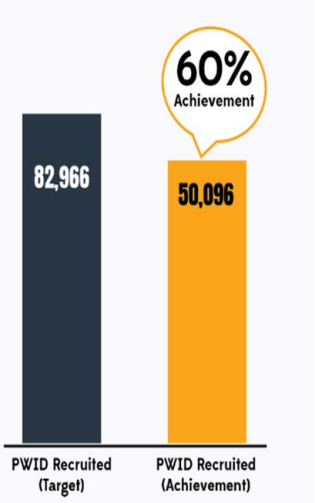


Figure 2-17: PWID Recruitment



As shown in Figure 4-18, a total of 2,931,102 needles were distributed and 1,799,427 needles were retrieved representing a 61.4% needle retrieval rate which is within the recommended retrieval rate of 60-70%. NAHI achieved this through effective monitoring, supervision, and incentivization of retrieval by community facilitators.

Opiod Substitution Therapy (OST). In GC 6, FHI 360 facilitated the utilization of Naloxone for management of Opioid overdose in a total of 7 (5M, 2F) clients out of a total of 29 (7M, 22F) cases of Opioid overdose. The key challenge in availability of Naloxone was the delay in commencement of the NSP program, due to the need to comply with the requirements from the Harm reduction TWG. These included the need to ensure adequate state entry meetings, trainings for Outreach workers and community facilitators and provision of Paraphinelia. The program eventually commenced in the second quarter of 2022 IN the SFH supported states of Gombe, Abia and Oyo, with the 4 PEPFAR supported states of Lagos, Rivers, Akwa ibom and Cross river commencing in the last quarter of 2022. This delay led to the expiry of the few available quantities of Naloxone provided by the FMoH in the last quarter of 2022. It is recommended that Naloxone be procured early and made available for community distribution for management of Opioid overdose. There is need for advocacy to government agencies such as FMoH on the adequate use of the drug in this regard. There is also need to increase the preparedness of people likely to witness an opioid overdose to respond safely and effectively by carrying naloxone and being trained in the management of opioid overdose and increase the rate of effective resuscitation and post-resuscitation care by persons witnessing an opioid overdose.

Medication Assisted Treatment (MAT). The NAHI grant carried out the preliminary requirements for rolling out the MAT initiative including development and design and launching of MAT guidelines,

development of MAT Standard Operating Procedure, conduct of facility assessment in preparation for MAT Pilot, and forecasting and procurement of MAT Commodities for roll-out. A detailed report on the MAT initiative is captured in the Harm Reduction standalone report.

2.8 PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV

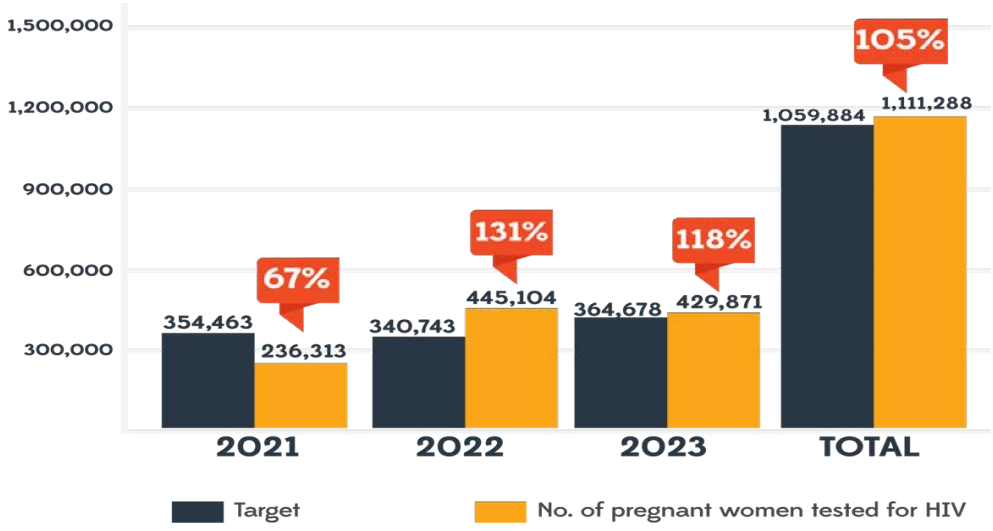
NAIIS 2018 estimates that HIV prevalence amongst pregnant women is 1.3%[3] . PMTCT in Nigeria remains poor at 41%. Globally, Nigeria is a major contributor to new infections among children with an estimated 21,000 new cases in 2021. PMTCT and ART coverage for children living with HIV remains low at 41% and 45% respectively according to HIV health sector data for 2021.

NAHI increased access and uptake of HTS for pregnant women who were undiagnosed during pregnancy. In addition, the grant monitored and increased the number of HIV infected women receiving ART to reduce the risk of mother-to-child transmission and scaled up efficient early infant diagnosis (EID) services.

2.8.1 PERCENTAGE OF PREGNANT WOMEN TESTED AND RECEIVED RESULTS (ANAMBRA & EBONYI)

The first and most critical step in reducing mother-to-child transmission of HIV is to provide testing services for all pregnant women. To bridge the existing gap for pregnant women as measured by the Global Fund Indicator PMTCT 1.0 (number pregnant women tested and received results), NAHI supported the expansion of PMTCT services coverage in Anambra and Ebonyi states to contribute to national PMTCT scale up efforts.

Figure 2-19: PMTCT Testing Performance Against Target



During the life of the project, 1,111,288 pregnant women were tested for HIV against a target of 1,059,884 for both Anambra and Ebonyi states, representing a 105% target achievement. Figure 2-19 shows that during the first year of implementation, NAHI's testing achievement was suboptimal at 67% in both states.

The grant optimized testing achievement for pregnant women for 2022 and 2023 through the introduction of the hubs and spokes model. Hence, the testing of pregnant women in these two states was optimized at 131% and 118% respectively. In 2022, the over-testing was attributed to double entries for some of the tests performed.

2.8.2 PERCENTAGE OF POSITIVE PREGNANT WOMEN AGAINST TARGET

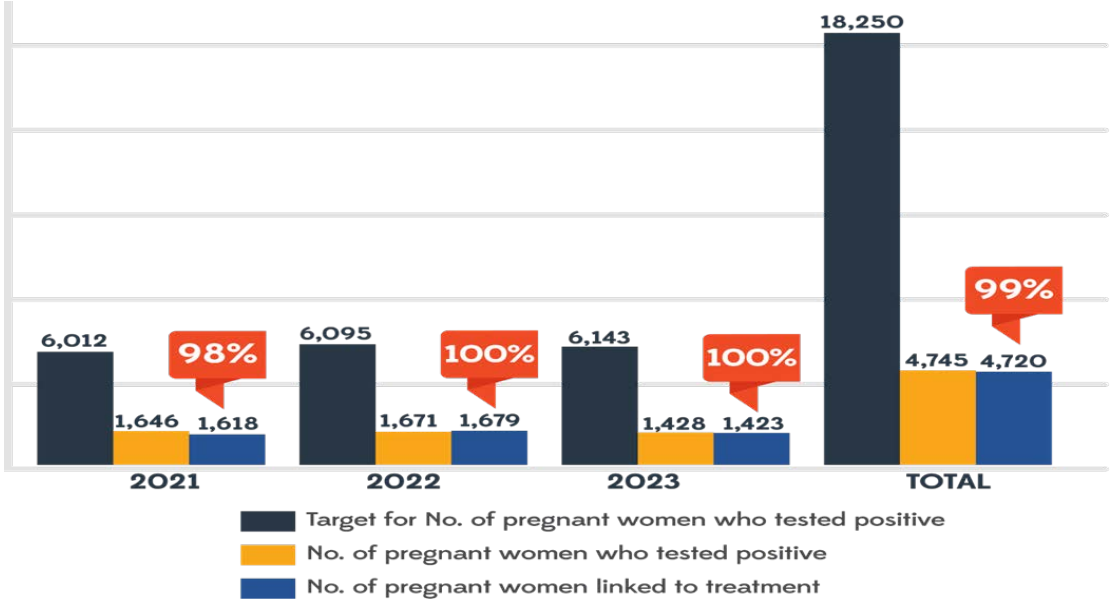
Over the life of the project, only 4,745 positive pregnant women were found, representing 26% of the target of 18,250. This represented a 0.4% positivity rate, and 4,720 positive pregnant women were linked to care, representing a linkage rate of 99%. Achievement was worrisome to the PR especially given the testing target achievement. However, It was evident that until testing coverage was 100%, the suboptimal performance of Global Fund Indicator PMTCT 2.1 (number of positive pregnant women identified because of testing) could not be justified. Therefore, the grant intensified effort to test all pregnant women in the

3 *Federal Ministry of Health, Nigeria. Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS) 2018: Technical Report. Abuja, Nigeria. (October 2019. https://www.naiis.ng/resource/NAIIS-Report-2018.pdf)*

states of implementation.

As seen in Figure 2-20, the linkage rate was 98% in year 1 and was 100% for years 2 and 3. Two important strategies for ensuring that all positive pregnant women identified were linked to treatment included the implementation of the case manager, mentor mothers, and the baby item shop initiative (BISI). These interventions are described in the standalone thematic report for PMTCT.

Figure 2--20: Number and Percentage of Positive Pregnant Women Identified and Linked to Care

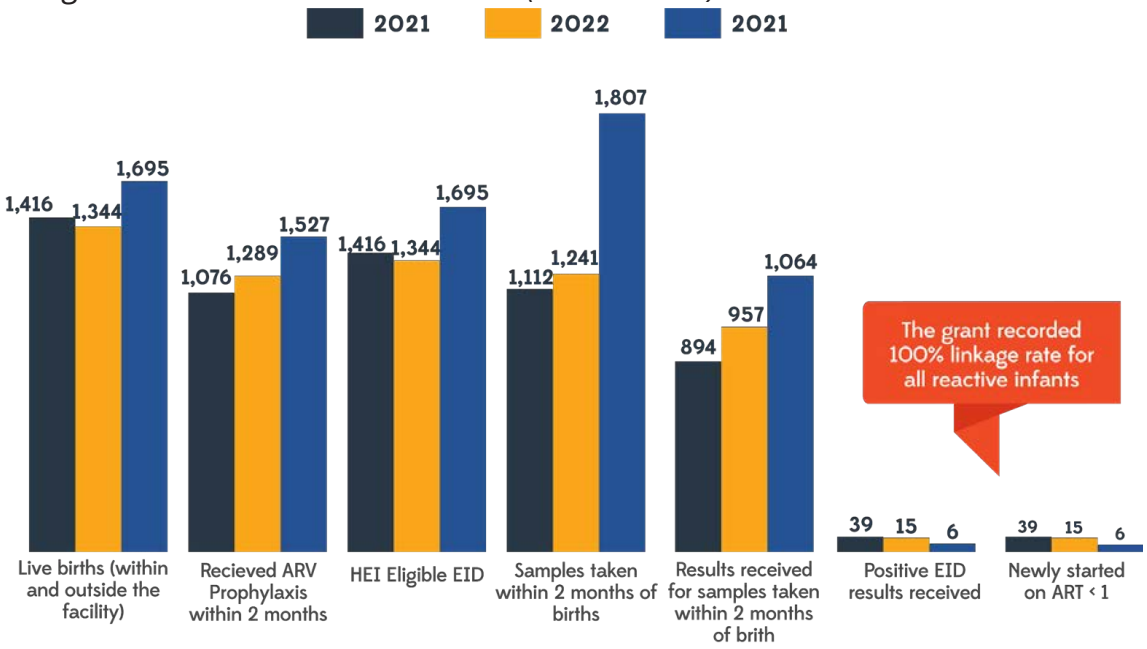


2.8.3 PERCENTAGE OF HIV EXPOSED BABIES WHO RECEIVED PROPHYLAXIS WITHIN 72 HOURS (EID CASCADE)

The early diagnosis of HIV exposed infants provides a critical opportunity to strengthen infant follow-up care and ensure early access to antiretroviral therapy (ART) for infected children.

The EID cascade presented above in Figure 2-21 shows that a total of 4,455 HIV-exposed infants (HEI) were delivered as live births during the grant life of the project, with 1,416 birthed in 2021, 1,344 birthed in 2022 and 1,695 birthed in 2023. Of these, 46% HEIs (2,033) were delivered within health facilities and 56% (2,422) were delivered outside health facilities in alternate community service delivery points.

Figure 2-21: EID Cascade– Overall (2021 – 2023)



Access of HEI to ARV prophylaxis. Of the 4,455 babies delivered both in facilities and communities, 3,892 were provided ARV prophylaxis within two months of birth, representing 87% performance over the life of the project. Disaggregated annually, this performance was 76% in year 1, 96% in year 2 and 90% in year 3. This improvement in performance in years 2 and 3 can be traced to the implementation of the PMTCT scale-up plan which increased the number of mentor mothers and introduced the BISI.

Access to EID. A total of 6,095 HEIs samples were collected, 4,324 results were received representing a 71% result return rate. Of the number of results received, 2,915 (67.4%) were for HEI samples taken within two months of birth. Of the 4,324 results received, 99 babies were identified as HIV positive and all 99 were started on ART. The 71% result return rate experienced was due to frequent downtime of the PCR machine and stock-out of the mPIMA cartridges. Despite all efforts of the mentor mothers, some mothers were still unwilling to bring their babies for EID due to denial, belief in traditional medicine, or logistical challenges despite the incentives provided.

Table 3: Number of Results received within 2 months

Year	Total number of samples collected	Total number of results received	Results received for samples taken within 2 months of Birth	Total Positive EID Results Received	Newly Started on ART <1 Year
2021	1915	1386	894	39	39
2022	2035	1473	957	33	33
2023	2145	1465	1064	27	27
TOTAL	**6,095**	**4,324**	**4,324**	**99**	**99**

2.9 RSSH: COMMUNITY SYSTEMS STRENGTHENING

RSSH are possible when recipients of HIV care participate in the design, implementation and evaluation of the HIV response. Recipients of HIV care constitute a large community, with an estimated 1.9 million living with HIV in Nigeria. Members of KPs and other vulnerable groups account for a sub- community within the larger community of recipients of HIV care. The prevalence of HIV as of 2020 amongst KPs ranges from FSW (16.7%), MSM (20.9%), transgender persons (6.2%) and PWID (9.5%).[4] Often, recipients of care communities are not adequately mobilised or strengthened to contribute to service delivery. This is an observable gap in TB/HIV programming.

Community responses and systems are crucial to epidemic control and can help facilitate high-quality program implementation. As documented in the 2019 Global Fund Technical Brief on Community Systems Strengthening[5] , there are four priority interventions:

- Community-based monitoring
- Community-led advocacy and research
- Social mobilization, building community linkages and coordination and
- Institutional capacity strengthening, planning and leadership development

NAHI followed this framework to implement the Community Systems Strengthening module as outlined below.

Institutional Capacity Strengthening. In addition to supporting leadership and organizational development, strengthening the capacity of community networks and their member organizations to deliver HIV and TB services and programs is essential. This involves developing the capacity of key and vulnerable populations that have had issues engaging with certain communities. As part of this effort, NAHI contributed to the revitalization of the Nigerian Key Populations Health and Rights Network (NKPHRN) to better coordinate and advocate for KP priorities[6] .

The process was supported by the NKPHRN's partners and allies, which included Nigeria's Country Coordination Mechanism (CCM), NACA, the UN, PEPFAR and the Global Fund, among others.

This involved establishing an interim steering committee, conducting stakeholder engagement workshops, and strengthening state-level structures. By the project's end, NKPHRN had a functional secretariat and successfully transitioned to new leadership.

Community-Based Monitoring. Community-based monitoring (CBM) comprises the various ways information is gathered, analyzed, and used to improve access to quality services and to hold service providers and decision makers accountable. Under this module and as a precursor to the initial support (paper-based pilot) received from UNAIDS, the Global Fund through FHI 360 provided funding to digitize the process by carrying out the iMonitor initiative.

Through the iMonitor initiative, CBM of HIV services was enhanced. Digital platforms were utilized to streamline data collection and decision-making processes, leading to improved service quality and accessibility.

Utilizing the digital Community Lead Monitoring (CLM) platform, Community iMonitor project streamlined data collection, analysis, and data for decision making, thereby enhancing the responsiveness and effectiveness of community-led responses to HIV challenges.

Community iMonitor, features a range of functionalities tailored to meet the diverse needs of communities. The key components includes:

- **Mobile Application:** A downloadable mobile application providing information, social and behavioural change communications, facility directories, and virtual connection spaces for community

4 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9716874/
5 https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf
6 https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf

members. Users could also report challenges for swift response and resolution.

- **Response Dashboard:** Enabling CLM implementors to track, coordinate, and mobilize responses to challenges reported by the community.
- **Accountability Dashboard:** Synthesizing and reporting core CLM indicators for HIV prevention and treatment services. It included interactive maps, charts, and infographics for effective communication and evidence-based advocacy.
- **A downloadable mobile application** which provides key populations and other groups affected by HIV with information on HIV, social and behavioural change communications, a list of nearby facilities providing HIV prevention and treatment services, as well as spaces to connect virtually and to report challenges for a rapid response and resolution.

Community-Led Advocacy and Research. Community-led advocacy and research provides inputs for policy and program changes. In GC6, Network of People Living with HIV and AIDS in Nigeria (NEPWHAN) as Sub-Recipients under FHI 360 conducted the Nigeria Stigma Index Survey 2.0 to support the National Response to HIV & AIDS. The findings will be used to inform HIV programming priorities as the global and national HIV responses are entering new phases of strategic planning and resource prioritization. Additionally, it will serve as a strong tool for advocacy to relevant agencies and organs of government in dealing with stigma related issues. Recommendations from the survey included increasing awareness, educating PLHIV on their rights, and enhancing healthcare worker training to reduce stigma and discrimination.

Social Mobilization and Building Linkages. Social mobilization for and of marginalized, underserved, key and vulnerable populations is essential to an effective HIV response. Under NAHI, FHI 360 and its SRs mobilized the various recipients of care communities consistent with the objective of meaningfully involve recipients of care in implementation. To do so, NAHI established mentor mother programs for women living with HIV/AIDS, formed support groups, and built linkages for AGYW-specific service provision. Additionally, NAHI formed linkages with closed settings (National Correctional Services/facilities). NAHI also enabled the KP-focused CBOs to provide services.

2.10 RSSH: LABORATORY SYSTEMS

Efficient, reliable laboratory systems are essential for RSSH. Laboratory services play a central role in the cascade of HIV treatment and prevention services, defined as a series of stages from HIV diagnosis toviral suppression. Prior to FHI 360 becoming a PR in 2017, the Global Fund's support to laboratory systems was not very visible. However, The Global Fund investments through FHI 360 under NAHI enhanced the building and expanding of laboratory systems in supported states in Nigeria.

The laboratory systems strengthening efforts supported 79 facilities in 16 states, including three PCR laboratories in Anambra, Sokoto and Borno states. The project collaborated closely with sub-recipients, the Government of Nigeria and other partners to strengthen and improve access to quality laboratory services through strategies that combined human resource development and capacity strengthening, standardizing processes through accreditation preparedness of selected laboratories and quality management systems (QMS) implementation. Also upgrading and maintenance of equipment, reinforcing referrals and other linkages ensured reliable commodity chains and quality services. Continuous Quality Improvement (CQI), mentorship, and supervision enabled the laboratory program to become more efficient and also focused on services improvement. With these methodologies, adhering to several best practices to ensure quality services was continuous.

2.10.1 QUALITY MANAGEMENT SYSTEM AND ACCREDITATION

Impact of PCR Laboratories to Molecular Diagnostics.

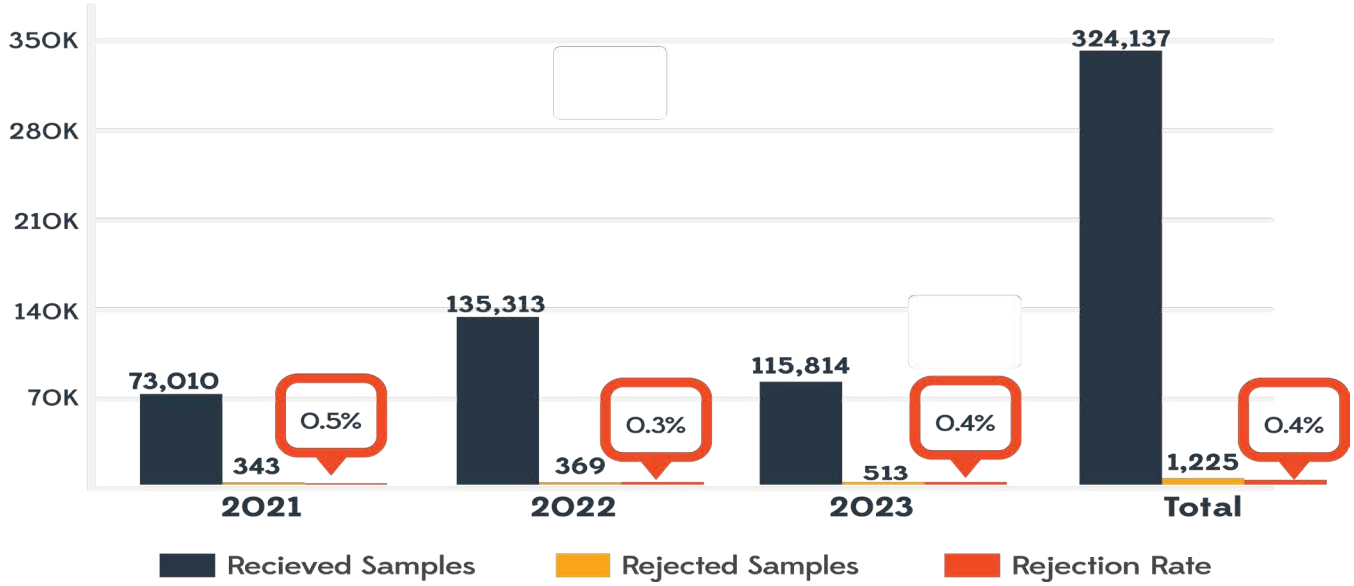
The three supported PCR Laboratories were: Usmanu Danfodiyo University Teaching Hospital, UDUTH, Nnamdi Azikiwe University Teaching Hospital (NAUTH), and University of Maiduguri Teaching Hospital

(UMTH) Borno. These labs were assigned from 17 PCR lab networks under Alignment 1.0. The following are the key achievements in the NAHI project.

VL and EID Test Statistics. At the end of 2023, the three Global Fund labs contributed a grand total of 342,923 VL tests and 11,918 EID tests to the national efforts in Nigeria. The labs assayed individually 85,288 VL tests and 1,583 EID tests for UDUTH; 89,613 VL tests and 2,336 EID tests for UMTH; and 159,405 VL tests and 7,999 EID tests for NAUTH.

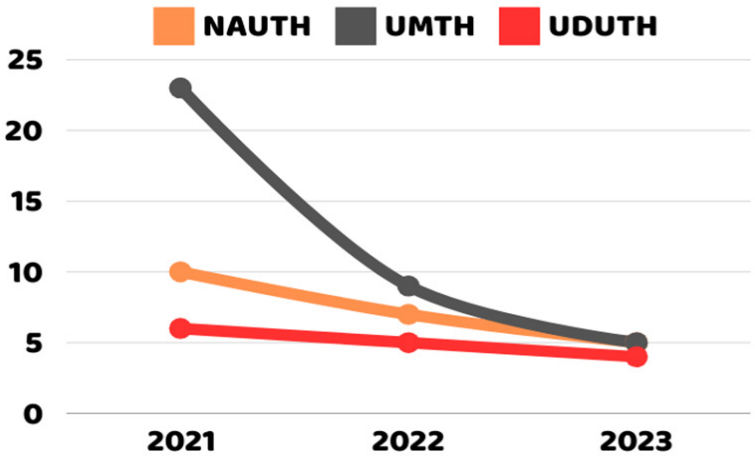
Minimized Samples Rejection Rates. The number of samples that could not be analyzed because they did not meet the minimum acceptance criteria was calculated as the sample rejection rate, an important laboratory quality indicator. The project maintained a minimal rejection rate of less than 1 in all Global Fund-supported PCR labs as shown in Figure 2-22. This is attributed to the continuous coaching and mentoring of sites logging samples to the Global Fund-supported PCR Labs. Routine onsite visits by PCR Laboratory Technical officers to provide supportive supervision and address any emerging challenges contributed to the minimal rejection rate.

Figure 2-22: GF Supported PCR Labs Rejection Rate



Improved Turn Around Time. Turn-around time (TAT) is an indicator of how soon results are made available to clinicians for effective clinical judgement and treatment. NAHI significantly improved TAT for VL and EID tests across the three PCR labs over the life of the project (see Figures 2-23 to 2-24).

Figure 2-23: Improved Viral Load TAT across the 3 PCR Labs

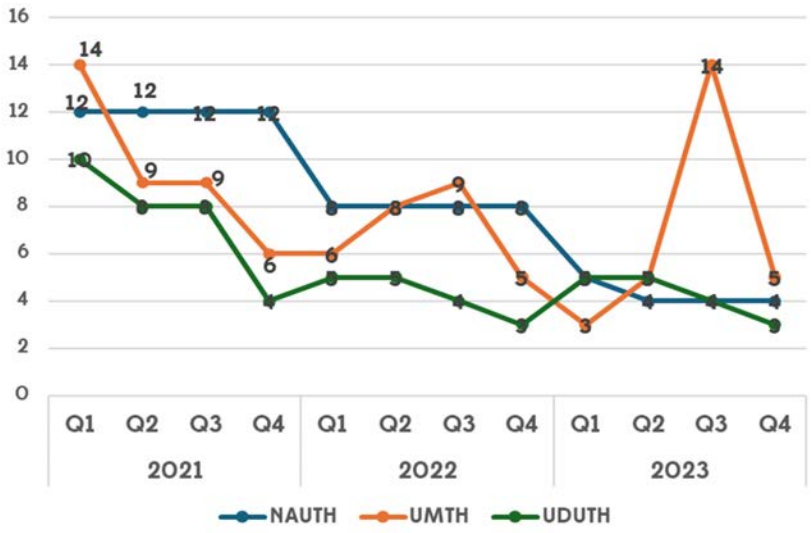


NAUTH's TAT decreased by 50% from 10 days in 2021 to 5 days in 2023. UMTH's TAT decreased by more than 78% from 23 days to 5 days. UDUTH's TAT decreased by 50% from 8 days to 4 days.

For HEIs, it is important that test results are received by clinicians on time so they can administer immediate, life-saving care . UMTH's TAT for EID samples also decreased by more than 64% from 14 days to to 5 days. UDUTH's TAT decreased by 70% from 10 days to 3 days .

However, while NAUTH's EID test TAT declined until the second quarter of 2023 , it increased to 14 days in the third quarter due to the delay arrival of replacement parts for broken testing equipment. However, this was rectified by the fourth quarter of 2023 when TAT decreased to 5 days (see Figure 2-24).

Figure 2-24: GF Supported PCR Labs Rejection Rate



Point of Care Testing using the m-Pima. Providing same-venue services using point of care testing services to mother-infant pairs enabled HIV-infected women to be effectively managed in ANC visits during the antenatal and intrapartum periods. From 2021 to 2023, FHI 360, through the Achieving Health Nigeria Initiative(AHNi) as SR, collaborated with Anambra state government and implemented a pilot use of m-PIMA equipment for EID in two health facilities, namely General Hospital Ekwulobia and General Hospital Onitsha. A total of 819 infant samples were collected and all results were received within 24 hours using m-PIMA. This contributed 35% of the total number of samples collected (2,359) on PMTCT optimization efforts during the NAHI project period.

2.10.2 QUALITY ASSURANCE

Internal Quality Assurance. FHI 360, in collaboration with the SRs AHNI and Excellence Community Education Welfare Scheme (ECEWS), worked to institutionalize HIV rapid test quality improvements through formation of a State Quality Improvement Team (SQIT) in Anambra and Ebonyi states. The SQITs were responsible for producing and distributing of dried tubes specimen (DTS) panels and analyzing of results from supported facilities. Quality control testing was performed routinely to monitor and ensure community testers' proficiency, test kit viability, and test result reliability. In all the supported facilities, quality was improved and sustained through relevant trainings, mentoring, TA, production, and access to quality assurance materials that promoted confidence in laboratory services. From 2021 to 2023, there was steady increase in the improvement of quality rapid HTS performance from 63% to 94%. Routine troubleshooting and corrective actions were take for all non-conformities and failed results.

External Quality Assurance. In collaboration with the Medical Laboratory Council of Nigeria (MLSCN) and the Institute for Health Research Surveillance and Training – Senegal, NAHI provided external quality assurance services to the 76 supported ART labs and three PCR labs to objectively assess test quality, including staff proficiency, equipment functionality, and reagent validity. The average performance achieved of the key quality indicators were 83% for ART labs and 98% for the PCR labs.

Continuous Quality Improvement, Mentorship and Supervision. It was demonstrated during project implementation that good supervision—clear expectations, guidance, and feedback—increased facilities' staff productivity, focus, and motivation. .As part of its oversight responsibilities, FHI 360conducted quarterly and semesterly CQI and supervisory visits to supported sites. In addition, information technology (IT) support visits were also conducted to support PCR labs for (LIMS database management. These strategies ensured adequate monitoring, mentoring and supervision of facilities offering HIV laboratory services and provided technical support. The standardized CQI checklist for laboratory section mimicked the QMS tool, making it a daily practice.

Laboratory Accreditation Preparedness. Accreditation certifies a laboratory as credible and

demonstrates its commitment to CQI. It also assures its customers, partners, and stakeholders that the organization is committed to quality services. Through structured and systematic approaches, NAHI supported six laboratories—four in Anambra state and two in Ebonyi state—to prepare for accreditation. Following a pre- assessment, NAHI found that the laboratories were at a 70% level of preparedness. As such, NAHI connected the laboratories have been transitioned to the Institute of Human Virology, Nigeria (IHVN) to complete the accreditation process.

Equipment Maintenance and Support. Following the decision in the previous grant cycle to streamline the number of supported labs, FHI 360 supported equipment maintenance in eight labs, six in Anambra state and two in Ebonyi state, through a comprehensive contract that managed by an external vendor. The other 68 laboratories were supported through a hub-and-spoke arrangement between the facilities that has equipment (hub) and the facilities that transport their sample (spokes). This streamlined laboratory support structure not only reduced equipment maintenance costs and reagent expiration, but also increased staff safety, productivity, and efficiency throughout the grant period. The laboratories were also supported with various ancillary equipment to complement and enhance the functionality of the main equipment, such as desktop computers, printers, generators, centrifuges, and Uninterrupted Power Supply systems.

2.10.3 BUILDING LABORATORY STAFF CAPACITY

Additional HR Support to Laboratories. For effective and efficient laboratories, it is important that they are adequately staffed with an appropriate mix of skilled laboratory technologists and technicians. NAHI , after conducting a HR assessment, provided additional HR support to ART and PCR laboratories. The Global Fund's investment in HR was crucial for the PCR and ART laboratories to provide optimal services. Across the three PCR laboratories, there were a total of 19 embedded staff members with various categories and expertise. NAUTH's PCR laboratory had one technical officer and five volunteers. UDUTH's PCR laboratory had one technical officer, two assistant technical officers, and three volunteers. UMTH's PCR laboratory had one technical officer, two assistant technical officers, and four volunteers.

Engagement of Viral Load Champions to Support Laboratory and Clinic Interface. A total of 88 viral load champions (VLCs) were engaged across 13 supported states including at the OSSs. These champions played a key role in mobilizing and tracking individuals to complete their VL tests, ultimately improving the monitoring and management of HIV treatment.

Volunteers at the Supported PCR Labs. To achieve a lower TAT, 13 volunteers were engaged to help shift tasks from the laboratory technicians to the scientists. Their work at the sample collection and preparation benches allowed the laboratory scientists time to analyze more samples, and introduced extra shifts to improve efficiency and reduce delayed TAT.

Strengthening the Capacities of the Laboratory Staff. To enable laboratory staff to effectively perform quality diagnostic services, A NAHI strengthened the capacity of 404 laboratory staff. Staff participated in training on: HIV rapid test quality improvement; post-market validation of HIV RTKs; logistics for managing VL and EID reagents and consumables; proper sample collection, management and transport; biosafety and biosecurity practices; LIMS; RSL; and QMS implementation.

2.10.4 LABORATORY COMMODITY SUPPLIES AND MANAGEMENT

Commodity management is key to well-functioning laboratory services; the availability of reagents and commodities available for testing are dependent on accurate forecasting, quantification, continuous procurement, and supplies. For proper management, weekly monitoring and tracking of stock and expiries as well as bimonthly logistics reporting were strictly adhered to. Five physical verification exercises for

lab consumables were conducted during the period, and two joint physical product verification of lab commodities visits were undertaken to warehouses to ensure high quality laboratories commodities are procured for the Global Fund-supported labs. Commodities were also redistributed from high stock level sites to low level sites to avert stock-outs and expiries and ensured uninterrupted laboratory services.

The Global Fund made a significant investment of $20,260,712.92 to enhance the capabilities of the three PCR labs through procurement of VL and EID reagents and consumables. This facilitated access to high-quality healthcare services, particularly through improvements in laboratory services. As a result of this strategic investment the PCR labs increased their testing efficiency and effectiveness, which directly benefited the program and overall healthcare system in Nigeria.

2.10.5 INFORMATION SYSTEMS AND INTEGRATED SPECIMEN TRANSPORT NETWORKS

Integrated Specimen Transportation. NAHI helped coordinate integrated sample transportation by consolidating various sample transportation methods into a unified national referral system. The National Integrated Sample Referral Network (NISRN) was setup to establish this system. FHI 360 strengthened the referral network within the supported states for clusters of differentiation 4 (CD4), VL, and EID tests to ensure facilities at all levels had access to quality laboratory services using the following strategies:

- **State Level Governance and Coordination.** NAHI supported NISRN's state and regional coordination by fostering collaboration among the stakeholders: state ministries of health, SRs, hospitals, laboratories, and 3rd Party Logistics . Among these stakeholders, NAHI helped promote improved sample movement, results return, and rejection communication through the implementation of standardized protocols, real-time tracking, effective communication channels and active feedback mechanisms.
- **Hub-and-Spoke Model.** FHI 360 implemented a sample referral system using the hub-and-spoke model for sample management. Hubs served as centralized facilities for the converging, sorting, storage, and distribution of samples while spokes were peripheral facilities like clinics and hospitals that collected and sent samples to the hubs. This model streamlined logistics and accelerated the delivery of results.

Despite the successes achieved using the NISRN referral system, there were some challenges that inhibited the optimum performance of the NISRN system] such as untrained individuals, inadequate tools and equipment and delays in sample pickups and results returned.

2.10.6 INFRASTRUCTURE AND EQUIPMENT MANAGEMENT SYSTEMS

Infrastructural Infrastructure Upgrades. NAHI enhanced infrastructure at three PCR labs, including expanding the PCR suite with an office space at UDUTH, enlarging the testing area at NAUTH to accommodate sample processing, and renovating the laboratory roof, corridors, and assay room with glass blocks at UMTH. These improvements have significantly improved the testing environment, making it safer and more conducive for laboratory staff.

Photo 1: Improved testing capacity at one of the supported facilities.

Equipment Upgrade and Maintenance. NAHI installed Cobas 4800 systems from CAP-CTM at the three PCR labs, to significantly upgrade [The C4800 being a higher throughput equipment than CAP-CTM, supported increased samples analysis in the 3 PCR labs]. In addition, various ancillary equipment such as freezers, refrigerators, centrifuges, water distillers, IT hardware components, computer systems, printers, photocopiers, and scanners enhanced the efficiency and functionality of the labs.

NAHI also invested in generators and solar inverters for the PCR labs. Now, NAUTH has a 65-kilo-volt-amperes (KVA) generator with a 10-KVA solar inverter, UMTH has 65-KVA and 135-KVA generators, as well as a 20-KVA solar inverter, and UDUTH has a 65-KVA generator. These upgrades helped ensure uninterrupted power supply to the laboratories.

Photo 2: Industrial diesel generator installed in one the supported PCR labs.

To ensure the smooth operation of equipment platforms, NAHI established comprehensive biannual contractual maintenance agreements. Additionally, NAHI signed periodic preventive maintenance (PPM) contracts for the ancillary equipment to ensure that all components receive the necessary care and attention.

Similar PPM agreements were also implemented for the CD4 equipment in the ART labs located in Anambra and Ebonyi states. This proactive approach to maintenance highlights the labs' dedication to maintaining high standards of equipment operation and reliability across all their facilities.

2.11 RSSH: HEALTH MANAGEMENT INFORMATION SYSTEMS AND M&E

A RSSH M&E system requires the availability of data that provides evidence for program design implementation and review at the right time, in the right place and of the right quality. NAHI had the overarching goal to implement a functional system for the generation and use of robust, sustainable, and high-quality data in a timely manner consistent with the national system. Thus, NAHI developed a M&E system to focus on data system governance mechanisms that oversees, coordinates, prioritizes, and integrates data system activities to national strategies in the response to the HIV epidemic in Nigeria. During the three-year period, NAHI's M&E system was implemented under the following broad pillars with resultant accomplishments outlined below.

M&E Core Operations and Coordination. The NAHI grant supported the establishment of strong foundations and governance for integrated and resilient national data systems. This was achieved through partnerships, collaboration, and the integration of new systems into the national platform. The grant supported the integraton of M&E processes through the expansion of KP, HIVST, AGYW, and mental health programming, as well as the COVID-19 Response Mechanism into the national system. The NAHI M&E system contributed immensely to capacity strengthening across Nigeria's prevention, treatment, care and support programs through M&E resource sharing, especially data collection and reporting tools, knowledge and learning through active participation and TA provision. These efforts lead to the successful implementation of Alignment 1.0 and the development of Alignment 2.0.

Database Administration and Health Informatics. NAHI supported the development and maintenance of two databases: a web-based database management system- District Health Information Software 2 (DHIS2) for managing routine aggregated service data and the Lafiya Management Information Systems (LAMIS), an Electronic Medical Record (EMR) for managing individual client records. On the NAHI project, LAMIS was used to manage routine client-level service data from HIV service delivery points and enter it into the appropriate modules, especially in the ART clinics and their pharmacies and laboratories. The data was then archived into a secured central server and reported into the NDR through an Extensible Markup Language (XML) data exchange. As of December 2023, 91,766 PLHIVs were registered in the LAMIS with 12,055,018 patient encounters documented with a TCS-1 indicator value of 48,862.

The LAMIS has a built-in Patient Biometric System (PBS) and linked to the National Data Repository.

Through these platforms, NAHI applied the FHI 360's global TQLA initiative to develop Situation Room Meetings (SRM) in three states (Anambra, Ebonyi and Taraba). The states have a near real-time daily performance dashboard to aid data visualization, demand and use. The NAHI Patient Biometric System recorded a validity rate of 97% and coverage of 96% as at project closure Figure 4-23. The DHIS and LAMIS platforms have helped Anambra, Ebonyi and Taraba states to adopt a culture of a data-driven decision making, in line with the Total Quality and Leadership Accountability (TQLA) initiative.

Data demand and use in Anambra and Ebonyi states increased tremendously, through the conduct of Daily Situation Room meetings and rapid generation, analysis, and use of disaggregated granular data to enable decision making at sundry levels.

Quality Assurance and Improvement. One of NAHI's the pillars was to develop a system that generates the proper data of the right quality for decision making. NAHI established a robust internal quality assurance mechanism across all points of service up to the highest levels of data management that guaranteed consistency in program data quality. These internal data review processes were carried out daily, weekly, monthly, quarterly, semesterly, and annually through daily SRMs, Scrum, and meetings with

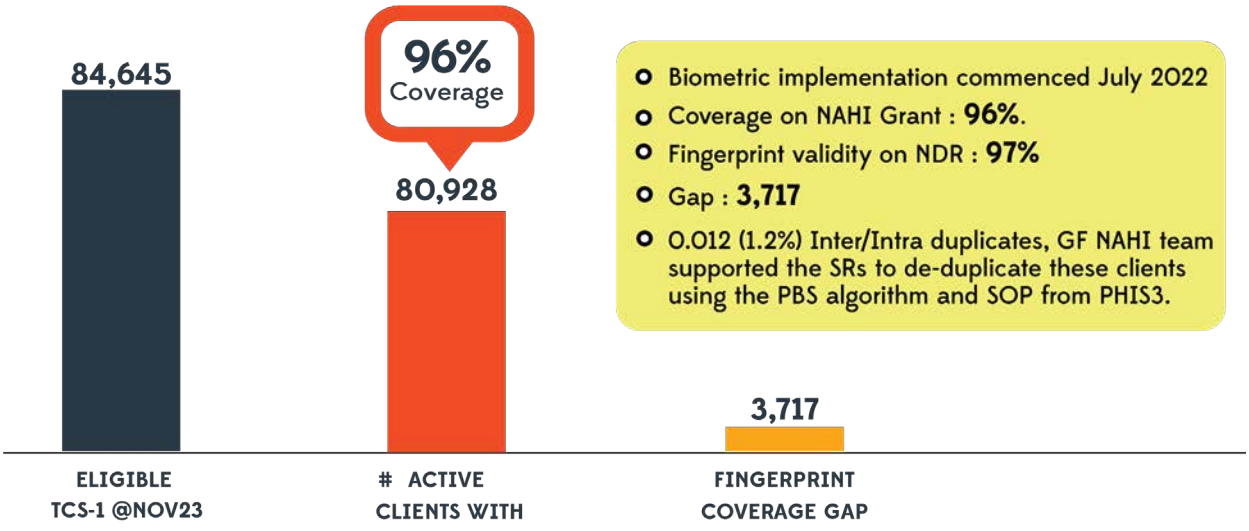
SRs, the donor, and other stakeholders.

These internal review processes led to the generation of quality data into the national system. In fact, no single Global Fund-supported site in Nigeria was indicted in the "Getting the ART Data Right" intervention, an initiative by Government of Nigeria. The project data also recorded a high NDR validity rate. This is a veritable contribution towards the strengthening of Nigeria's data agility and transparency.

Biometric Capturing. In line with the Government of Nigeria's decision to conduct biometric enrollment for clients to verify data and monitoring the uniqueness of new HIV cases, FHI 360 strengthened the capacity of its SRs and provided the requisite resources to start biometric enrollment for all PLHIVs in July 2022 through the end of the project.

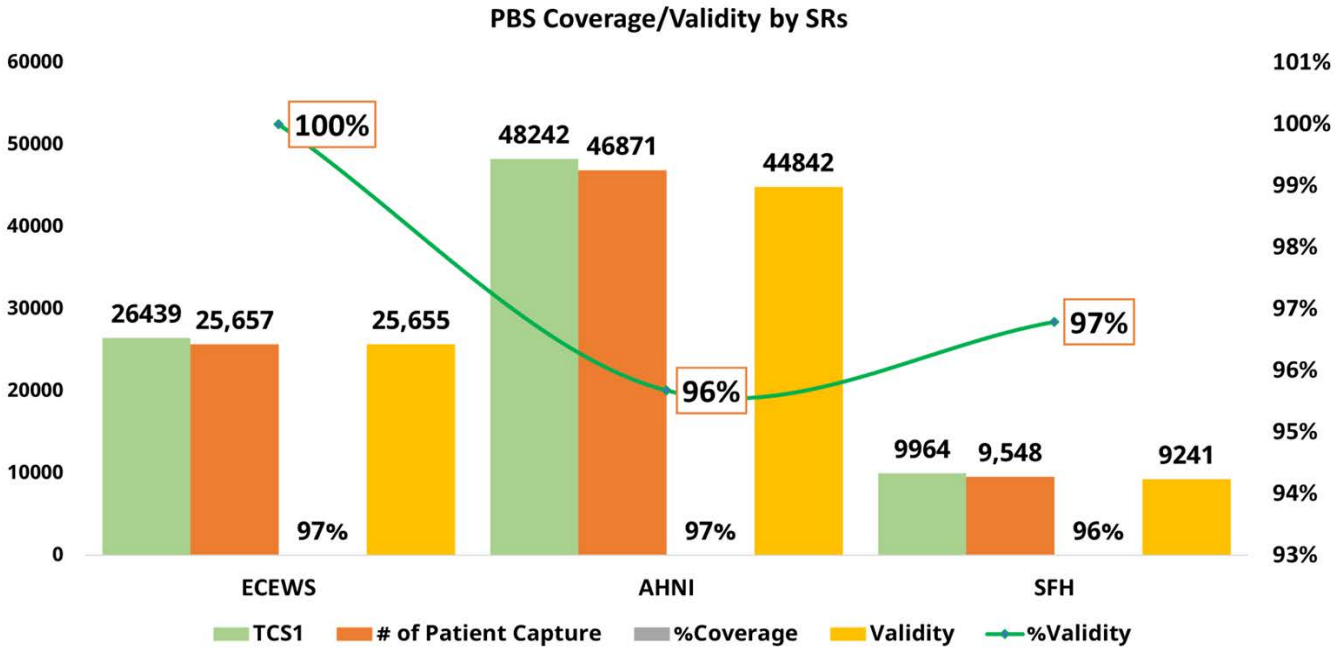
As seen in Figure 2-25, a total of 80,928 clients of the total 84,645 clients who were eligible for biometric capture were captured representing a biometric coverage of 96% and a 97% valid fingerprint achievement on NDR.

Figure 2-25: PBS NDR Fingerprint Validity as of November 2023



To effectively fill gaps, FHI 360 tracked and monitored the biometric capturing of its SRs and enabled the backstops to work with their respective SRs to address challenges and remove impediments to optimal performance. This also served as peer-learning process for high performing SRs to share their best practices with the underperforming SRs. As seen in Figure 2-26 ECEWS achieved 100% biometric coverage, SFH achieved 97% and AHNi 96%.

Figure 2-26: PBS Coverage/Validity by SRs



NAHI achieved increased biometric uptake through community and facility biometric drives, use of mobile biometric capturing devices, gate keeping systems to prevent missed opportunities, and the use of the cART management teams to ensure coverage.

NAHI's HMIS M&E system served as a model for the generation of evidence in Nigeria's HIV programming. In pioneering new methods to support HIV programming, the M&E system also pioneered the 'how to" in the documentation of these new frontiers.

2.12 RSSH: HEALTH PRODUCTS MANAGEMENT SYSTEMS

Forecasting and Quantification. NAHI's procurement and supply management (PSM) activities were aligned and integrated with the national HIV program under the coordinating platform of National HIV Technical Working Group (PSM-TWG). The PSM-TWG was coordinated by the federal Ministry of Health's NASCP in collaboration with international stakeholders such as PEPFAR, the Global Fund, CHAI, AIDS Healthcare Foundation, and the National Product Supply Management Program. Through the PSM-TWG, NAHI conducted national HIV products quantification exercise in order to fulfill the grant's products requirements. The exercise covers a period of five years, with a two-year periodic review. The last major quantification exercise was held in April 2023, covering the period between 2023 and 2027, to ensuring commodity security through forecasting and supply planning in alignment with NTPP objectives and updating the 2021 quantification.

The PSM-TWG held semesterly National Supply Plan review meetings to review national stock status reports, forecast assumptions and trends for accuracy with an adjustment to the quantification as appropriate. During the exercise, NAHI ensured procurement activities were harmonized and aligned to the National Supply Plan to guarantee commodity availability and security while maintaining prudent and accountable resource management within the National Pool System to minimize waste and expiries. Additional collaboration areas within the PSM-TWG included stakeholders' engagement and PSM capacity strengthening and support.

NAHI initiated the procurement of health products based, on the grant's approved Health Product Management Template (HPMT). These health products procured were categorized into ARVs, RTKs, CD4,

EID, and VL laboratory reagents, condoms and lubricants, needles and syringes, and other laboratory consumables needed to dress wounds and for the NSP. To ensure that the projected procurement reflected the actual needs of the country, NAHI collaborated with the HIV PSM-TWG's national quantification team to harmonize the health products in the HPMT and align them with the health commodities requirement for the entire country program. This ensured a prudent management of resources and efficient national integrated supply change management.

National Logistics Systems. To support NAHI's efforts, the Global Fund appointed dedicated procurement service agents (PSAs) to manage the procurement and shipment of pooled health products to the country. The grant had three PSAs: Iplussolutions (IPLUS), Partnership for Supply Chain Management (PFSCM) and United Nations Population Fund (UNFPA). IPLUS was responsible for medicines including ARVs; PFSCM managed lab commodities and HIV Rapid Diagnostic Tests (HRDTs); and UNFPA was responsible for the prevention commodities, namelycondoms and lubricants. NAHI coordinated with the PSAs to secure seamless port and customs clearances upon shipments arrival and their delivery to designated warehouses. With the Global Fund's approval, FHI 360 managed the in-country procurement of the medical laboratory consumables and harm reduction commodities.

WAMBO Procurements. There were two layers of procurement activities under NAHI: pooled and non-pooled procurements. The pooled procurements covered health products such ARVs, RTKs, laboratory reagents and condoms and lubricants sourced through the Global Fund pooled procurement mechanism (PPM) using the Wambo platform (The Global Fund's online procurement platform for health and non-health commodities). With the Global Fund's approval, savings on the grant were reprogrammed to fund NASCP's procurement of commodities and vehicles to expand PMTCT coverage, as well as support to National Tuberculosis and Leprosy Control Programme (NTBLCP) to procure additional diagnostic equipment for TB programs. These commodities were delivered into the national pool to serve the needs and requirements of stakeholders collaborating in the National Pool System. Between 2021 and 2023, NAHI successfully facilitated Wambo procurements and ordered the shipments of commodities worth $227,864,444.48 USD. The shipments were expected to be delivered in staggered manner from July 2022 and extended up to early 2024.

Table 4: Pooled (Wambo PPM) Procurement 2021 -2023 (USD)

Category	2020 (pre-ordered commodities)	2021	2022	2023	Total
ARVs	55.381,382.98	91,530,473.91	23,158,127.56	7,441,362.32	177,511,346.77
RTKs		4,707,541.74	2,735,859.54	7,633,558.04	15,076,959.32
Lab Reagents		4,176,091.50	4,280,079.90	246,324.84	8,702,496.24
Condoms & Lubricants		2,630,061.11	5,831,842.40	-	8,461,903.51
NASCP		-	-	9,404,204.89	9,404,204.89
NTBLCP		-	-	8,409,932.35	8,409,932.35
MAT Pilot		-	-	297,601.40	297,601.4
Total	**55,381,382.98**	**103,046,189**	**36,007,931**	**18,111,739**	**227,864,444**
					230,870,532

In-Country Procurement. Non-pooled procurement were those health products procured in-country using FHI 360's internal procurement policies as approved by the Global Fund. These categories of health products included the medical laboratory consumables, including those fo rOSSs, VL testing, post market validation, harm reduction for NSP, and wound dressing. These health products, due to their non-pooled status, were usually stored in the government-owned Federal Central Medical Stores in Oshodi, Lagos where they were integrated into the long haul and last mile distribution process.

Table 5: Non-Pooled In-Country Procurement 2021 – 2023 (USD)

Category	2021	2022	2023	Total
OI/STI Medicines	728,930.54	-	-	728,930.54
Medical Laboratory Consumables	618,015.82	1,244,836.20	930,870.61	2,793,722.63
Harm Reduction Commodities	160,199.15	1,121,135.46	153,331.65	1,434,666.26
Total	**1,509,166.51**	**2,365,971.66**	**1,084,202.26**	**4,957,319.43**

2.13 PROGRAM MANAGEMENT: GRANT MANAGEMENT & COORDINATION

NAHI emphasized program management excellence through efficiency and quality in program implementation based on the contractual scope on schedule, and with the available resources. FHI 360's partnership with the Global Fund over the past three years has been instrumental in the collective efforts to combat the HIV/AIDS epidemic in Nigeria. As the PR of the HIV/AIDS GC6, FHI 360 has led a comprehensive program aimed at improving health outcomes and reducing the impact of HIV/AIDS on vulnerable populations.

FHI 360's focus has been on achieving success through program management and coordination, where the PR and SRs implemented innovative strategies to enhance program fidelity, strengthen stakeholder engagement, and drive sustainable change. Challenges were met with resilience and innovation, leading to transformative outcomes such as improved absorptive performance and enhanced community empowerment.

2.13.1 PROGRAM MANAGEMENT STRATEGIES AND PROCESSES:

NAHI's effective delivery, from a program management, perspective hinged on the strategies and processes outlined below.

HR in Program Management. FHI 360, through effective HR management, recruited, organized, and oversaw project teams until project completion. NAHI ensured availability of staff with necessary skills, provided training, and fostered team cohesion through constant maintenance and motivation for successful project execution.

NAHI HR for Health. FHI 360 and its SRs recruited a total of 3,094 personnel comprised of 256 full-time employees, 255 consultants, and 2,583 ad hoc staff. These ad hoc staff included case managers, community testers, mentor mothers, AGYW volunteers, data entry clerks at the ART sites, data officers at the local government areas, viral load champions at the ART sites, and volunteers at the PCR labs. The detailed breakdown of the human resource engaged on the grant are shown in Table 6.

Staff attrition and its effect on the NAHI grant. NAHI experienced an average attrition rate of 18%. The highest attrition rate came from ECEWS, with 38%, and the lowest from FHI 360 at 1%. NAHI's second year suffered the highest attrition rate with a 28% average attrition of their expert employees across the board, which led to delayed and inefficient program implementation.

Some of the identified causes of the increased attrition were attributed to workload and burnout, a competitive job market, and external factors such as relocations, personal reasons, and health-related challenges. This posed a high risk to the grant and FHI 360 escalated these concerns to the donor. Part of the donor interventions to mitigate the attrition risks included the approval for increased HR through the grant catch-up plan, approval of cost-of-living adjustment, provision of a one-off palliative payment to cushion the economic fluctuations which plagued the country, and the COVID-19 Response Mechanism intervention to cushion the effects of COVID19 on projects. These interventions helped to reduce staff attrition.

Table 6: Staff Recruitment on NAHI Grant

Organization	Full time Employees	Ad Hoc Staff	Consultant
FHI 360	6	0	1
AHNi	135	1,651	162
ECEWS	40	711	91
NEPWHAN	49	1	1
SFH	26	220	0
Total	**256**	**2,583**	**255**

Capacity Strengthening for Staff. Employee readiness and competency was paramount to the success of the project. FHI 360 recognized the importance of equipping project personnel with the necessary skills and knowledge to navigate the complexities of the NAHI grant. Throughout the project's lifecycle, both FHI 360 and its SRs underwent comprehensive training sessions designed to enhance their capabilities and contribute effectively to project objectives. Most of these trainings were obtained from internationally accredited platforms, resulting in staff receiving certifications, and validating their proficiency in various domains.

From mastering the principles of Scrum, aproject management methodology), or enhanced absorptive performance to professional risk management to identify and mitigate project risks, each training module addressed critical aspects of project management.

Furthermore, staff received specialized training in areas such as prevention of sexual exploitation, abuse, and harassment , safeguarding, management of advanced HIV diseases , National Open Medical Record System (MRS), PrEP, MAT, GBV prevention and response, gender and human rights, harm reduction wound dressing, COVID-19 infectious disease prevention and control, and TQLA.

These comprehensive trainings enriched the skills of project personnel but also fostered a culture of continuous improvement and professional development within the project team.

2.13.2 SUBAWARD MANAGEMENT

Subaward Agreement. FHI 360, as part of its internal control system for subaward management, conducts a Pre-award Assessment (PAT) for all its potential recipients to determine their capacity and readiness to deliver their technical and operation responsibilities. A key component of the PAT is to identify existing capacity and provide support in areas of need. A risk assessment of the prospective subawardees was also conducted to ensure that these organizations' risk quotient falls within the acceptable range of FHI 360 and the donor.

Subawardee Modifications. Overtime, subaward modifications to the existing contracts were done to incorporate new program areas andinterventions as required based on the changes in the implementation landscape and expansion in project scope.

2.13.3 PROGRAM MANAGEMENT INNOVATIONS

In fulfilling its responsibility as PR, FHI 360 provided comprehensive oversight to its SRs, encompassing technical, financial, and programmatic aspects to ensure alignment with grant objectives and compliance with donor and FHI 360 guidelines. This was achieved by employing diverse methodologies aimed at fostering accountability and transparency. To bolster program effectiveness, the grant management

team devised and implemented strategies geared towards enhancing both programmatic and financial management practices. Some of these strategies include:

Backstop Arrangements. Assignment of program management staff to SRs for capacity strengthening and effective monitoring mitigated deviations from workplan schedules and ensured timely implementation of program activities. The application of the Scrum principles in workplan tracking and close monitoring of timeboxed grant products resulted in efficient time management, reduction in inefficiencies, and effective collaboration of leadership to remove impediments as they arise.

Costed Workplan and Budget Tracking Tools. Introduction of tracking tools such as budget expense trackers and budgetary adjustment trackers were used to monitor budget holders and hold them accountable.

Weekly Operations Meeting. FHI 360 established a platform for reporting on grant implementation status and addressing impediments among operation staff and leadership. These meetings were aimed to conduct a periodic status report on project implementation performance, discuss identified impediments to program implementation, escalate the impediments to the project management/leadership team who support the project teams to resolve these impediments in order to avoid perceived and apparent project risks.

Pareto Principle Application. FHI 360 prioritized high-ticket budget-related activities for a more effective absorptive outcome. With these the high-ticket items were prioritized, the areas of under- and overspending provided visibility for decision making.

These interventions led to significant improvements improved program fidelity; enhanced absorptive performance; reduction in implementation bottlenecks; risk mitigation ; responsiveness to feedback; and heightened accountability.

2.13.4 PROGRAM COORDINATION

In the pursuit of effective grant implementation and strategic alignment, NAHI's coordination meetings played a pivotal role in fostering collaboration, sharing best practices, and addressing programmatic challenges. Within the framework of the Global Fund partnership, these meetings served as dynamic platforms for stakeholders to converge, deliberate, and chart a course towards sustainable health outcomes.

Coordination with GoN Entities. FHI 360 participated with other key stakeholders in various government of Nigeria platforms: CCM, NACA, NASCP, NTBLCP, and various TWGs for PSM, harm reduction, prevention, treatment, and laboratories.

Regarding the CCM, FHI 360 participated regularly in quarterly oversight committee meetings, shared progress reports against set program targets based on the CCM dashboard, discussed prevailing challenges, and escalated issues requiring intervention by the executive CCM meeting.

FHI 360 often facilitated the quarterly CCM oversight committee visits to various states and sites. The feedback from the CMM oversight visits were followed through for implementation and reported at the next quarterly meeting.

PR/SRs Coordination. The PR effectively engaged the SRs through weekly andbiweekly meetings based on thematic areas. For instance, the strategic information, program management, and finance teams met monthly with their SR counterparts to review financial reports, work plan implementation, and manage emerging risks.

- Quarterly PR/SR Review meetings served to examine SRs and states' performances. During these meetings, the PR and SR identified successful strategies to share with stakeholders and lessons to improve overall performance. These meetings also provided opportunities for capacity strengthening of the SRs. Examples of this include the application of Scrum and Pareto principles, risk management,

and effective communication and reporting.

- PR/SR Mid-Year Programmatic Review. Twice a year, FHI 360 conducted a comprehensive mid-year and annual review to ensure successful delivery of work packages and milestones by the SRs. Through coordination with Global Fund's Progress Update and Disbursement Request and Pulse Check, the review process focused on validating project scorecard development for each SR; providing insights into workplan completion rates; documentation, and resolution of encountered challenges.

2.13.5 PROGRAM OVERSIGHT

Portfolio Managers Oversight Visits to SR States. FHI 360's commitment to quality service delivery facilitated portfolio managers' oversight visits to the SR states. These visits focused on ensuring accountability, transparency, and efficient programmatic support. They also aimed to resolve implementation bottlenecks and engage stakeholders for collaboration and sustainability post-grant. On-site mentoring enhanced program and government staff capacity in line with national guidelines, despite the challenging economic and security climate.

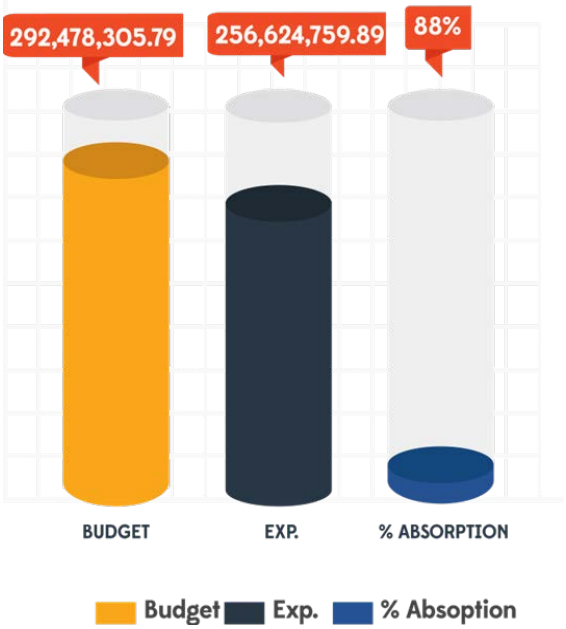
Joint Supportive Supervisory Visits (JSSV) and Continuous Quality Improvement (CQI) Visits to Facilities. Collaborating with the federal Ministry of Health and relevant (ministries, departments and agencies D, the PR conducted joint supportive supervisory visits to select facilities and SR states. These visits fostered collective engagement, informed decision-making, and identification of gaps for PR and government support. Routine CQI visits, led by PR and SRs, ensured adherence to best practices and national guidelines. They also deterred mismanagement of funds and upheld data integrity.

Surge State Monthly Data Review Meeting. Proposed as a monthly forum, the Surge State Monthly Data Review Meeting gathered community teams, high-volume ART sites, and government participants to review surge implementation, achievements, and challenges. FHI 360 ensured comprehensive representation and participation. Currently implemented in Anambra state, this meeting was strengthened with state leadership and outcomes integration. Similar platforms in Ebonyi state focused on surge intervention and engaged new partners for enhanced collaboration.

3. FINANCIAL REPORT 2021 – 2023

The Finance Unit within a donor-funded organization ensures the effective allocation, utilization, and reporting of funds to support project objectives. The Finance Unit plays a pivotal role in safeguarding financial resources, maintaining transparency, and adhering to donor requirements and regulatory standards. They contribute significantly to achieving project objectives, maximizing impact, and fostering trust and confidence among donors and stakeholders.

Figure 3-1: Grant Overall Finacial Performance

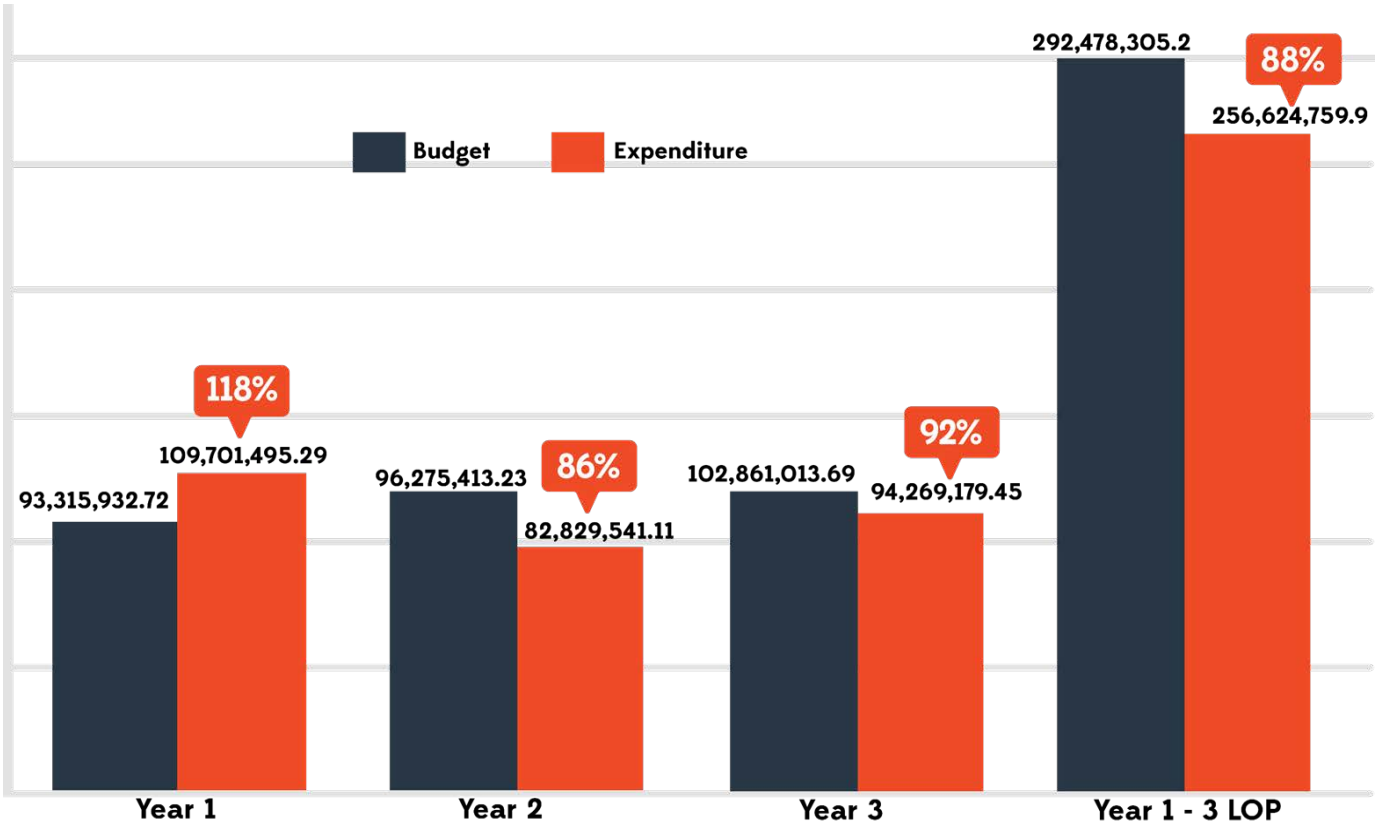


3.1 FINANCIAL PERFORMANCE

The GC6 grant, implemented by FHI 360 and its partners from January 1, 2021 to December 31, 2023 had a cumulative absorptive capacity of 88% as of December 31, 2023, when the CG6 grant contractually closed Figure 3-1 depicts the cumulative performance analysis over the three-year implementation period.

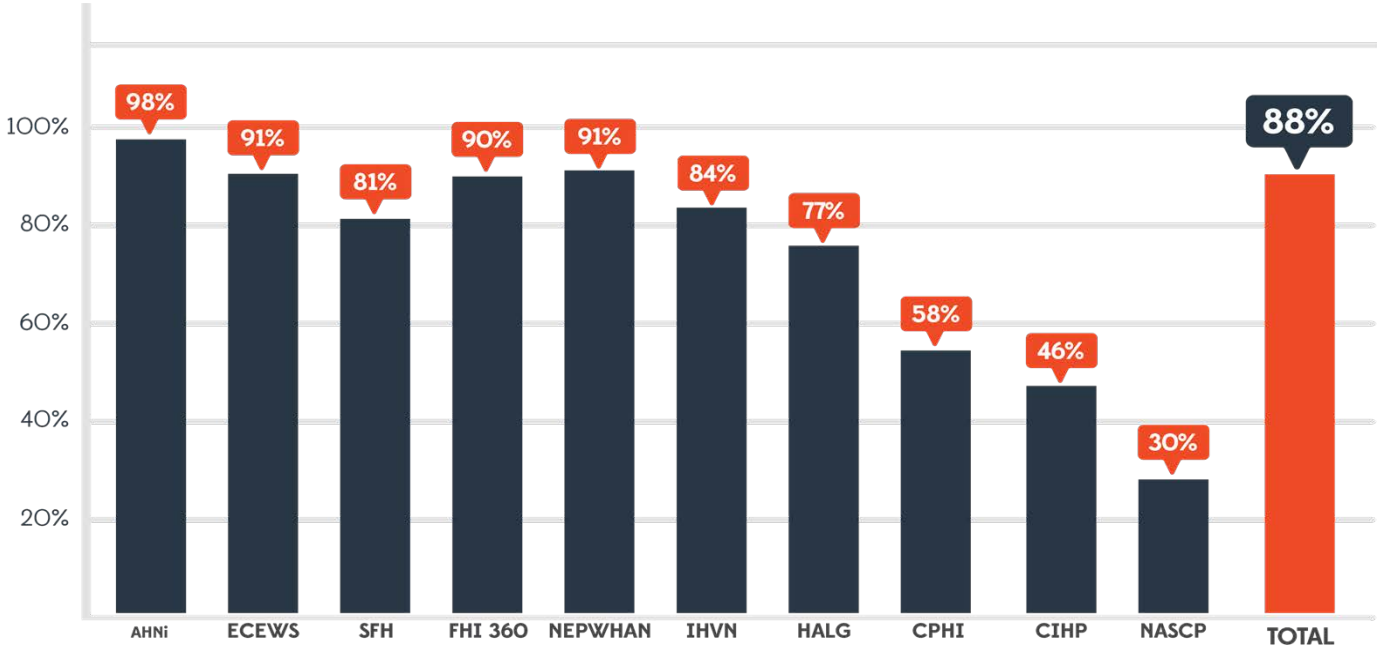
Year-on-year Performance Analysis (2021-2023). The performance of the grant over the three-year implementation period is depicted in Figure 3-2, illustrating the trend in performance year by year.

Figure 3-2: GC6 Grant % Absorption January 21 – December 2023



Performance by Implementer. FHI 360's efficacy in absorbing the grant over the three-year period of GC6 grant implementation is delineated (see Figure 3-3), highlighting the contributions of each partner towards the overall success of the GC6 grant.

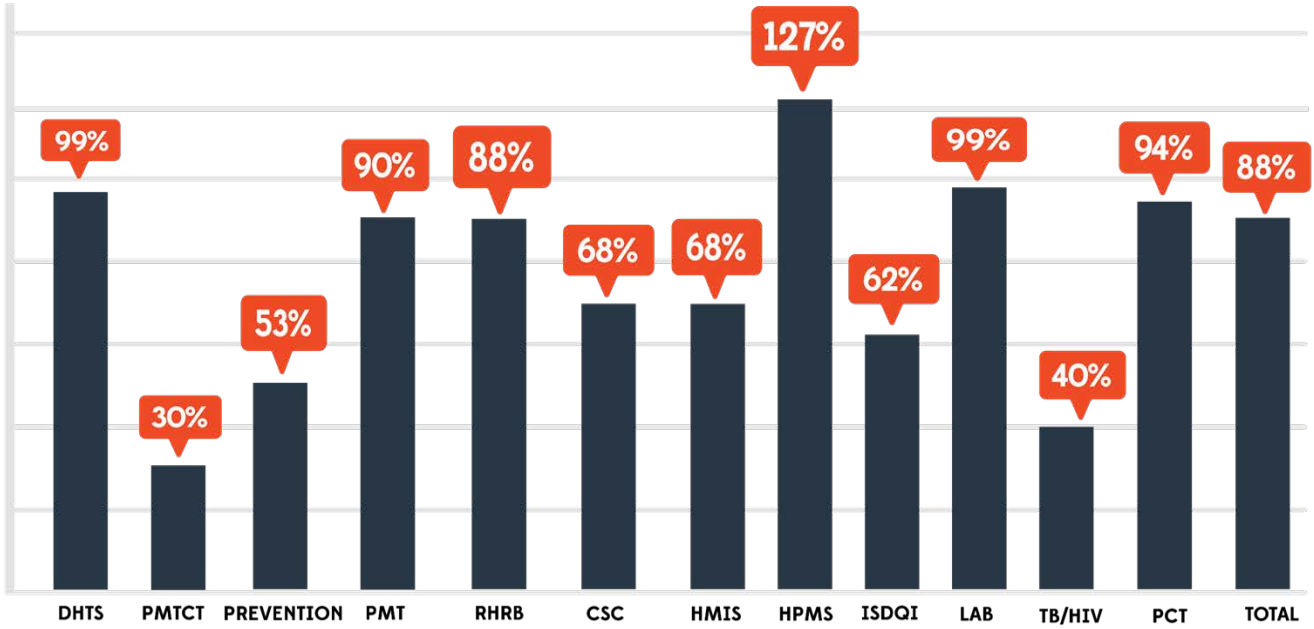
Figure 3-3: Performance by Implementer



Performance by Module. Figure 3-4 shows the grant performance by Module over the 3-year period of GC6 grant implementation.

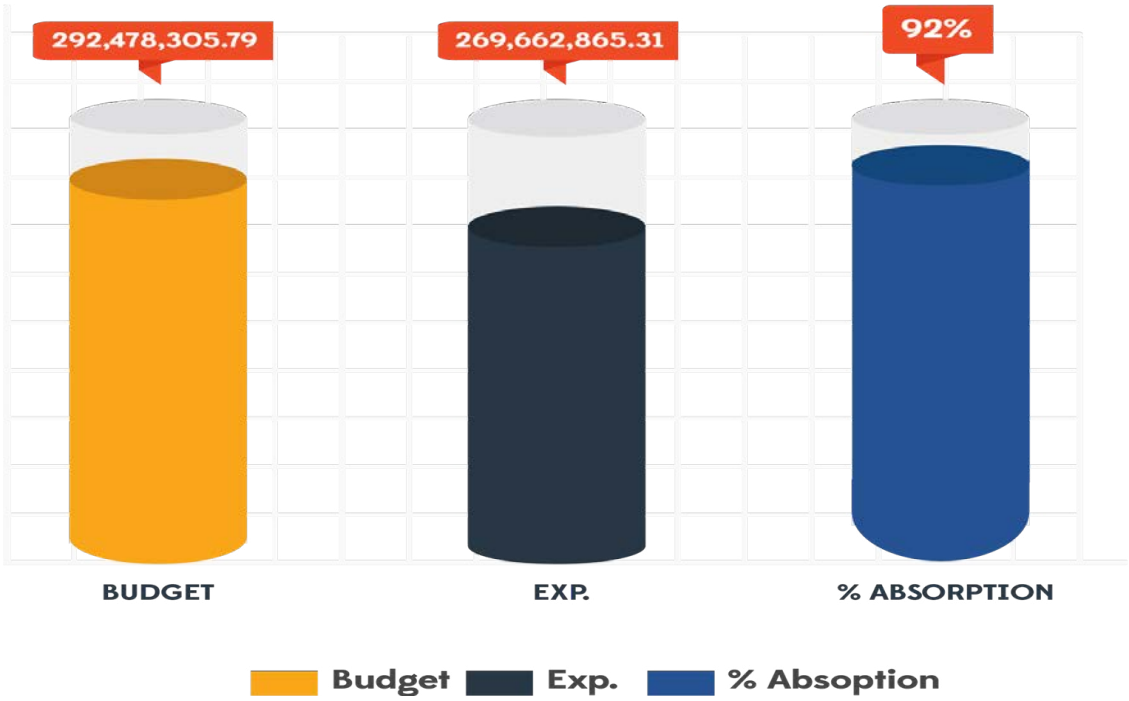
Figure 3 4: Performance by Module

DHTS =DIFFERENTIATED HIV TESTING SERVICES
PMTCT =PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV
PMT = PROGRAM MANAGEMENT
RHRB =REDUCING HUMAN RIGHTS-RELATED BARRIERS TO HIV/TB SERVICES
CSC = RSSH: COMMUNITY SYSTEMS STRENTHENING
LAB = RSSH: LABORATORY SYSTEMS
PCT = TREATMENT, CARE AND SUPPORT
HMIS = RSSH: HEALTH MANAGEMENT INFORMATION SYSTEMS AND M&E
HPMS = RSSH: HEALTH PRODUCTS MANAGEMENT SYSTEMS
ISQI = RSSH: INTEGRATED SERVICE DELIVERY & QUALITY IMPROVEMENT



The projected analysis including the six-month closeout period expenditures show a total expenditure estimated to reach at least $269,662,865.31, resulting in an absorption capacity of 92% (see Figure 3-5).

Figure 3-5: Projected Overall Grant Absorption including the 6-Month Closeout Period Expenditures



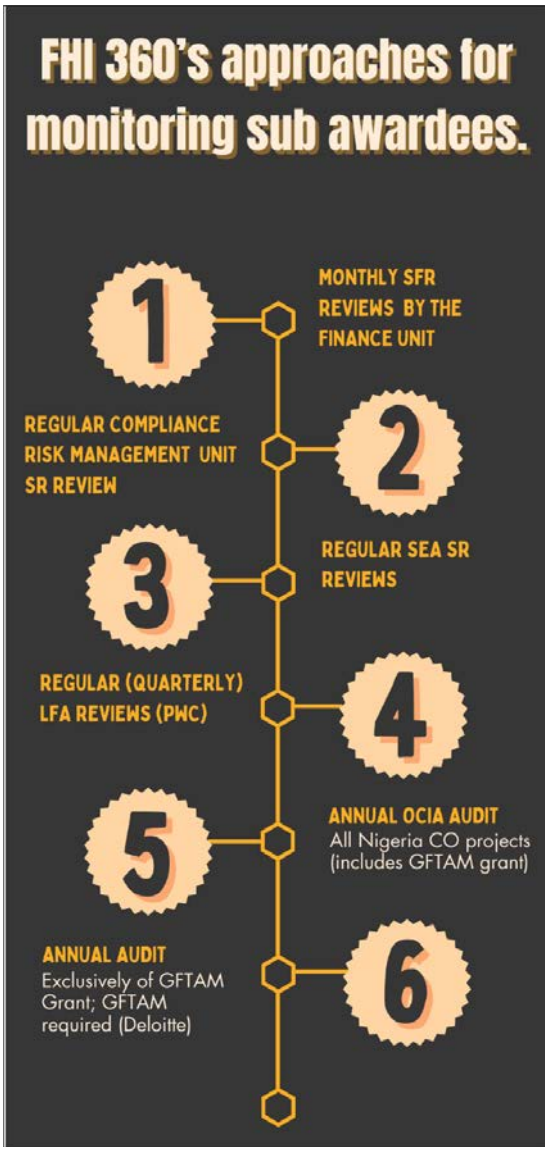
3.2 EFFORTS AT ACHIEVING IMPROVED FINANCIAL PERFORMANCE

As financial gatekeepers on the NAHI grant, FHI 360 undertook critical measures to ensure the overarching success, including but not limited to the following:

- **Financial Accountability and Transparency.** NAHI established and enforced financial controls to ensure accountability and transparency in the use of donor funds. These helped in maintaining accurate records and financial documentation, providing assurance to donors and stakeholders regarding the proper utilization of resources.
- **Budget Management.** Through diligent budget planning and monitoring, FHI 360 helped to optimize resource allocation, ensuring that funds were allocated efficiently to project activities. FHI 360 also effectively tracked expenditures against budget allocations, identified variances, and provide insights to support informed decision-making by project management and donor.
- **Compliance and Risk Management.** Donor-funded projects are subject to various regulations and compliance requirements. FHI 360 interpreted and effectively implemented these regulations, ensuring that project activities adhered to legal, contractual, and regulatory frameworks. Additionally, FHI 360assessed financial risks, developed mitigation strategies, and maintained internal controls to safeguard against fraud, waste, and abuse of donor funds.
- **Financial Reporting.** Timely and accurate financial reporting is essential for donor accountability and decision-making. -NAHI periodically prepared comprehensive financial reports in accordance with donor guidelines, providing insights into project performance, expenditure trends, and financial sustainability. These reports communicated financial management progress update to donor, demonstrating project impact, and supported fundraising efforts for future initiatives.
- **Capacity Strengthening and Support.** FHI 360 offered capacity strengthening and technical support to project staff and partners on financial management practices, policies, and procedures.

By enhancing financial literacy and proficiency, the grant empowered stakeholders to effectively manage project finances, adhere to donor requirements, and contribute to project success.

- **Backstopping Arrangement.** FHI 360's backstopping arrangement provided a strategic framework designed to provide comprehensive assistance and guidance to throughout the project lifecycle to implementing partners. The backstopping functions, as a safety net, offered invaluable support to project teams, stakeholders, and beneficiaries. It encompassed a range of activities and responsibilities aimed at bolstering project implementation, enhancing efficiency, and overcoming obstacles that arose during course of implementation.



Key components of the backstopping activities include:

- **Strategic Guidance:** Backstopping begins with a clear understanding of the project's goals, objectives, and desired outcomes. Backstops, often comprising experienced professionals with subject matter expertise, providing strategic guidance and direction to project teams, helping to align activities with overarching goals and priorities.
- **Technical Assistance:** FHI 360's finance backstops offered technical expertise and assistance to address complex challenges or specialized requirements within the project. Whether it involved technical aspects of implementation, data analysis, research methodologies, or regulatory compliance, their role was to provide tailored support to ensure the project remained on track and delivered results.
- **Problem Solving and Troubleshooting:** In the dynamic landscape of project management, unforeseen obstacles and issues were inevitable. FHI 360's finance backstops served as problem-solvers, employing analytical skills, creativity, and resourcefulness to identify solutions and overcame hurdles promptly. They worked closely with project teams to assess challenges, develop mitigation strategies, and implement corrective measures as needed.
- **Quality Assurance and Monitoring:** Backstopping involved continuous monitoring and evaluation of project activities, outputs, and outcomes to ensure adherence to quality standards and performance indicators. FHI 360's finance backstops conducted regular reviews, assessments, and spot-checks to identify areas for improvement, address deficiencies, and maintain accountability throughout the project lifecycle.
- **Knowledge Management and Capacity Strengthening:** Backstopping initiatives prioritized knowledge sharing and capacity strengthening, fostering a culture of learning and innovation within project teams and partner organizations. Through training programs, workshops, and knowledge exchange platforms, FHI 360's finance backstops equipped stakeholders with the skills, tools, and resources needed to excel in their roles and contribute effectively to project success.
- **Financial Transaction Reviews:** Although the Global Fund required quarterly reports, FHI 360 followed internal financial reporting protocols, requesting monthly sub-awardee financial reports (SFRs) from all SRs. This allowed FHI 360's Nigeria Country Office Finance Team to closely monitor SR spending. The results of this monthly review fed into the risk ratings developed by FHI 360's Nigeria Country Office (CO) Compliance Team. FHI 360's approach was aligned to its philosophy of

comprehensive oversight combined with capacity strengthening solutions.

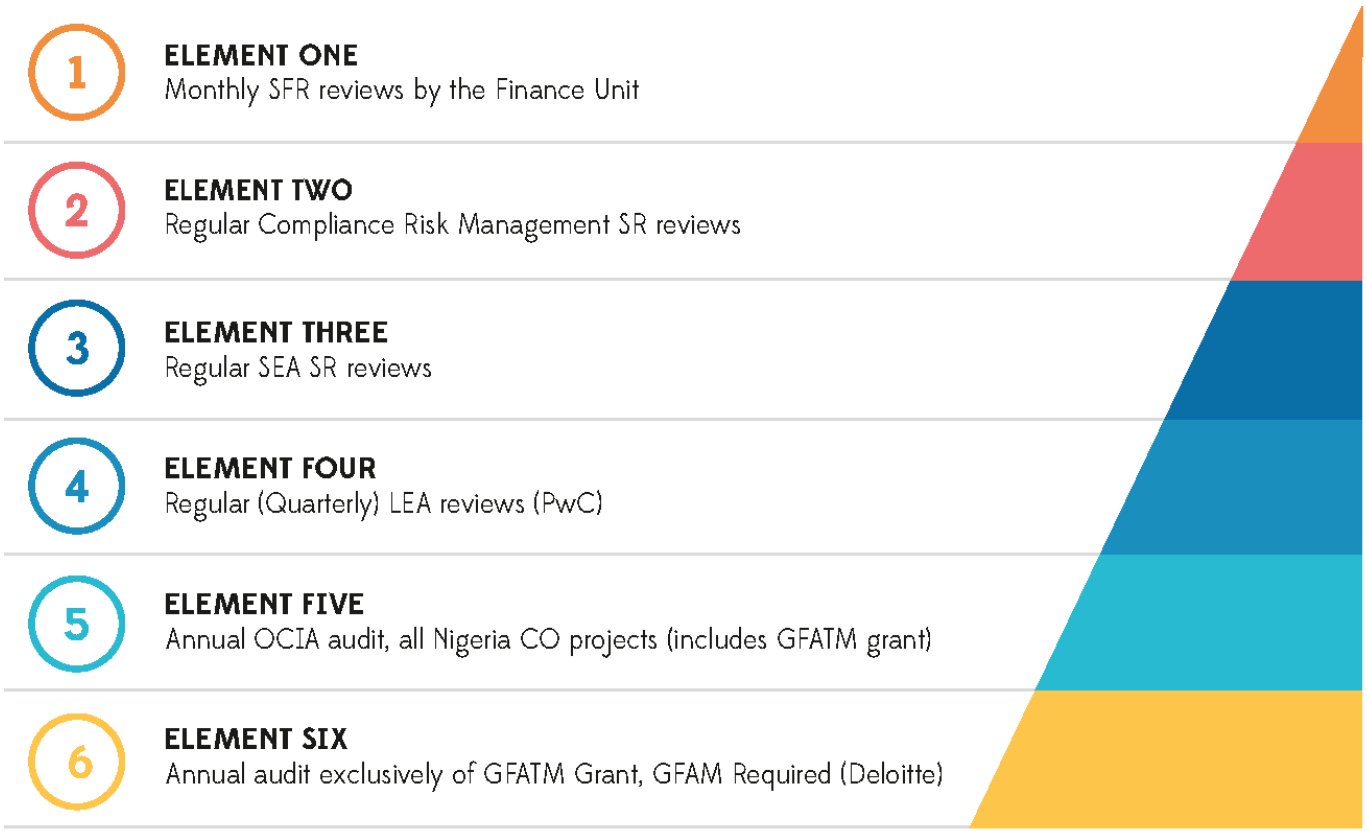
We often think of review and monitoring as punitive, as if the purpose is to find out what is wrong about a project. In fact, the reviews and monitoring also demonstrated FHI 360's interest in the SRs' work and that their activities contributed to a larger goal. The reviews and monitoring were designed to be supportive, making FHI 360 more familiar with the work of the SR, promoting their successes and helped them to overcome weaknesses.

Sometimes, just knowing that there would be routine spot checks of financial activities of the SRs by the PR was enough to motivate good project financial performance. Monitoring helped in identifying issues before they became potential crisis and helped SRs to learn more about the donor's rules and regulations. FHI 360's SR monitoring approach consisted of the following six elements: regular SFR reviews by CO finance backstops; regular desk and field reviews by FHI 360's Nigeria CO Compliance and Risk Management Unit; regular field reviews by FHI 360's System Enhancement Accountants (SEA); regular one site reviews by the Local Fund Agent (LFA); annual audit by FHI 360's HQ Office of Compliance and Internal Audit (OCIA); and annual consolidated PR audit as required by the Global Fund to fight AIDS, Tuberculosis and Malaria, and conducted by Deloitte, Binder Dijker Otte, and Ernst and Young.

These six elements were further complemented by FHI 360's periodic programmatic performance reports. Each of these elements brought a unique perspective to SR monitoring. They ensured that FHI 360 conducted a comprehensive review and provided holistic support to each SR. Below is more detail for each individual component.

Managing Financial Risk. FHI 360's Nigeria CO SEA complement existing finance structures and the independent compliance and risk management unit in improving its overall systems and structures. In practice, the SEAs work hand-in-hand with the compliance team, taking off where they left off. It is the responsibility of the compliance team to identify gaps and areas for improvement. However, it is the

Figure 3-6: SEA Workflow



responsibility of the SEAs to ensure the SRs understand the recommendations and have the available information to implement them. Furthermore, the SEAs will regularly monitor SRs to ensure implementation of the recommended actions, provide needed capacity strengthening support and TA. The SEAs adopt an operational approach driven by the motto: "Find it, Fix it"; hence ensuring review findings are adequately and promptly resolved.

Structure: The SEAs work was part of FHI 360's Nigeria CO Finance Unit; and they reported to one of the two Finance Managers, who in turn reported to the Associate Director of Finance.

Grant SEA Staffing: To support the grant, FHI 360,with its SR, ANHi, employed three SEAs who were exclusively dedicated to the grant.

The above workflow (Figure 3-6) depicts how the SEAs work. A quarterly travel plan is developed and approved by the unit's supervisor. The SEA's monthly and quarterly review of financial reports, compliance team findings, and other units' feedback informed the intervention plan of the finance unit. SEAs intervention visits could also be initiated upon request by a SR. The terms of reference for such trips included assistance with: SFR preparation and sub-award management; cash book and bank reconciliation; internal controls systems; financial documentation review, updating, and filing; journal posting; management of advances for travel and workshops; cash management; asset management; travel; corporate governance; and tax management.

3.2.1 SEA Tools:

- Systems Assessment Tool – This is an analytical tool used to conduct baseline and subsequent periodic assessment on the SR's systems. Trends analyses of the systems were generated using this tool.
- Corrective Action Plan Template – The template captured review findings, recommendations, improvement plan with timeline, responsible person and provide required status updates.
- Sub-award SFR/Funding Tracker – This was used monthly to monitor the status of sub-awardee's SFR submissions, including review, approval, and filling. It also monitored their funding and obligation status.
- Integrated SFR Template – This was a consolidated and simplified version of the SFR for use by the SR. The primary difference between the general SFR and the integrated SFR was that it included cash flow, bank reconciliation, and fund requests into one consolidated document.

Approved Budget and Workplan. The approved budget for NAHI for the period January 2021 to 31st December 2023 was $290,478,305.

Implementation Letter 4 Reprogramming and Revised Budget. The approved budget of $290,478,305 was revised and increased to $292,478,305. As part of this revision, the Global Fund approved $2,000,000 in additional funding to include a private sector contribution from the Children's Investment Fund Foundation. This revised budget came into effect 24th July 2023 when the Country Team reverted to FHI 360 with an approved version of the revised budget.

NAHI underwent numerous LFA reviews, consistently receiving a clean bill of financial health. Notably, recurring review findings have centered around exchange rate treatment. We are pleased to report that over the course of three years, FHI 360 has managed the cumulative sum of $292,478,305 without a single instance of fraud, mismanagement of donor funds, or any ineligible costs associated with this grant.

4. LESSONS LEARNED AND BEST PRACTICES.

- **Close Collaboration with Government of Nigeria to Improve Government Ownership and Governance.** Close collaboration with the Government of Nigeria through engagements and technical support to the relevant federal and state government agencies and national TWGs, led to resource sharing, transfer, and transitioning of grant resources and models between the PR and the government. This also motivated commitments from the government to sustain and replicate the gains from the GC6 in the next grant cycle.

- **States' Commitment of Additional Resources Helped in Sustaining HIV/AIDS Response.** Carrying state governments along during the grant period yielded huge commitments towards sustaining gains from the project. For example, Anambra state government demonstrated commitment towards HIV response by canceling fees for services delivered to HIV patients accessing care in the government-owned facilities. This contributed to an increase in general testing services among pregnant women accessing HIV testing services from 77% to 115%. Anambra state government also demonstrated ownership by donating office buildings in Onitsha and Nnewi clusters to NAHI, thus freeing up the cost of rent for service provision.

  Ebonyi state government implemented a health insurance scheme to fully support HIV patients in care by covering all costs for HIV treatment services. This reduced out-of-pocket expenses including the costs of patients' cards needed to access treatment, care, and support services. A recently published HIV/AIDS Stigma Index Survey showed Ebonyi state's stigma index was 20.4%which shows a high discriminatory rate in the state. Through close collaboration with IPs, Ebonyi state government domesticated and passed an Anti-Stigma Bill to prevent human rights violations against PLHIV. The government rolled out public campaigns and outreach campaigns to promote nondiscriminatory practices and behaviors for PLHIV.

- **Adapting TQLA Models and Using Data for Decision.** FHI 360 leveraged the TQLA model of adaptive leadership and daily SRMs to identify performance areas requiring urgent support and recommended data-driven corrective measures that improved performance across the technical areas on the grant. On a weekly basis, FHI 360 held virtual TQLA meetings for GP and KP programs where technical achievements and solutions to issues were identified and discussed. In Anambra state, TQLA also included on-the-ground support to the facility and community teams across the 95-95-95 cascade with strategic direction and accountability toward high yield case finding modalities and optimal treatment and retention strategies in supported facilities . An accountability matrix was institutionalized for staff and case managers to monitor implementation fidelity and achievement versus targets across the thematic areas. Significant emphasis was placed on supervision and monitoring of service provision in the communities. Over time, there was a significant improvement with many indicators taking an upward trend.

- **Fraud Awareness Training for SRs Promoted Strict Compliance to Grant Financial Policies.** FHI 360 conducted annual fraud awareness workshops and feedback sessions to increase awareness of program and SR staff on the importance of understanding fraud risks and financial crime threats to the project as well as red flags that indicate potential fraud. This strengthened capacity of program staff in efficient management of the Global Fund resources and in reporting issues relating to fraud, waste and abuse that could have had negative impact on program implementation. This promoted awareness regarding collective responsibility in building and sustaining good corporate culture. It also served as avenue to obtain feedback from program participants on FHI 360's work to improve quality of service delivery.

- Compliance Reviews and Remediation Plans to Enhance SRs' Understanding of Donor Regulations: FHI 360 conducted periodic reviews of the SRs focusing on key risk areas agreed with management. At the end of the reviews, critical areas that needed to be strengthened or process enhancements instituted were highlighted and communicated to the SRs for necessary action. Action plans were drawn up to ensure the agreed recommendations were implemented. Through the periodic reviews and capacity strengthening programs, there were marked improvements in SR's understanding of budget monitoring and implementation as well as provisions of donor's regulations, increased awareness of the relevant provisions of statutory laws including withholding tax, pay-as-you-earn tax, pension, and enhanced risk management consciousness among the SRs.

  The reviews strengthened their organizational policies and aligned them with standard practices. For example, ECEWS, NEPWHAN and SFH's consultants and facilitators' engagement process needed to be reviewed to meet the donor's minimum requirements and relevant laws. ECEWS' staff handbook and personnel manual was updated in April 2021 to strengthen its HR practices including policies on leave and severance. Also, AHNi's shared services policies and procedures manual was updated in May 2021 to provide clarification on solicitation timelines for direct procurement and restricted and limited bidding. This resulted in better use of program resources for the benefits of program participants, improved compliance with Nigerian law and sustainability through enhanced capacity to attract and manage other grants.

- **Community-Led Monitoring Provided Feedback for Better Service Delivery.** NAHI achieved the meaningful involvement of PLHIV through a close relationship with NEPWHAN and constituent groups. NEPWHAN's community-led monitoring provided a platform for feedback, accountability, and addressing challenges real-time. It was an opportunity for clients receiving care to provide feedback on challenges they encountered. Feedback and lessons learned during such meetings informed program redesign strategies aimed at resolving the identified issues. It expanded access to interventions in the community and provided evidence that informed advocacy actions and stakeholders' engagement.

- **Mentor Mothers Were Significant to Achievements of PMTCT and EID Targets.** Mentor mothers demonstrated great dedication and commitment towards improving performance and success recorded in tracking and ensuring babies born to HIV-positive mothers received 72-hour prophylaxis after birth. This performance across the cascade had always been sub-optimal prior to the engagement of mentor mothers in tracking back of defaulting positive pregnant women, breastfeeding mothers and HEIs delivered at traditional birth attendant homes within the intervention communities. Upon the use of mentor mothers, who had themselves experienced the processes and received EID services, there was significant performance on the indicator. The number of HEIs delivered outside the facility that were brought back for PCR within 0-2 months of birth was at 115% at the end of 2023.

5. ANNEXES

5.1 ANNEX 1: LIST OF KEY POPULATION CBOS ON THE GC6 NAHI GRANT

S/N	CBO Name	Location	SR
1	Concerned Youths for Development Initiative	Jos, Plateau State	SFH
2	Wavemakers Initiative for Health and Youth Empowerment (WIHYE)	Kaduna State	SFH
3	Health Action Support Initiative (HASI)	Kaduna State	SFH
4	Kindhearts Initiative Initiative for Health Development (KHI)	Kaduna State	SFH
5	Royal Heritage Health Foundation (RHHF)	Oyo State	SFH
4	Global Women's Health, Rights and Empowerment Initiative (GWHREI)	Gombe State	SFH
5	Drug Free and Preventive Healthcare Organization	Gombe State	SFH
6	Taimako Health Support Initiative	Kano State	SFH
7	Achievers Improved Health Initiative	Kano State	SFH
8	Women Health empowerment and emancipation Initiative	Kano State	SFH
9	Unique Royal Sisters Lead for Deprived Women and Girls Initiative	Abia State	SFH
10	Life Hope Network	Abia State	SFH
11	Youth Awake for Better Society (YABS)	Oyo State	SFH
12	Initiative for Access to Health and Youth Development(IAHYD)	Oyo State	SFH
13	Zadchlo International Foundation	Plateau State	SFH
14	Olive Community Development Initiative (OCDI)	Kwara State	SFH
15	Total Health Empowerment and Development Initiative (THEDI)	Gombe State	SFH
16	Initiative for the Advancement of Improved Health and Development-	Enugu State	ECEWS
17	Initiative for Young Womens's Health and Development	Enugu State	ECEWS
18	Hero's Health Community Support Initiative	Enugu State	ECEWS
19	Equitable Health for Women and Empowerment Initiative	Ebonyi State	ECEWS
20	Global Alliance forPublic Health Intervention	Ebonyi State	ECEWS
21	Hero's Health Community Support Initiative	Ebonyi State	ECEWS

S/N	CBO Name	Location	SR
22	Excellence Community Health and Socio-Economic Empowerment Africa Initiative	Imo State	ECEWS
23	Men's Health Support Initiative	Imo State	ECEWS
24	Youth Awake for Better Society	Imo State	ECEWS
25	Royal Women Health and Right Initiative	Edo State	ECEWS
26	Access to Health and Right Development Initiative	Edo State	ECEWS
27	Initiative for Health and Right	Edo State	ECEWS
28	Paragone International Health and Support Initiative	Anambra State	AHNI
29	Be Glad Care and Support Foundation	Anambra State	AHNI
30	Hero's Health and Community Support Initiative	Anambra State	AHNI
31	Taraba Advocacy and Rehabilitation Foundation	Taraba State	AHNI
32	Center for Initiative and Development	Taraba State	AHNI
33	International center for Total Health and Rights Advocacy Empowerment	Taraba State	AHNI
34	No Hate Network Nigeria (No.8)	Anambra State	AHNI

5.2 SUB RECIPIENTS AND HARM REDUCTION IMPLEMENTING PARTNERS' INFORMATION

S/N	SR	Office Address	Name of CEO/ MD	Focus	Implementation State
1	Achieving Health Nigeria Initiative (AHNI)	23 Celina Anyom Crescent, Off Ahmadu Bello Way, Kado, Abuja, Nigeria	Dr. Umar Usman Adamu	GP & KP	Anambra and Taraba
2	Excellence Community Education Welfare Scheme(ECEWS)	Plot 8 Ekpe Nkeruwem close, Ewet Housing Estate, Uyo Akwa Ibom State, Nigeria	Andy Eyo	GP & KP	Ebonyi, Enugu, Imo & Edo
3	Society for Family Health (SFH)	8 Port Harcourt Crescent, off Gimbiya Street, Area 11 , Abuja , Nigeria	Omokhudu Idogho	KP	Gombe, Kwara, Kano, Kaduna, Plateau, Abia and Oyo

S/N	SR	Office Address	Name of CEO/ MD	Focus	Implementation State
4	Network of People Living with HIV/AIDS in Nigeria (NEPWHAN)	35, Justice Sowemimo Street, Off TY Danjuma Street Asokoro, Abuja Nigeria	Ibrahim Abdulkadir	GP	Anambra and Ebonyi
5	National AIDS and STDs Control Program (NASCP)	Edo House, Central Business District, Abuja	Dr. Adebobola T. Bashorun	PMTCT	
PEPFAR IPs					
6	Center for Integrated Health Program (CIHP)	Plot 1129, Kikuyu Close, Off Nairobi Street, Wuse II, Abuja-FCT, Nigeria	Bola Oyeledun	KP	Akwa Ibom & Cross River
7	Centre For Population Health Initiatives (CPHI)	Centre for Population Health Initiatives, 6c Ireti Street, Yaba Lagos	Elizabeth Shoyemi	KP	Lagos
8	Heartland Alliance LTD/GTE (HALG)	House 4, 11 Road, Off 1st and 3rd Avenue, Gwarimpa Estate, F.C.T Abuja - Nigeria I	Ochonye Bartholomew Boniface	KP	Lagos, Akwa Ibom & Cross River
9	Institute of Human Virology, Nigeria (IHVN)	Plot 62, Emeritus Umaru Shehu Avenue, Cadastral Zone COO, FCT, Abuja	Dr. Patrick Dakum	KP	Rivers

CREDITS:
Graphic Designers/Photographs: Christian Ikpe, Cobham Ekpe Essien and Sunday Musa
Copyeditor: Obisike Nwosu Francis