

**Title of Report: End of Project Report - FHI360/Global Fund
“Investing for Impact Against Tuberculosis and HIV” Grant**

**Name of Sub-Recipient: Network of People living with HIV/AIDS
in Nigeria (NEPWHAN)**

Reporting Period: January 2017 - June 2019

Date of Submission: July 2019

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ACRONYMS

AIDS	- Acquired Immune Deficiency Syndrome
CM	- Case Managers
FHI360	- Family Health International
GF	- Global fund
HIV	- Human Immunodeficiency Virus
MM	- Mentor Mother
NEPWHAN	- Network of People living with HIV and AIDS in Nigeria
PIP	- Project Implementation Plan
PPW	- Positive Pregnant Women
PLHIV	- People living with HIV
PR	- Principal Recipient
SACA	- State Agency for the Control of AIDS
SG	- Support Group
SPC	- State Project Coordinator
SM&EO	- State Monitoring and Evaluation Officer
SR	- Sub Recipient

EXECUTIVE SUMMARY

Following series of meetings and negotiations, NEPWHAN (as a Sub Recipient) signed an Agreement with FHI360 (as a Principal Recipient) on the grant, titled **Investing for Impact Against TB/HIV** on 20th March, 2017. NEPWHAN was selected by the PR to intensify the provision of care and support services to PLHIV across 11+1 States, with the aim to reduce loss to follow up, and improve quality of life for PLHIV already in care. For the duration of the grant, which was extended in January 2017 to June 2019, NEPWHAN provided community services, which strengthened linkages and enhanced client retention in care in the 5 priority States of Akwa Ibom, Rivers, Oyo, Imo and Kaduna, as well as in the remaining PMTCT optimization States of Benue, Kano, Sokoto, Taraba, Nasarawa, Cross River and FCT.

To achieve the main goal of NEPWHAN within the grant, which is to reduce the number of lost to follow up and improve the quality of lives of PLHIV already in care, two broad objectives were set. They are: (i) to successfully track back to site all identified defaulters, and (ii) to conduct quarterly referral coordination meetings.

2017 PROGRAM ACTIVITIES AND RESULTS

In order to realize the above-stated goal and objectives, NEPWHAN implemented the following project activities, as outlined in the project document, during the first year (2017) of the grant:

- (i) Facilitate tracking of defaulting clients during home visits - Budget Line 11
- (ii) Ensure attendance of PLHIV at all facility organized quarterly patient education, review and report adverse drug reaction (ADR) (in collaboration with case managers /expert clients) - Budget line 12
- (iii) Strengthen linkage of all identified positive pregnant women to the hub for initiation on ART services (same day Linkage) - Budget Line 45
- (iv) Facilitate active tracking of PLHIV by facilities and Support Groups to promote demand for viral load testing - Budget line 65
- (v) Intensify follow up calls by Expert Clients for Test and Start Clients, adherence defaulters and viral load testing - Budget line 68; and
- (vi) Support quarterly referral coordination meetings (with support groups, women groups, CBOs, facilities, TBAs) to monitor facility/community linkages - Budget line 70
Conduct bi-annual State-level stakeholder advocacy meetings (SACA, SASCP, HMB, etc.) - Budget line 99

Prior to the start of project implementation in the States, NEPWHAN embarked on Initial Supportive Supervisory visits to the 11+1 project States between April and May 2017 to



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conduct preparatory activities. The visit provided opportunity for NEPWHAN to introduce the project to the State Governments, the beneficiaries (PLHIV and Supports Groups) and other stakeholders, and to seek their support for its smooth implementation, ownership and sustainability. Meetings were held with the States Ministries of Health, States Agencies for the Control of AIDS (SACA), GF supported facilities, Support Groups, other Sub-Recipients (SRs) on the project, Implementing Partners (IPs) and other relevant stakeholders. The visit was also used to conduct mapping of communities and Support Groups, as well as recruitment interviews for shortlisted candidates as State and facility staff for the project.

With the recruitment exercise completed in May 2017, the Start-up Orientation was organized for State staff (State Project Officers and State Project Coordinators). The orientation served as training for the State staff, where the new project was introduced, the strategies explained, and the roles and responsibilities of the State and field staff were detailed out. The training also equipped them with necessary skills and tools to implement the project, and also to cascade the training down to the project Volunteers in their States.

With the success of the Start-up Orientation for State Project Officers (SPOs) and State Project Coordinators (SPCs), and the field staff having been equipped with required skills to implement their own tasks of the project, and also to train selected volunteers in their respective States, step-down trainings were organized in all project states by the SPOs and SPCs for selected Treatment Adherence Supporters (TAS) and Mentor Mothers (MM) in June 2017. Although, there was no budget provision for the conduct of this activity, but in view of its high importance to project implementation, NEPWHAN used its good offices to appeal to the State staff to conduct this activity in their States, and they obliged. The areas covered by the step-down training include overview of the Treatment Adherence Support project, roles of Mentor Mothers and Adherence Supporters, targeted groups, set targets and target indicators, among others. The volunteers (expert clients and Mentor Mothers) were also mentored on service provision and the use of reporting tools, and were later introduced to the facilities within their jurisdictions for qualitative service delivery.

Systems were set up to monitor the utilization of the reporting tools, documentation of the registers and other forms, and how to manage clients in the facility. National reporting tools and structure were adopted for documentation and monitoring purposes. Volunteers were mentored on national data collection tools and data validation exercise.

Emphasis was placed on adherence support services and proper documentation of referrals and follow up for feedback from the comprehensive facilities. Defaulters' lists, generated from the facilities, were used to contact/track the defaulters.

Quarterly patient education and review meetings were organized in all the projects States, in collaboration with facilities' focal persons and LACA Managers. NEPWHAN ensured the attendance of PLHIV in all the facilities covered, with a view to review and report adverse drug reaction (ADR). PLHIV were educated on the importance of adherence and management of their health towards Positive Health, Dignity and Prevention (PHDP) services. Health education was provided to clients in the facilities, and the clients were counseled on the importance of viral load testing, regular clinic attendance, nutrition, PMTCT, including the need for HTS for family members, partners' notification and disclosure. Adherence counselors were mentored in health facilities on provision of continuum of care to include counseling on positive living and family planning.

To strengthen linkage of all identified positive pregnant women (PPW) to the hub for initiation on ART services, trained mentor mothers at the Step-down Orientation in all the States facilitated the process of linking all identified positive pregnant women from PHCs to comprehensive sites. The mentor mothers escorted all identified PPW to the hub for enrollment for early initiation of treatment, in line with the national guideline (test and start), to reduce loss to follow up.

Active tracking of PLHIV by facilities and Support Groups to promote demand for viral load testing was carried out by the Volunteers and members of Support Groups in the 11+1 States during the first year of project implementation. The activity highlighted the importance of viral load testing at appropriate times to PLHIV. Telephone calls were made to clients on ART to remind them of the periods of their viral load testing towards achieving the last 90 target, with the aim of achieving viral suppression.

In the same vein, expert clients intensified follow up calls for test and treat for all clients who tested positive for HIV, by ensuring that they get ARV prophylaxis same day, with proper and continuous adherence counseling. The supporters also tracked back defaulters for service continuation. The Volunteers had their capacity built on meeting the need of all clients that reported to the facilities for HIV services, including screening for TB for all identified HIV positive pregnant women and appropriate referral for viral load testing.

State-level stakeholder advocacy meeting were held bi-annually during the first year of the grant. The meeting brought together all relevant stakeholders, including the State Governments (Commissioners of Health/State Ministry of Health), Ministry of Women Affairs, SACAs, LACAs, Treatment SRs of the GF project, Implementing Partners,



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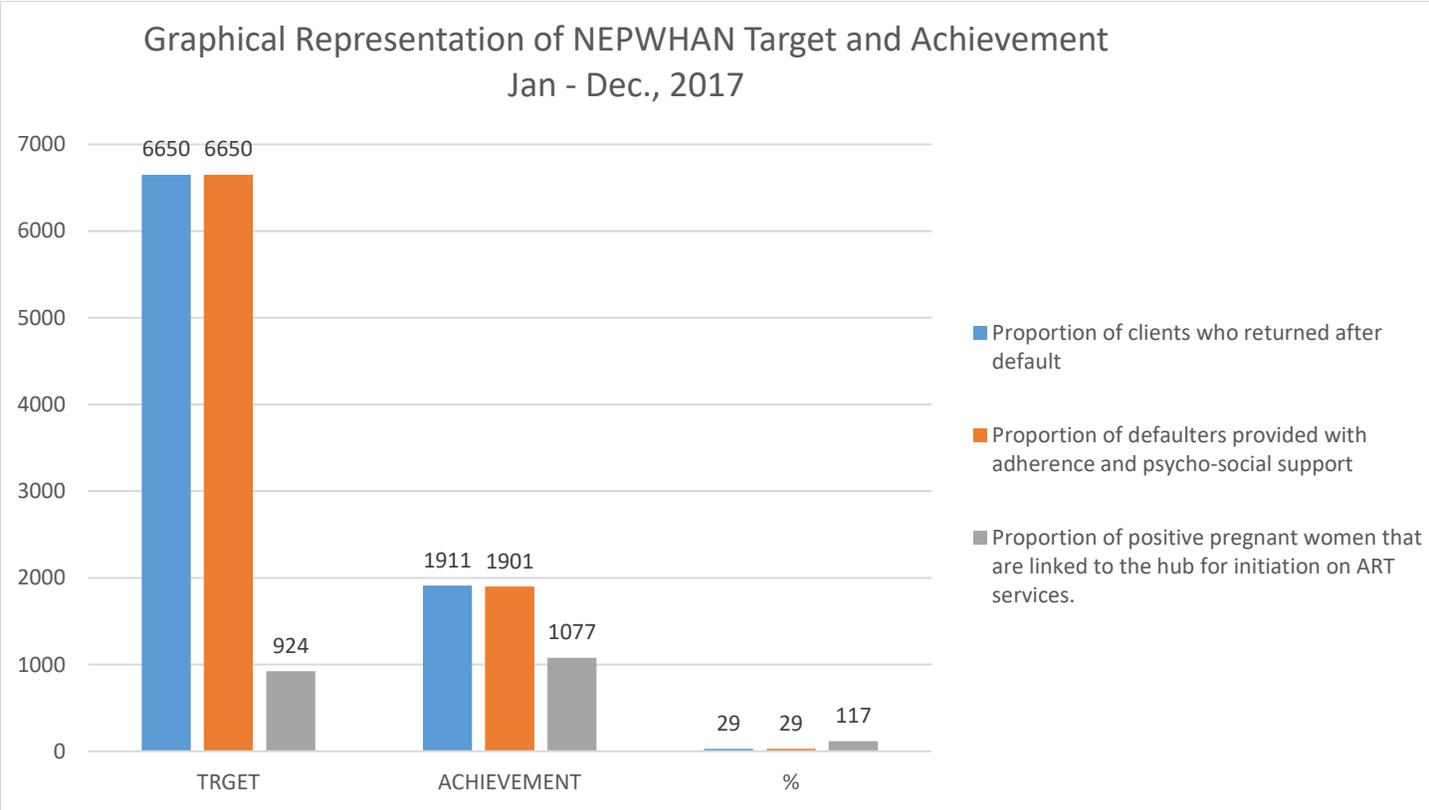
Support Groups, CiSHAN and CMDs of GF supported facilities. The meeting brought together all State level stakeholders on HIV/AIDS in the 11+1 project States to discuss and brainstorm on HIV/AIDS support and interventions, the successes and challenges, and proffered solutions to identified challenges in the support/interventions. The first of the meetings served as a platform for NEPWHAN to present the project to the stakeholders, highlight the project's key activities, and sought their support and collaboration, especially the State Government, in implementing the project. It was also used to seek assistance and support from the State Governments and other stakeholders on HIV programming. The meetings articulated HIV issues in the States for future project consideration and interventions. In all, the meeting advocated and presented strong messages to the State Governments for ownership and sustainability of HIV/AIDS interventions in their respective States.

Staff of the national office provided oversight functions to the State and field staff through provision of technical guidance, mentoring and coaching to ensure grant strategy was maintained, and project activities were implemented in line with approved work plans. Two Supportive supervisory visits were made to the States in 2017 to validate reports/data of previous quarters preceding the visits.

Summary of NEPWHAN Target and Achievement Jan - Dec. 2017

Indicator	TRGET	ACHIEVEMENT	%
Proportion of clients who returned after default	6,650	1,911	29
Proportion of defaulters provided with adherence and psycho-social support	6,650	1,901	29
Proportion of positive pregnant women that are linked to the hub for initiation on ART services.	924	1,077	117

Note: Expected achievement was 90% return rate. However, 29% was achieved. This is because NEPWHAN only covered three facilities in each State with 3 service providers in each facility.



PROJECT IMPLEMENTATION - JANUARY 2018 to JUNE 2019

With the end of the first phase of the project in December 2017, there was an extension of the project from January 2018 to June 2019. Engagements continued with the PR and staff in the 11+1 States in the first 2 months of 2018, till the new Agreement for the extension was concluded and signed. The first month of the year (January) was used to review NEPWHAN’s performance in 2017, and solutions were proffered to the issues that affected her performance in 2017.

The expert clients, who worked in 2017 were disengaged, having been informed by the PR that Case Managers would be recruited by the treatment SRs in the States to perform their functions.

Following the signing of the Agreement for extension of the Grant, NEPWHAN commenced collaboration with the PR and other treatment SRs on the grant to enhance the provision of care and support services to PLHIV, as part of Nigeria’s efforts to contribute to the global (UNAIDS’s) 90-90-90 target by the year 2020, as well as reduce new HIV infections and improve the quality of life for PLHIV.

The collaboration was geared towards effective coordination (monitoring and supervision) of the Case Managers' activities, recruited by the treatment SRs and FHI360/AHNI in the 11+1 States.

In view of the change in project activities and strategies, coupled with the type and level of work expected of the State staff, the States' Project Officers (SPOs) were given appropriate training in Monitoring and Evaluation, and their designation changed to State M&E Officers.

Also, in view of more supported sites to cover in the extension period, advocacy and familiarization visits were made to all the GF sites slated for coverage by NEPWHAN States' teams. The visits and meetings held were successful, as they established working relationship with key and relevant staff of the facilities.

Collaboration meetings were held with the SRs and FHI360/AHNI State Offices (SOs) in the 11+1 States between February and March 2018. The meetings discussed the (expected) collaboration between NEPWHAN and the SRs/SOs, recruitment of Case Managers, and coordination of activities of the Case Managers by NEPWHAN.

Initially, there was misunderstanding of the role of NEPWHAN in the Grant extension by the treatment SRs and AHNI in many project States, but with the PR/SR review meeting held in May 2018, which shed more light on the collaboration issue, and the intervention of the PR, the teething challenges with collaboration with other SRs was nipped in the bud. NEPWHAN was thus involved (though partially in many States, apart from Sokoto) in the recruitment of the Case Managers. NEPWHAN was, however, not involved or carried along in the orientation conducted for the Case Managers by the treatment SRs in many of the 11+1 States, and this posed a big problem in working with the Case Managers throughout the duration of the extension in many of the 11+1 States, as they (the Case Managers) saw NEPWHAN as an intruder, and refused to work with us freely.

Suffice it to say that the delay caused by this initial lack of understanding of collaboration with NEPWHAN by the treatment SRs in most States, slowed down the commencement of project activities in the States. Where we were able to commence work, the non-availability of required M&E tools in consonance with given indicators was another barrier. These, in turn, negatively affected NEPWHAN's report for the first semester of the year.

Project activities implemented during the extension are as follows:

- (i) Conduct 1 day bi-annual community dialogue meeting in 5 Priority States - BL 188
- (ii) Conduct Joint Quarterly Supportive Supervisory Visit to 11+1 States - BL 189



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- (iii) Finance / Audit Validation, Monitoring and Mentoring Visits to 11+1 States - BL 189
- (iv) Mapping and clustering of Support Groups and other relevant stakeholders and beneficiaries - BL 190
- (v) Monthly monitoring and supervisory visits to supported sites in 11+1 States - BL 191
- (vi) Data/Reports Validation Visits to 11+1 States - BL 191
- (vii) Participate in referral coordination meetings (with support groups, women groups, CBOs, facilities, TBAs) to monitor facility/community linkages (11 + 1 States)
- (viii) Conduct a local training in Monitoring and Evaluation, and Program Management (including risk assessment and management) - BL 193
- (ix) Participate in NEPWHAN Bi-annual review meeting with State team Leads and State M&E leads - BL 194
- (x) Quarterly Support Group Meeting in 11+1 States - BL 195

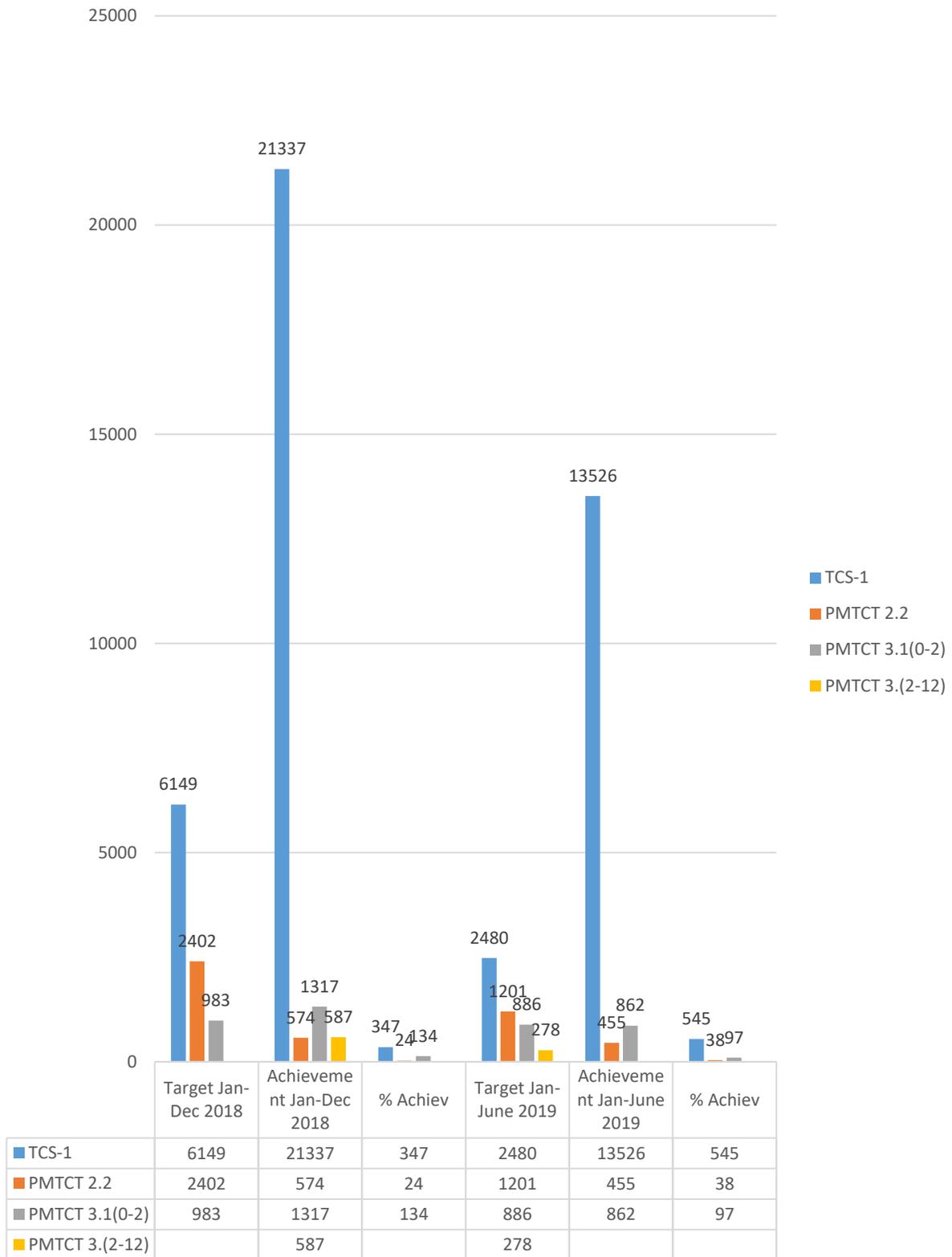
At the end of the Grant in June 2019, all approved project activities in the work plan (aside the referral coordination meeting, to which NEPWHAN were hardly invited by the treatment SRs in many of the 11+1 States), were implemented with appreciable successes recorded.

**Table showcasing achievements on key indicators:
JANUARY 2018 - JUNE 2019 PERFORMANCE**

INDICATOR	Jan – December 2018			Jan – June 2019		
	Target Jan-Dec 2018	Achievement Jan-Dec 2018	% Achievement	Target Jan-June 2019	Achievement Jan-June 2019	% Achievement
TCS-1	6,149	21,337	347	2,480	13,526	545
PMTCT 2.1	2,402	574	24	1,201	455	38
PMTCT 3.1(0-2)	983	1,317	134	886	862	97
PMTCT 3. (2-12)	-	587	-	278	-	-

Note: Total achievement at the end of 18 months (January 2018 – June 2019) was based on **“Number of PLHIV provided with adherence and psychosocial support”**.

Graphical Representation of NEPWHAN Target & Achievement January 2018 - June 2019



2018 - 2019 PROGRAM ACTIVITIES AND RESULTS (ART, TCS, PMTCT)

Monthly Monitoring and Supervisory Visits to Supported Sites

In spite of all odds at the start of the extension, NEPWHAN commenced her monthly monitoring and supervisory visits to supported sites in 11+1 States in March 2018. During the visits, NEPWHAN intensified efforts at ensuring quality services were provided to PLHIV across all GF supported sites in the 11+1 States, through the case management and surveillance approach. Mentoring and coaching were provided to Case Managers and Mentor Mothers during the visits of the States and national office staff to the facilities for better understanding, service provision, and usage of the Community Care and Support tools in their work. Some Case Managers and Mentor Mothers were, however, reluctant and proved difficult to work with in many of the project States throughout the duration of the extension. Oversight functions were conducted by NEPWHAN at the sites to ensure that PLHIV have access to quality treatment, care and support services.

Collaboration with treatment SRs in the States picked up, and was on a relatively good note till the end of the project, with the exception of IHVN States, which refused to call the Case Managers and Mentor Mothers to order, to allow a smooth working relationship with NEPWHAN at the facilities, and also refused to invite NEPWHAN to the Cluster Coordination meetings.

At the end of every month, NEPWHAN collated data from all GF supported facilities in the 11+1 States, as it relates to her indicators. The outcome of the visits and monitoring of the activities of the Case Managers showed that ART defaulters restarted ART at GF supported sites after tracking from the community; Positive Pregnant Women (PPW), who dropped out of PMTCT, were brought back after tracking through community intervention; HEI delivered outside were brought back for PCR within 2 months of birth; and HEI delivered outside the facility were brought back for PCR between 2-12 months of birth for the year.

While we surpassed the targets for TCS 1 and PMTCT 3, based on the efforts of the Case Managers and effective (but difficult) coordination of their activities by NEPWHAN State teams, same was not the case with PMTCT2. First, the set target was based on historical data, which was neither realistic nor in tune with current reality at the facilities. Secondly, there was little or no default by PPW in most facilities across the States. These facts made it difficult to achieve the set target for this indicator, which, to us, is a positive development, as most PPW adhere to their appointments and treatment, and do not default to warrant tracking. It also showed the result of effective counselling of the PPW by the mentor mothers.



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**Table showcasing achievements on key indicators during reporting period:
JANUARY 2018 - JUNE 2019 PERFORMANCE**

State	TCS-1: C&S No of PLHIV provided with adherence and psychosocial support			PMTCT 2.1: C&S Number of PLHIV provided with adherence and Psycho-social support - Pregnant			PMTCT 3.1(0-2): C&S Number of HEI delivered outside the facility that were brought back for PCR within 0-2 months of birth			PMTCT 3.1(0-2): C&S Number of HEI delivered outside the facility that were brought back for PCR between 2-12 months of birth		
	Total Jan-Dec 2018	Total Jan-June 2019	Total _18 Months	Total Jan-Dec 2018	Total Jan-June 2019	Total _18 Months	Total Jan-Dec 2018	Total Jan-June 2019	Total _18 Months	Total Jan-Dec 2018	Total Jan-June 2019	Total _18 Months
Akwa-Ibom	1881	515	2396	78	2	80	125	119	244	33	10	43
Benue	2317	1355	3672	41	15	56	284	119	403	139	62	201
Cross River	716	606	1322	0	0	0	16	12	28	1	2	3
FCT	2045	1563	3608	71	0	71	140	96	236	45	19	64
Imo	776	1164	1940	24	121	145	37	82	119	22	27	49
Kaduna	924	595	1519	64	13	77	50	36	86	35	14	49
Kano	1076	584	1660	122	128	250	115	49	164	40	5	45
Nasarawa	1335	737	2072	12	3	15	99	53	152	32	11	43
Oyo	1222	1022	2244	5	1	6	76	71	147	30	30	60
Rivers	4296	1629	5925	0	54	54	169	115	284	51	52	103
Sokoto	1401	724	2125	32	9	41	30	11	41	14	6	20
Taraba	3348	3032	6380	125	109	234	176	99	275	145	40	185
	21337	13526	34863	574	455	1029	1317	862	2179	587	278	865

Note: Total achievement at the end of 18 months (January 2018 – June 2019) was based on “**Number of PLHIV provided with adherence and psychosocial support**”.

Mapping and Clustering of Support Group and other relevant Stakeholders and Beneficiaries

In view of the shift in attention to the importance of functional Support Group system, coupled with the new focus on care and support, in order to provide HIV services to the patient communities at the grassroots, NEPWHAN embarked on mapping and clustering of Support Groups and other relevant stakeholders and beneficiaries in the 11+1 project States in May 2018.

Different methods were adopted for the mapping exercise. These include desk review, field visits, telephone calls and administration of tools to populate the database for relevant Support Groups and CBOs. The exercise was conducted by NEPWHAN and SACA staff in the States, with the use of a simple information gathering tool, which was used to harness all necessary and required information to determine the geographical locations and sizes of all Support Groups and other

relevant stakeholders and beneficiaries in the 11+1 States. The mapping also identified the spread of the Support Groups for proper alignment with GF supported facilities in the States for a strengthened referral system at facility and community levels. The mapping exercise equally prepared the ground for the commencement of Support Group meetings in June 2018.

Data and Reports Validation Visits to the State by the National Office

During the extension period, the national office conducted quarterly data/reports validation visits to the 11+1 States. The exercise validated project activities' reports and source documents for all the quarters within the period. Opportunity of the first visits to the States in March 2018 was used to introduce NEPWHAN's project activities in the extension, the strategy, modalities and coverage to the State staff. Meetings were held with the treatment SRs and FHI360/AHNI in the States for effective partnership and collaboration. The first visit was an eye opener in many of the project States, as it exposed the non-readiness of the SRs, especially IHVN, to collaborate with NEPWHAN on the project, as directed and contained in the Grant document. This challenge was, however, later reduced through the intervention of the PR and follow up meetings with the SRs' offices in Abuja by NEPWHAN.

The exercise ensured availability of uniform and harmonized data/reports at all levels (facilities, States and national office), availability of source documents for reported data, and uniform interpretation and documentation of data elements at all levels. Variances that occurred in reported data for previous quarters were corrected, using the Data Update/Change Document Register. The lapses and uncooperative attitude of the Case Managers were also observed across the 11+ States throughout the period of the extension.

Monitoring and Evaluation and Program Management training

In May 2018, M&E and Program Management training was organized for national and State project staff. Great support was received from the PR in the planning and execution of the training, which was a huge success. All national and State staff either enhanced or acquired the required skills and knowledge to carry out their roles and responsibilities on the project.

Support Group Meetings

NEPWHAN facilitated the conduct of 5 quarterly support group meetings in the 11+1 States within the extension period. Support Group members were so delighted at the resuscitation of this meeting, as they confessed that the meeting strengthened community linkages and enhanced clients' retention in care.

The meetings focused on acceptance and disclosure of status, positive living, opportunistic infections, adherence counseling, nutrition counseling and assessment, psychosocial support, economic strengthening, as well as formation of cooperative societies, and capacity building on various income generation and skills acquisition programmes. The meetings also provided information on capacity of SGs and its members to contribute to project implementation, and locations of expert clients who can work with treatment SRs to provide required services to PLHIV.

The meetings gave voice and face to, and advocated for the right of PLHIV, as well as ensure that positive living among PLHIV was enhanced, stigma and discrimination reduced, referral system at facility and community levels strengthened, and PLHIV form cooperative societies to strengthen their economic activities.

Issue of sustainability was also paramount during the meetings, as some groups discussed how to support the meetings (on their own) upon the expiration of GF funding, and how to get a befitting space, apart from the facilities, for their meetings, after the project. Orientations were provided at the SG meetings on the new ARV drugs. New members also joined some of the support groups in some States. New and old members expressed solace in the activities and meetings of the support groups, in view of the open discussions at the meetings. It is worthy of note that, as a result of the Support Group meetings and activities, a new Support Group was established in General Hospital, Toto, Nasarawa State within the extension period.

Meanwhile, funds provided for these meetings was too meagre to cater for the participation of the large membership of the Support Groups, as only 20 members were provided for. As such, participation at the meetings by members was in batches.

Joint Quarterly Supportive Supervisory Visit to the State by National Office

Joint supportive supervisory visits (JSSV) were conducted to the 11+1 States. The JSSV was designed in such a way that 4 of the 11+1 States were visited in a quarter, starting with the most problematic States that required attention of the national office. The opportunity of the visits was used to get first-hand information on such issues and to proffer solutions to them.

The visits reviewed project activities at the State level since inception of the extension, and provided mentorship and coaching support to NEPWHAN's State staff, the Case Managers and facility staff, where necessary. The visit also examined collaboration issues between NEPWHAN and the SRs in the States on one hand, and between NEPWHAN and other partners (Case Managers and facilities) on the other hand. The JSSV was quite useful as it ensured constant and regular coaching and mentoring to all field staff towards project implementation in line with the PIP, which turned out with good results.

Community Dialogue Meetings in 5 Priority States

Two Community Dialogue meetings were held in the 5 priority States; one in 2018 and the second in 2019. The 1-day meeting brought together various stakeholders in HIV interventions in the 11+1 States to sensitize the communities to champion HIV stigma-reduction and to adequately support people infected with and affected by HIV living within their communities, as well as to strengthen referral linkage from community to facilities and increase ART/ANC service uptake. Participants at the meetings included community and religious leaders, ART and PMTCT Coordinators from GF-supported facilities, LGAs, LACA, Women and Youth Leaders, NURTWs, Okada riders, PLHIV, TBAs, Community Pharmacists, Law Enforcement Agencies (Police, Road Safety, NSCDC, NDLEA and Prisons), APYIN, ASHWAN and NINERELA+. The meetings were quite successful, as every participant indicated their yearnings for such gathering, in view of its multiplier effects and outcomes. They opined that more of such meetings will serve as awareness creation platforms towards putting a stop to stigmatization against PLHIVs in the communities. The participants also resolved to champion the course of stigma reduction and eradication in their organizations and communities.

Bi-annual Review Meeting with State Team Leads and State M&E leads

Three bi-annual review meetings were held between January 2018 and June 2019. This activity was designed for State team Leads, State M&E leads and the national office project staff to participate. However, in view of budget provision, only one State lead can participate at a time. In view of this, participation at the meetings (which held in Abuja) was on a rotational basis between the SPCs and State M&E Officers, based on issues to be addressed at the meetings

The 2-day meetings provided opportunity for the discuss of identified gaps and weaknesses from the States, and harmonized lessons learnt at both the State and national levels for effective provision of care and support services at the State level. The meetings also reviewed reports and strategies of project implementation in previous months, with the national office providing feedback to the States to ensure that project activities continue to be implemented in line with Project Implementation Plan (PIP). The State teams shared best practices that improved NEPWHAN's coordination role at the State level at the meetings.

Participation in Referral Coordination Meetings

This activity was organized by the treatment SRs, with NEPWHAN participating in the 11+1 States. It is for support groups, women groups, CBOs, facilities and TBAs to monitor facility/community linkages. It is unfortunate that in most States, aside Kaduna, Oyo, Rivers, Sokoto and Nasarawa, NEPWHAN staff were not informed or invited to the meetings. The issue of transportation for NEPWHAN's participation at the meetings was



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a concern, as there was no budget provision for NEPWHAN’s participation at the meetings.

Finance/Audit Validation, Monitoring and Mentoring Visits to the State by the National Office

NEPWHAN Finance team visited the 11+1 States during the extension period of the project to validate the monthly visits of the State staff to the facilities, Community dialogue meetings, Support group meetings, Verification of vendors and GF Assets, and Filling of financial retirements by the State staff among others.

The national office finance team visits to the facilities at the State level was to confirm that the State staff visited the facilities as contained in their reports and retirements. The lack and or none use of attendance register in some facilities by the State staff during their visits was addressed, with caution to staff affected to do the needful. The team also confirmed the conduct of community dialogue meetings in the 11+ 1 States by visiting the locations and interacting with key partners involved in the meetings, e.g. SACA and community leaders. Participation at the Support Group meetings by members of the SGs and payments were also verified during the visits through the facilities’ and support groups’ directories/database. Those without Support Group database or directory were urged to have one, and to ensure it is updated regularly. The visits were also used to encourage SG members to open bank account to enable them receive their payment for participation at the meetings, and to find solutions to other problems associated with the SG meetings.

GF assets in the facilities were validated during such visits. Vendors that provide different services like provision of food, printing, photocopies and stationeries were also visited for verification.

The retirements by the State staff were also validated during the visits, and the opportunity was used to mentor the State staff on proper retirements.

KEY CHALLENGES

S/N	CHALLENGES	MITIGATING MEASURES
1.	Refusal of most of the Case Managers and Mentor Mothers to collaborate with NEPWHAN in the 11+1 States	NEPWHAN should be allowed to engage its staff at the facility level
2.	Late/non-submission of monthly reports to NEPWHAN by most Case Managers in the 11+1 States	NEPWHAN should be allowed to engage its staff at the facility level
3.	Use of historical data to set PMTCT 2.1 target for NEPWHAN, as against proportion of defaulting PPW	Targets should be set based on current reality, following proportion of defaulters

4.	Withdrawal of (NEPWHAN engaged) expert clients in 2017 due to no remuneration caused some facilities to stay without trackers for months. This caused great setback for the project in terms of target achievement. Despite all entreaties to the PR, this was not remedied till the end of December 2017.	
5.	Limited funding made NEPWHAN to cover only 3 facilities/LGAs (less than 30% coverage of most States) in the 11 + 1 States in 2017, and gave poor impression of NEPWHAN.	Facilities covered by NEPWHAN was scaled up in the 18 months' extension (January 2018 - June 2019).