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

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The Global Fund
To Fight AIDS, Tuberculosis and Malaria



**IMPACT (HIV)
PROJECT**

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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:

With the end of the first phase of the project in December 2017, NEPWHAN continued engagement with the PR and her States staff in the 11+1 States in the first 2 months of 2018, till the new Agreement for the extension was concluded and signed. While discussions continued on the project extension, skeletal project activities continued in all the project States, as the expert clients, who worked in 2017, have been disengaged, and the Case Managers for the extension were yet to be recruited by the treatment SRs in the States.

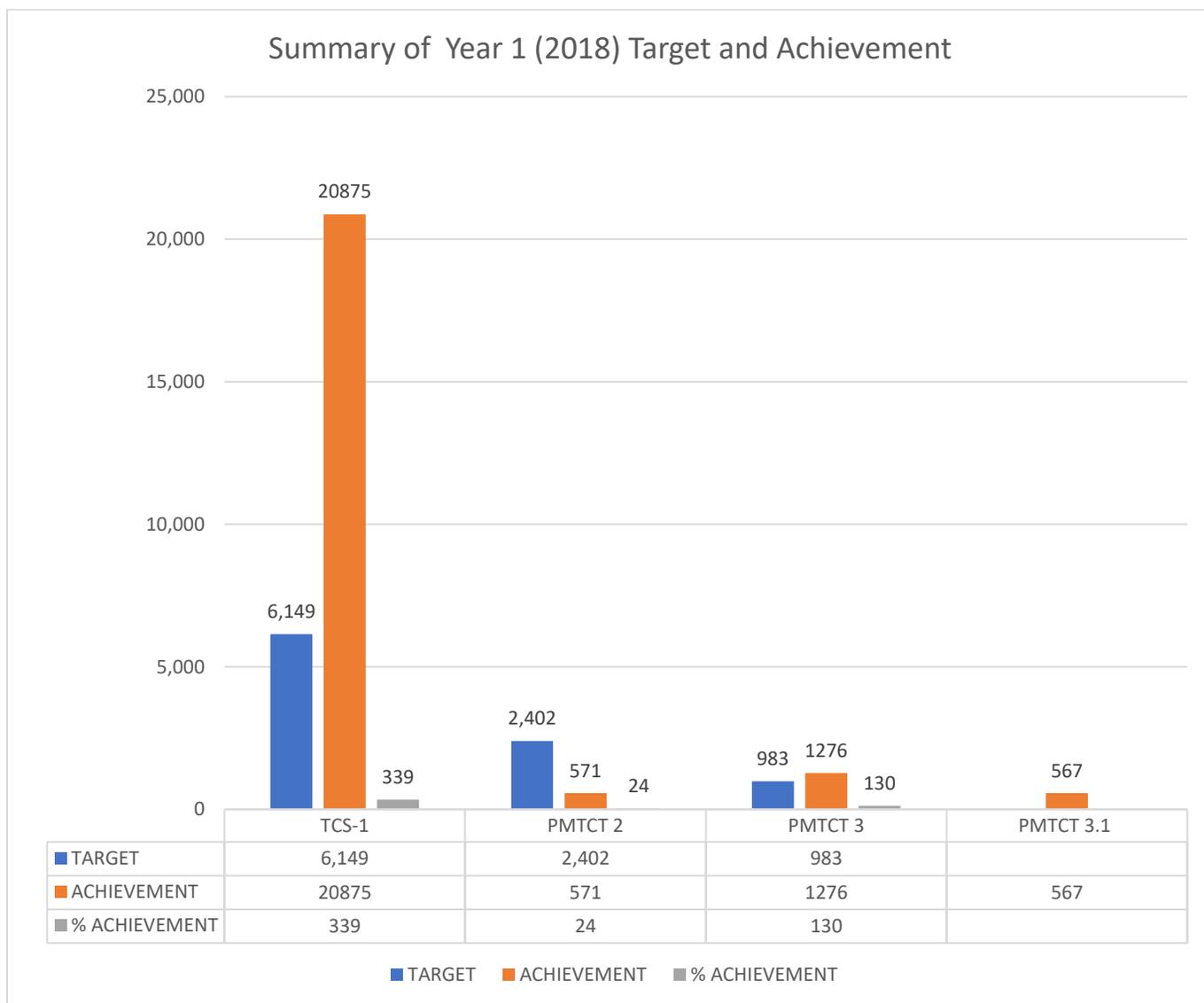
Following the signing of the Agreement for extension of the Grant, NEPWHAN commenced collaboration with the PR and other treatment SRs of the Global Fund (GF) HIV Impact Grant and FHI360/AHNI State Offices (SOs) to enhance the provision of care and support services to PLHIV, as part of Nigeria's efforts 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 is 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.

At the end of the year, all approved project activities in the work plan, including data validation visits to project States, that was not initially included in the work plan, but deemed important and later approved, were implemented with appreciable successes recorded.

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

INDICATOR	TARGET	ACHIEVEMENT	% ACHIEVEMENT
TCS-1: Number of ART defaulters that restarted ART after tracking from the community at GF supported site	6,149	20,875	339
PMTCT 2: Number of PPW who dropped out of PMTCT that were brought back after tracking through community intervention (GF Supported)	2,402	571	24
PMTCT 3: Number of HEI delivered outside that were brought back for PCR within 2 months of birth (GF supported)	983	1,276	130
PMTCT 3.1 Number of HEI delivered outside the facility that were brought back for PCR between 2-12 months of birth	-	567	-

GRAPHICAL REPRESENTATION OF TARGET AND ACHIEVEMENT FOR THE YEAR



PROGRAM ACTIVITIES AND RESULTS (ART, TCS, PMTCT)

Introduction

With the end of the first phase of the project in December 2017, and following the extension, NEPWHAN continued engagement with the PR and its staff in the 11+1 States for the successful take-off of the extension. 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. Preparations for the take-off of project extension continued in January and February. Discussions and meetings were held with the PR and some treatment SRs (Pathfinder International and IHVN), which aided understanding of project direction and strategies, full grasp of NEPWHAN's work plan and budget in the extension, and ensure collaboration with the treatment SRs.

In view of more supported sites to cover in the extension, advocacy and familiarization visits were made to all the GF sites slated for coverage in the extension 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. 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, 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 year 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 our indicators was another barrier. These, in turn, affected the reporting for the period under review, especially the first semester of the year.

Monthly Monitoring and supervisory visits to supported sites in 11+1 States

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 the Case Managers and Mentor Mothers during the visits of the States and national 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 reluctant and proved difficult to work with, especially in Benue State. Oversight functions also continued at the sites to ensure that PLHIV have access to quality treatment, care and support services.

During the year, collaboration with treatment SRs in the States was on a relatively good note, with the exception of IHVN in Benue State, 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 20,875 ART defaulters restarted ART at GF supported sites after tracking from the community; 571 Positive Pregnant Women (PPW), who dropped out of PMTCT, were brought back after tracking through community intervention; 1,276 HEI delivered outside were brought back for PCR within 2 months of birth; and 567 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. Little or no default by PPW in most facilities across the States made it difficult to achieve the set target for this indicator. This is, however, 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.

As a result of the challenges experienced due to lack of same understanding of the coordination role of NEPWHAN by the treatment SRs, coupled with their initial refusal to collaborate with NEPWHAN, and the late recruitment of the Case Managers, collation of data for January to March from 9 States was hampered. Efforts were, however, made later, and the data for this period was captured and reported.



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**Table showcasing achievements on key indicators during reporting period:
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S/No.	State	TCS-1 Number of ART defaulters that restarted ART after tracking from the community at GF supported sites	PMTCT-2 Number of PPW who dropped out of PMTCT that were brought back after tracking through community intervention (GF Supported)	PMTCT-3 Number of HEI delivered outside that were brought back for PCR within 2 months of birth (GF supported)	PMTCT-3.1 Number of HEI delivered outside that were brought back for PCR between 2-12 months of birth (GF supported)
1	Akwa Ibom	1,881	78	122	33
2	Benue	2,281	41	284	140
3	Cross River	716	0	16	1
4	FCT	2,045	71	140	45
5	Imo	351	33	0	1
6	Kaduna	924	64	50	35
7	Kano	1,075	110	120	39
8	Nasarawa	1,335	12	92	33
9	Oyo	1,222	5	76	30
10	Rivers	4,296	0	170	51
11	Sokoto	1,401	32	30	14
12	Taraba	3,348	125	176	145
	Total	20,875	571	1,276	567

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. The report of the mapping exercise is attached to this annual report.

Data and Reports Validation Visits to 11+1 States

During the year under review, the national office conducted 3 data/reports validation visits to the 11+1 States. The exercise validated project activities' reports and source documents for the last quarter of 2017 and 2 quarters in 2018. (Reported data for the last quarter of the year would be validated in January 2019). Opportunity of the first visit 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 during the exercise.

M&E and Program Management training

Within the year (in May), 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

Within the year, NEPWHAN facilitated the conduct of 3 quarterly support group meetings in the 11+1 States. 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 and formation of cooperative societies, and capacity building on various micro credits for income generation and skill acquisition. 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 also 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.

Meanwhile, funds provided for these meetings was too meagre to cater for the participation of the large membership of the Support Groups.

Joint Quarterly Supportive Supervisory Visit to 11+1 States

Joint supportive supervisory visits (JSSV) were conducted to the 11+1 States in the year under review. 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 visited 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.

Community Dialogue Meetings in 5 Priority States

In the course of the year, Community Dialogue meetings were held in the 5 priority States. The 1-day meeting brought together various stakeholders in HIV interventions in the 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 meeting, being the first in the life span of this project, was 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

Two bi-annual review meetings were held during the year of this report. 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, the first bi-annual review meeting that held during the first semester was organized for State M&E leads and national office staff, in view of the need to conclude the DHIS practical training for State M&E Officers and provide orientation on updated MSF for Care and Support. The second meeting, which held in the second semester of the year, had the State Project Coordinators (SPCs) and national office staff participate.

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 States. 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. Opportunity of the first meeting was used to clarify NEPWHAN’s reportable indicators and data elements to ensure same interpretation for reportable indicators and data elements at all levels.

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

CHALLENGES

Some of the challenges encountered at the beginning of the extension were resolved. However, some persisted till the end of the year, and they are listed below:

CHALLENGES	MITIGATING MEASURES
IHVN refusal to collaborate with NEPWHAN, especially in Benue State	The PR should call for a meeting between NEPWHAN and IHVN to discuss and resolve this issue
Refusal of most of the Case Managers and Mentor Mothers to collaborate with NEPWHAN in the 11+1 States, especially in Benue State	NEPWHAN should be allowed to engage its staff at the facility level
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
High cost of user/registration fees for antenatal and delivery services for positive pregnant women (PPW), especially private facilities	Attention of the treatment SRs was drawn to the trend to see how, together, we can liaise with States and hospital management to resolve the matter.
Difficulty in visiting some locations in Nasarawa, Taraba and Sokoto States due to insurgency, kidnapping, armed-robbery and communal crises	

Inability to upload Care and Support data into the DHIS for July - November 2018 for Imo State, due to the death of former State M&E Officer.	CMP for the period has been sent to FHI360 M&E Unit, awaiting approval. As soon as approval is received, reported figure would change for Imo and reflect on national achievement.
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RECOMMENDATIONS

- (i) In view of the positive reports of the Community Dialogue meetings in the 5 priority States, and the outcome of the meetings, the frequency of the meetings should be increased to quarterly.
- (ii) The frequency of Support Group meetings and the number of members supported to participate at the meetings should be increased.
- (iii) In view of the difficulty encountered working with the Case Managers, it is recommended that NEPWHAN should be allowed to engage her staff at the facility level.

LESSONS LEARNT

Collaboration comes with varying challenges, but if all parties involved have the same understanding of the reasons for collaboration, as in Sokoto State, there will be landmark achievements for the benefit of all.

NEXT STEP

In furtherance of the goals of the project, NEPWHAN will continue to intensify efforts for effective implementation of project activities in the 11+1 States, towards achieving project objectives and set target, as well as ensure provision of quality care and support services to PLHIV.

END.