

Reaching Impact, Saturation, and
Epidemic Control (RISE) Project

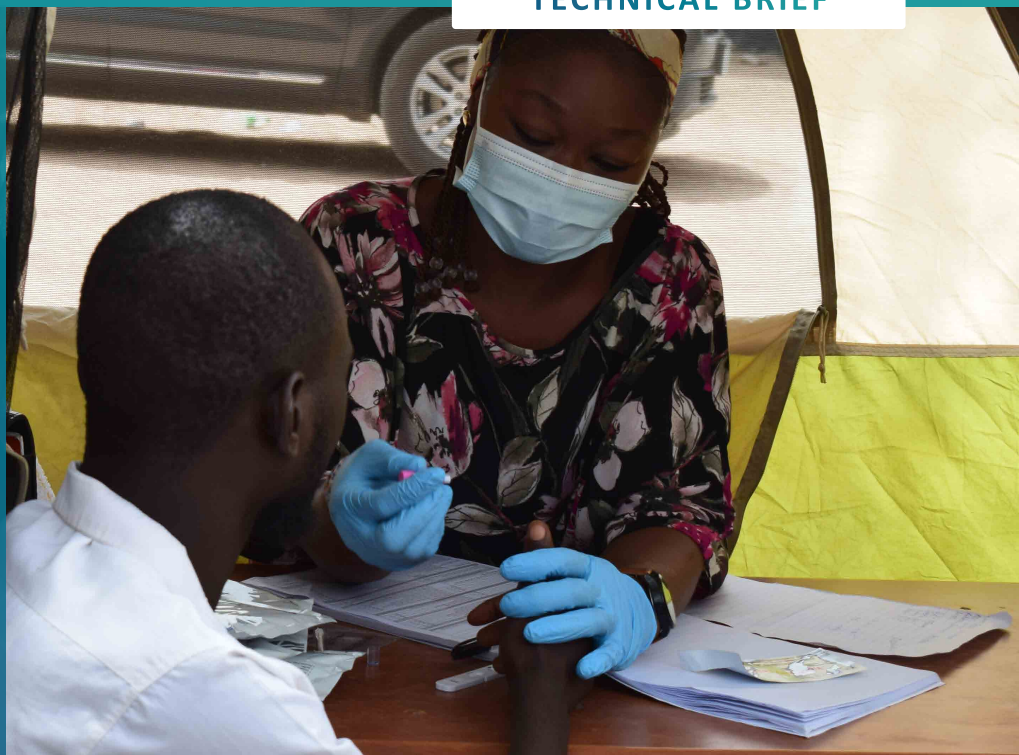
TECHNICAL BRIEFS





TECHNICAL BRIEF

HIV Testing Services (HTS) – Enhancing HIV Case Finding for Epidemic Control in Nigeria



Background

HIV Testing Services (HTS) are crucial in preventing and controlling the spread of HIV/AIDS. They are vital for the early detection, prevention, and treatment of individuals living with HIV, as well as those at vulnerable to infection (naca.gov.ng). HIV tests identify the presence of the human immunodeficiency virus (HIV), the virus responsible for acquired immunodeficiency syndrome (AIDS).

The 2018 National AIDS Indicator Survey (NAIS) reported a national HIV prevalence rate among adults of 1.4% with 1.8% in women and 1.0% in men; and an estimated 1.9 million people living with HIV (PLHIV) in the country. The survey found that approximately 8 new cases of HIV infection occur annually per 10,000 adults (those aged 15-64 years), with HIV incidence highest among women and men aged 25-34 years. While overall HIV prevalence determined by NAIS was lower than reported in previous surveys and estimates, HIV continues to be transmitted in Nigeria. Awareness of HIV status is low, only 46.9% of PLHIV either self-reported awareness of their HIV status or had detectable ARVs in their blood. This low rate

of awareness hinders the achievement of 90-90-90 targets. To ensure 90-90-90 targets are met, the Government of Nigeria (GoN), supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), implemented an ART Surge to identify PLHIV who do not know their status or are not in treatment and to provide effective treatment to help all persons reach VLS.

With support from PEPFAR through USAID the Reaching Impact, Saturation, and Epidemic Control Project (RISE) commenced ART surge implementation on October 1, 2019, leveraging an existing framework developed by USAID implementing partners and stakeholders; with its coverage expanding to health facilities and community settings across five states of Adamawa, Akwa Ibom, Cross River, Niger and Taraba. USAID funded RISE followed the National HIV Testing Algorithm and Guidelines. HTS services range from provider-initiated testing and counselling (PITC), stand-alone voluntary counselling and testing (VCT), to home, mobile and targeted testing outreaches in the

communities, “moonlight” testing during evening hours in high incidence populations in schools, workplaces, religious facilities, and transport hubs. In RISE, HTS coverage improved through targeted health facility and community testing modalities following WHO’s essential 5Cs: Consent, Confidentiality, Counselling, Correct test results and Connection. These improved overall treatment outcomes and reduced the risk

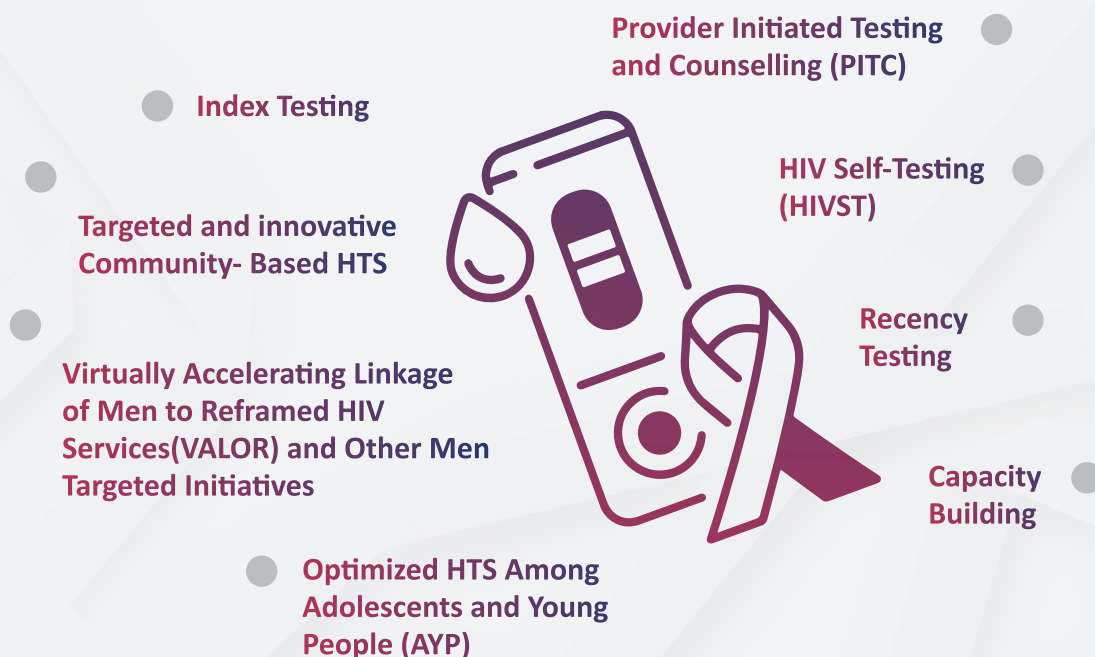
of possible transmission of HIV infection. Negative clients were offered other person-centered prevention services (condoms, PrEP, etc.) to aid them in remaining negative. RISE HTS was guided by program and national data, use of GIS to prioritize testing locations and subpopulations, and use of the Risk Stratification Tool (RST) to assess client’s risk of exposure to HIV.

Reaching Impact, Saturation, and Epidemic Control (RISE) is a multi-year cooperative agreement that helps meet or exceed PEPFAR targets for reaching adults, key, and priority populations by finding those who have not yet been identified as positive, linking HIV-positive clients to treatment, and keeping those on treatment virally suppressed. RISE has partnered with ministries of health, nongovernmental organizations, and other local stakeholders in more than 20 countries globally to advance HIV and COVID-19 response efforts. With funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), RISE works across the HIV prevention, care, and treatment cascade to assist efforts by countries to reach the UNAIDS 95-95-95 goals.

RISE works with a range of stakeholders to ensure that host government health systems and host countries in general are able to maintain program gains with appropriately decreasing dependence on PEPFAR/USAID. Beyond PEPFAR, RISE supports emergency health response, strengthening global health security in affected countries, health systems support, and the COVID-19 response. RISE is led by Jhpiego and implemented by a consortium, which includes ICAP at Columbia University, Management Sciences for Health, Anova Health Institute, BAO Systems, the Johns Hopkins University Center for Public Health and Human Rights, and Mann Global Health.

Strategic Approach

Figure 1. Strategic approach to strengthen HIV testing services



Implementation

Index Testing

RISE prioritized Index Testing (IT) is a fulcrum strategy towards effectively maximizing testing efficiency and yield among various target populations. Using Index Testing, RISE supported health care providers in counselling newly diagnosed persons, people living with HIV (PLHIV) that have treatment interruption and people with unsuppressed viral load and persistent low-level viremia. These groups of persons provided contact details of partners and children for testing and counselling. RISE supported in ensuring quality service provision to the above-mentioned persons to break the chain of HIV transmission and achieve HIV epidemic control within the shortest possible time. Elicited and

enumerated contacts and children were counseled and offered HTS. Those who accepted Index were tested for HIV, those living with HIV were enrolled into ART and cycled back into Index Testing services, while those who tested negative were provided with status neutral services which included condoms and Prep to support them remain HIV negative. offered HTS. Those who accepted Index were tested for HIV, those living with HIV were enrolled into ART and cycled back into Index Testing services, while those who tested negative were provided with status neutral services which included condoms and Prep to support them remain HIV negative.

Provider Initiated Testing and Counselling (PITC)

Using the PITC modality, RISE ensured that HTS remained the standard of care in all consultations with health service providers at the health facility and community levels. With the use of Risk Stratification Tool (RST), a tool that assesses an individual's risk to HIV infection, RISE maintained the decentralization of testing points across multiple service delivery points where service providers routinely offered HTS to clients as part of the comprehensive services offered to all clients; this increased the utilization and acceptance of HTS services. Service delivery points such as blood banks, family planning (FP), pediatrics units, TB DOTS and nutrition clinics were prioritized for PITC. At the health facility level, RISE used PITC to enable medical practitioners to identify clients who needed treatment

and other health related services and treat them early and appropriately. RISE therefore supported health care providers to improve the quality of medical care rendered to their clients and reduce morbidity and mortality. At the community level, RISE used PITC to reduce stigma by making HIV testing a norm in the community. This led to the expansion of care and support services to deal with the demand for services. RISE PITC used the principle of non-coercion and adhered to the principles of consent, counselling and confidentiality and ensured that informed consent was obtained from the client before testing was conducted. The principle of shared confidentiality was used where and when needed.

Targeted and innovative Community-Based HTS

At the community setting, RISE prioritized areas and populations with the greatest needs and gaps in testing coverage. RISE community HTS was targeted and guided by program and national data and used GIS to prioritize testing locations and priority sub populations. Community HTS settings included community sites, mobile clinics and clinical platforms which consisted of community pharmacies, patent medicine vendors, private clinics and laboratories. RISE deployed a mix of fixed and mobile testing approaches at the community

level, including location and time-convenient testing strategies that addressed the testing needs of different prioritize populations. Evening and weekend testing approaches were deployed to meet the HTS needs of those who were busy with economic pursuits during the daytime, while HIV self-testing was used to reach underserved populations and communities. Testing priority at the community level was on high-incidence population like high-risk men, at-risk adolescent girls, and young women. An integrated mobile team

which comprised community mobilizers, testers, case managers, laboratory personnel, pharmacists, data entry clerks, and clinicians was deployed specifically to areas identified as high-yield spots for HTS service

HIV Self-Testing (HIVST)

RISE ensured that every subpopulation had access to HTS. To achieve this, RISE implemented different innovative strategies, among which were HIV Self-testing. An HIV self-test (or rapid self-test) is an antibody test that can be used at home or in a private location to determine the status of an individual within a few minutes. RISE used HIVST to reach high incidence and other under-served populations such as partners of index clients, biological children under 2 years of age, high-risk pregnant and breastfeeding women (PBFW), adolescent girls and young women (AGYW),

Recency Testing

RISE used Recency testing as a surveillance tool to identify hotspots and locations with high HIV transmission. With Recency, RISE HTS interventions were targeted at achieving HTS saturation and epidemic control, as recency tests can detect whether an HIV infection is recent (less than twelve months) or not (National HIV treatment Guideline). RISE endeavored to saturate areas where recent HIV infections were identified with HTS, working with the state's recency

Virtually Accelerating Linkage of Men to Reframed HIV Services (VALOR) and Other Men Targeted Initiatives

RISE contributed to tackling the challenges of HIV/AIDS among men in Nigeria by implementing men-friendly initiatives across supported facilities and communities. RISE VALOR initiatives targeted men between the ages of 20-35 through social media platforms such as WhatsApp and Facebook. Through VALOR, men were connected to "VIP Guides" who screened for HIV risk, linked them to community-based HIV services and self-testing, and supported them through partner disclosure and treatment. At the health facility level, male friendly centers were identified and designated as "men's lounge". These centers were equipped with furniture and electronics, such as television sets, and games, that enabled men feel at ease and receive HTS and other health services without undue interference.

provision. Other targeted community HTS utilized by RISE included home-based HTS, venue-based and workplace-based HTS.

adolescent boys, and men (20-50 years) who found it difficult to access conventional HTS services. RISE distributed HIV self-test kits (assisted and unassisted) to clients across supported facilities and communities. Clients were encouraged to test and share their results with RISE HTS team within twenty to twenty-five minutes of testing to guarantee result accuracy. Clients with reactive HIVST results were confirmed following the national testing algorithm while those with non-reactive cases were linked to prevention services which include condoms, and PrEP.

surveillance team led by the Federal Ministry of Health and State Agencies for the Control of AIDS.

Thus, RISE used recency testing to assess how HIV was transmitted, describe behaviors that facilitated HIV transmission, and optimize HIV-related data collection and information on risk factors while efforts were made to halt the transmissions.

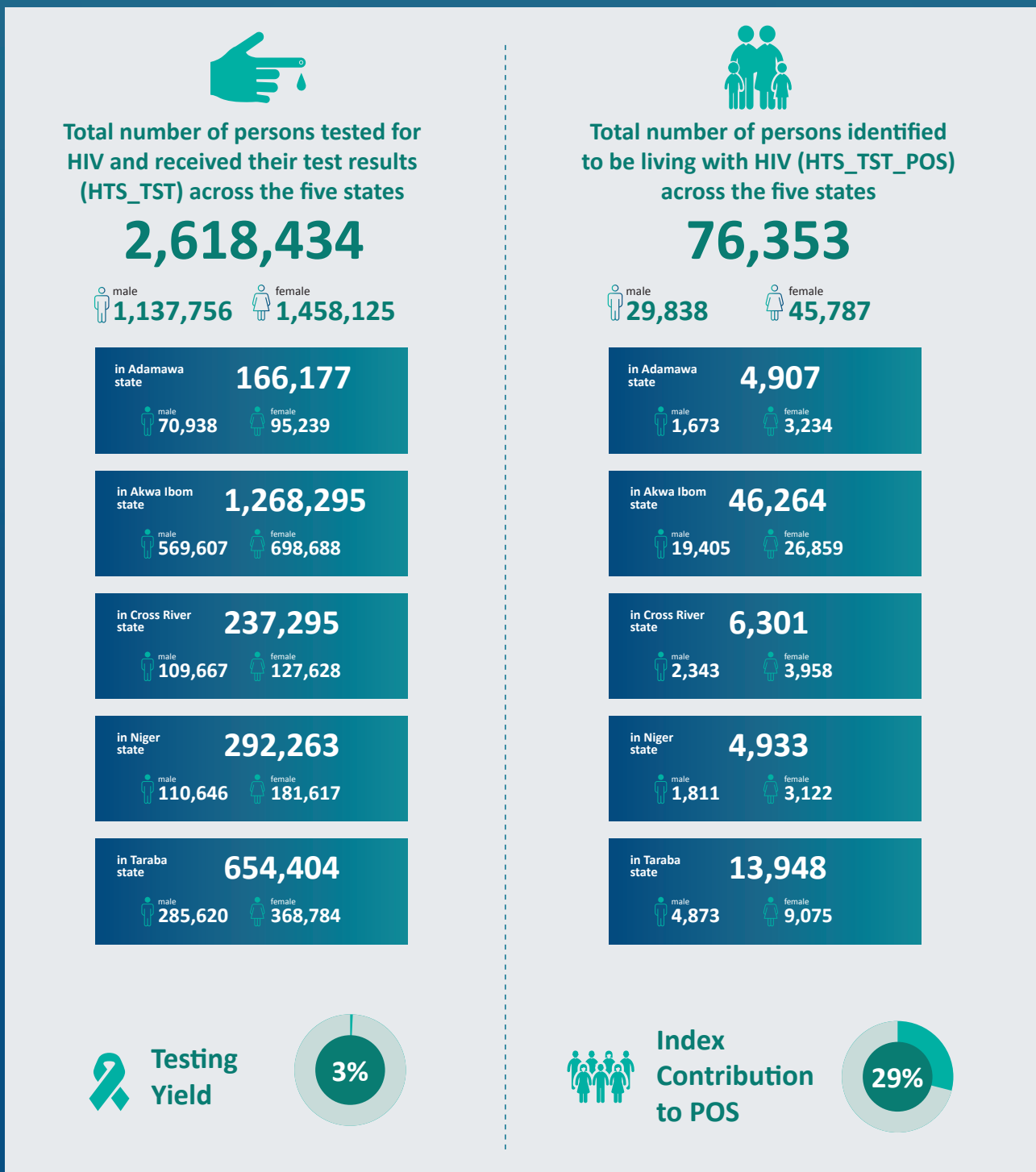
Those identified as People living with HIV in these centers were linked to ART at the health facility. At the community level, men-friendly centers were identified and supported with game sets, furniture and technical capacity building on HTS and other health and social services. These centers served as avenues to reach men with HTS at their convenience. Community-based interventions which addressed harmful gender norms, including stigma, were utilized at these centers. Two 'Majellisa' men-friendly centers were established and equipped in Taraba state. Men who were identified as living with HIV in these centers were actively linked to ART in nearby RISE-supported ART centers or to any ART center of their choice.

Results and Achievements

HIV testing services are crucial in controlling the spread of HIV/AIDS. With an estimated 1.9million people living with HIV in Nigeria and continuing transmissions; HTS are pivotal to the national response. RISE made significant contributions to these efforts by providing HIV testing services to approximately, 2,618,434 million people across five states. RISE supported 76,353 people living with HIV to know their HIV status and commence

life saving treatment. RISE optimized efficient case finding approaches, index testing particularly, in both health facility and community settings to reach the hard-to-reach and serve underserved populations. Index testing efficiencies resulted in improved case finding with a 29% contribution to the total number of positive cases identified. Additional information on HTS achievements are represented in figure 2 below.

Figure 2. Cumulative HTS Achievements]



Lessons Learned

- **Active collaboration with relevant stakeholders** (GoN, traditional and religious leaders) provided an enabling environment for HTS to thrive. Conducting HTS knowledge-sharing sessions with community and traditional leaders empowered these key influencers, fostering greater ownership and engagement. As a result, some leaders became champions of case-finding advocacy within their communities, leading to enhanced effectiveness in case-finding activities.
- **Index Testing greatly improved testing efficiency** for HIV case finding, by targeting high-risk populations, which led to more efficient use of test kits. By focusing on individuals most likely to be HIV-positive, index testing reduced the number of test kits used while identifying more numbers of PLHIV than other testing modalities. Although TB/HIV testing had the highest positivity rates, the success of index testing in expanding coverage and identifying new cases was key to helping RISE achieve her first 95 goal.
- **Insecurity and the challenges of accessing hard-to-reach communities** significantly impacted epidemic control activities, particularly case finding, due to slow access to these areas. However, by partnering with civil defense and vigilante groups and leveraging their information networks and protection, RISE effectively coordinated targeted testing days and times, ensuring that communities were both tested and educated during the implementation of various testing modalities, bringing HTS closer to the people who need it most.

Recommendations

- **Support government efforts** at the national and state levels (Ministry of Health, State Agencies for Control of AIDS) in adopting global best practices for case identification through the use of effective and efficient HIV testing strategies.
- **Encourage collaboration** between indigenous partners and government bodies at the national and state levels to co-design and implement HIV testing services, ensuring sustained response efforts.
- **Provide ongoing technical support** to health facilities and communities transitioned to government oversight, maintaining HIV case finding coverage and advancing progress toward epidemic control.





TECHNICAL BRIEF



Rollout and Scaleup of Oral Pre-Exposure Prophylaxis in Nigeria

Background

In 2019, Nigeria had an estimated population of over 200 million people, with approximately 1.9 million individuals living with HIV, making it the country with the third-largest number of people living with HIV globally. Currently, the nation is among the six countries facing the triple threat of high HIV burden, low treatment coverage and slow decline in new HIV infections. There are 103,419 new infections (among ages 15–49) annually (NACA: Mode of Transmission Study, 2021) and most happened among never married females and males; and key populations which include sex workers, men who have sex with men, people who inject drugs and people in prisons and other enclosed settings.

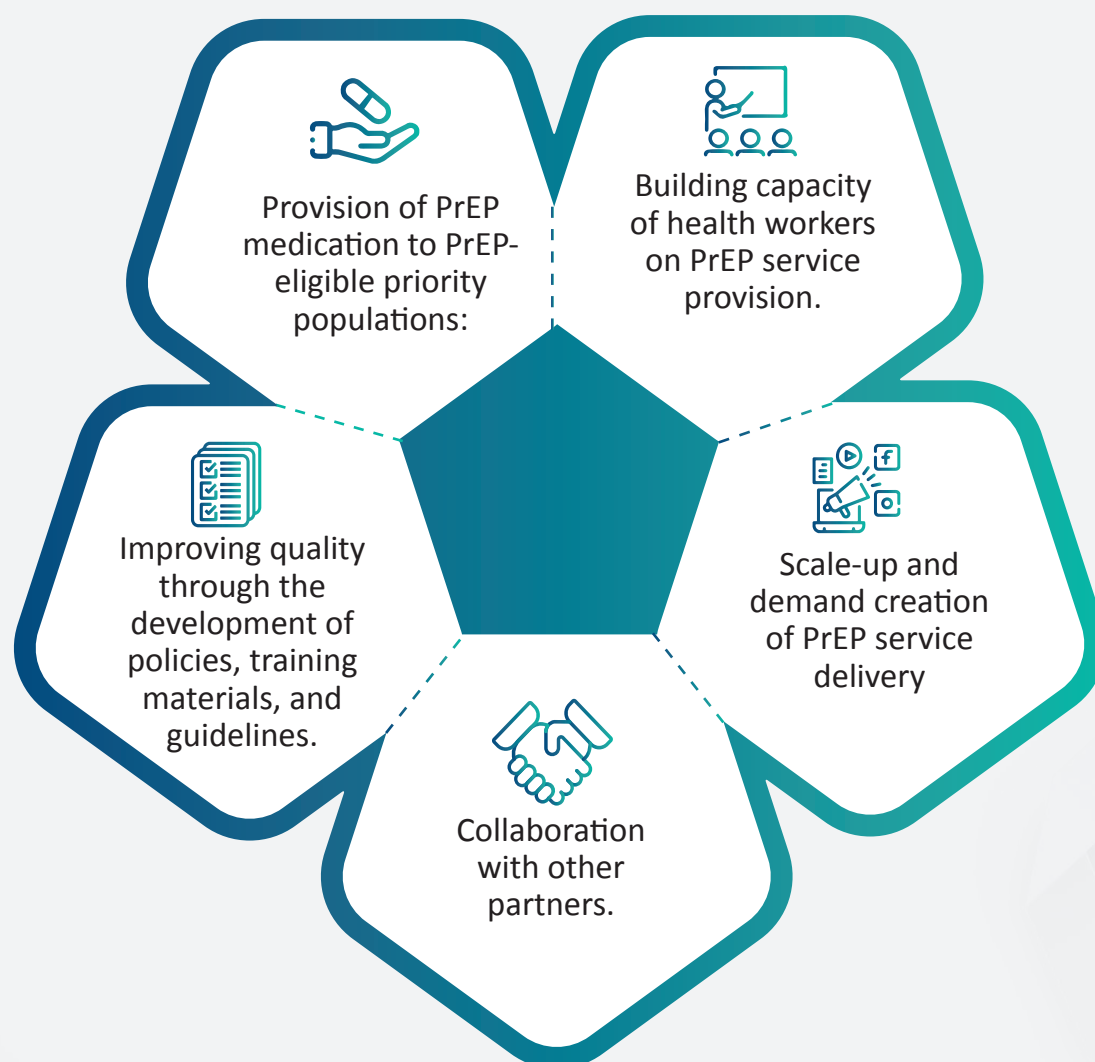
Strategic Approach

RISE Nigeria supported the initiation and scale up of oral PrEP through national level policy development and implementation for HIV Prevention, Care and Treatment guideline updates, capacity building for providers, demand generation, and integrating PrEP into national and subnational health information

Expanding access to oral Pre-Exposure Prophylaxis (PrEP) for HIV prevention is a key strategy in the PEPFAR Country Operational Plan (COP). With support from PEPFAR through USAID the Reaching Impact, Saturation, and Epidemic Control Project (RISE) delivered a core package of high-quality HIV prevention services, including PrEP, tailored at the priority population of Adolescent Girls and Young Women (AGYW), Sero discordant couples, partners of index clients, pregnant and breastfeeding individuals, and gender-based violence (GBV) survivors at both facility and community spaces.

systems. Programs designed to address the specific needs of the population included the Virtually Accelerating Linkage of Men to Refrained HIV Services (VALOR) program aimed at finding men to improve access to HIV prevention (HIV Testing Service and PrEP), and GBV services.

Figure 1. Strategic approach for PrEP implementation



Implementation

RISE supported five states in Nigeria to implement and scale up PrEP services for priority populations across supported facilities. Engaging healthcare workers in qualitative PrEP services provision and demand creation through stakeholder engagements, local capacity building, strategic operationalization focused on improving retention, disclosure and uptake of optimal regimen were intentional in preventing new HIV infections and improve suppression. RISE focused on the following areas:

Provision of PrEP medication to PrEP eligible priority populations

RISE initiated PrEP service delivery across five states for the general population group and strategically operationalized the provision of PrEP medication to 1,276 people who had a greater likelihood of contracting HIV and were PrEP-eligible clients in 2020. Further, collaborative services with the PMTCT and FP units for Sero discordant couples and high-risk migrant population have positioned

the team to optimize services and reduce missed opportunities. The VALOR program used social media platforms to disseminate PrEP information to target male population (ABYM) and additionally link them with service delivery centers using hotlines and VALOR Champions. The Demand Generation (DG) for Adolescent Girls and Young Women (AGYW) program was funded by USAID and partnered with FHI 360

on the “Collaboration for HIV Prevention Options to Control the Epidemic (CHOICE).” The program aimed at improved access to PrEP medication, HIV prevention services, support in the development of the first PrEP

Implementation Plan, training manuals for facilitators and participants, and provided technical assistance to the Ministries of Health at both national and states levels.

Building capacity of health workers on PrEP service provision

RISE collaborated with JSI AIDSfree organization which supports demand creation for PrEP. RISE enhanced the capacity of about 75 health workers (clinical and non-clinical) through virtual trainings.

Collaboration with other partners

RISE worked with FHI360 EPiC on CHOICE, a project which partnered with the Government of Nigeria on PrEP and other HIV prevention choices in its implementation and scale up nationwide.

Service Delivery

RISE supported the implementation of PrEP services across supported facilities and communities. Strengthened supply chain for provision of strips and PrEP medications to ease service delivery. Issued Certificate of Completion for PrEP Virtual Training to PrEP Champions. Provided PrEP data capturing tools and updated PrEP Service Indicators on LAMIS. Established and improved access for PrEP initiation and subsequent refills.

Scale-up and demand creation of PrEP service delivery

RISE scaled up PrEP services through demand creation at the community levels using community platforms to promote and improve access. Also, RISE integrated PrEP activities at family planning units of RISE supported facilities as well as clinical platforms to improve access to PrEP Care.

Improving quality through the development of policies, training materials, and guidelines.

RISE worked with Ministries of Health and Technical Working Groups (TWGs), with support from CHOICE, to develop Implementation Plan and revise Scale up Plan for PrEP Services. Technical assistance in the development and adaptation of training curricula, standard operational procedures, and job aids on PrEP at workstream and demand generation levels were provided by RISE and CHOICE. RISE made provision for direct training and mentorship of frontline staff on PrEP service provision.

Results and Achievements

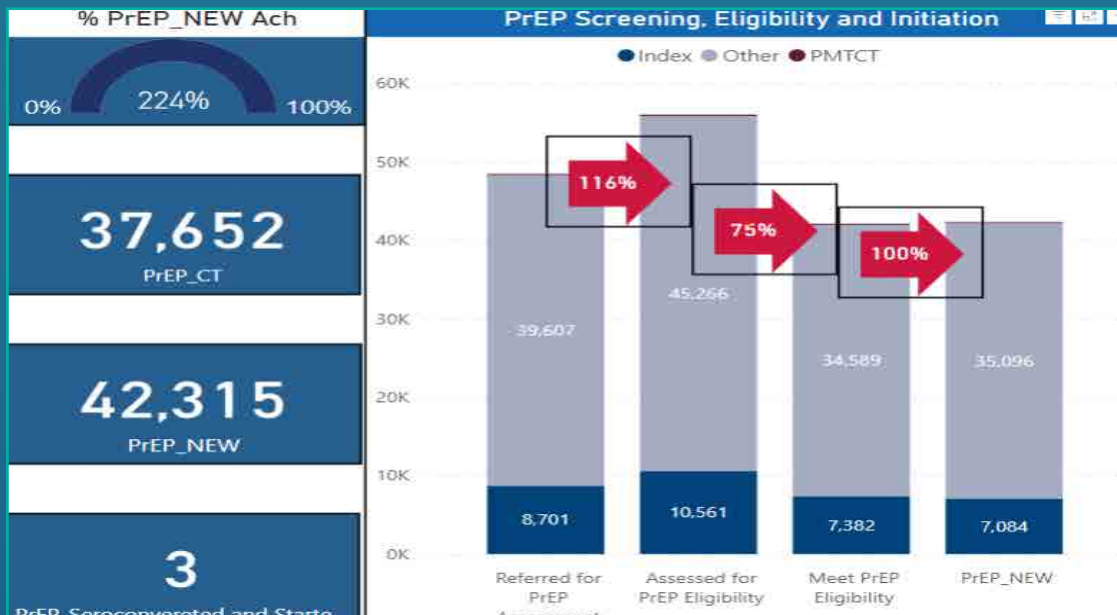
RISE provided PrEP services to 42,315 individuals vulnerable to HIV infection across project-supported states. These achievements were grounded in the project’s capacity building initiatives for healthcare workers, leading to enhanced PrEP service delivery. By integrating PrEP services into family planning units and community platforms, RISE expanded access to HIV prevention and reached a wider population. The total number assessed for PrEP was greater than the total persons referred, this could be attributable

to the increase in demand based on RISE’s CHOICE project on Demand generation for AGYW, Community engagements and Development and deployment of EMPATHWAYS training for frontline Health workers to destigmatize PrEP, recognizing PrEP choices as a component of selfcare and good behavioral change. Also, the increase of PrEP availability through expansion of PrEP-Access to “Clinical Platforms” like the PHCs, PPMVs, Clinical outreaches aligning with the clinical DSD model aimed at improving enrolment

and retention of individual aligning with the Patient-centered care and approach. In five years, RISE had 3 people sero-convert. This is a testament to RISE due diligence in ensuring every individual eligible for

PrEP is counseled and started on PrEP at every visit and ineligible like seroconverted are counselled and referred for ART. This had improved the quality of care in PrEP-service provision.

Figure 2. PrEP Cascade & Achievements



Lessons Learned

- Effective PrEP service delivery requires strong **community engagement and collaboration across stakeholders** with complementary expertise. Tailored strategies helped address the unique needs of underserved populations, such as AWYG and PLHIV, who often lacked access to PrEP or to whom stigma and myths about PrEP posed significant hurdles to expanding access. Through collaborative efforts, like the CHOICE project, and coordinated work at all levels of the health system, it is possible to break down barriers, increase access, and create platforms for shared learning and impact.
- Age- and gender-sensitive programs, such as VALOR, male-inclusive services, and Generation Negative (Gen-N), are crucial for addressing specific challenges in PrEP access. Integrating PrEP into general health services helps reduce stigma and clarifies that PrEP use is not linked to poor sexual health behaviors, like inconsistent condom use.
- **Continuous capacity development** through ongoing training and supportive supervision is vital for maintaining high-quality PrEP services. Addressing knowledge skills gaps among CHWs, particularly when there is new guidance and/or updates in best practices, ensures improved and longer-term suitability of quality service delivery. In addition to training, providing access to online learning resources enhances awareness and keeps practitioners aligned with emerging guidelines and best practices.
- Shifting from couple-based to **family-centered approaches in PrEP service delivery** can be an effective strategy to improve adherence and continuity by addressing issues like stigma, bias, missed doses, and appointments within households. While some clients were initially hesitant to involve their families, targeted community engagement helped address these concerns, leading to stronger support and better outcomes.

Recommendations

- Ensure PrEP is as easily and widely accessible as other commodities, like condoms. Expanding availability will help reduce reluctance and address stigma. Additionally, prioritize the continued scale-up of PrEP services across states and healthcare facilities, including introduction of new PrEP methods such as long-acting injectable.
- Strengthen partnerships with government and non-governmental organizations to ensure sustainable PrEP implementation. Collaborating with these entities addresses national-level systems issues, such as supply chains and inventory management, while also promoting local ownership of PrEP services.
- Improve the efficiency and accuracy of data management systems to evaluate PrEP service delivery. This may include leveraging digital platforms, healthcare workers trainings, standardizing data collection tools, strengthening data security, and promoting cross-sector data sharing. This will enhance monitoring, evaluation, and the overall effectiveness of PrEP service delivery.



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TECHNICAL BRIEF



Empowering Lives, Saving Futures through a Phased Cervical Cancer Prevention and Treatment Approach

Background

Cervical cancer is a significant global health challenge, which disproportionately impacts women in low- and middle-income countries, including Nigeria. It ranks as the second most common cancer among women worldwide and the leading gynecological cancer in the country ^[1,2]. Annually, approximately 40 million Nigerian women aged 15 and above are at risk, resulting in an estimated 10,000 new cases and 8,000 deaths ^[3]. These alarming statistics highlight the urgent need for comprehensive and effective interventions to prevent, detect, and treat cervical cancer.

The intersection of cervical cancer and HIV infection worsens the health burden on women. HIV-positive

women are at an increased risk of developing cervical cancer due to a weakened immune system and persistent HPV infections ^[4]. This dual threat underscores the importance of integrated prevention and care services for women living with HIV.

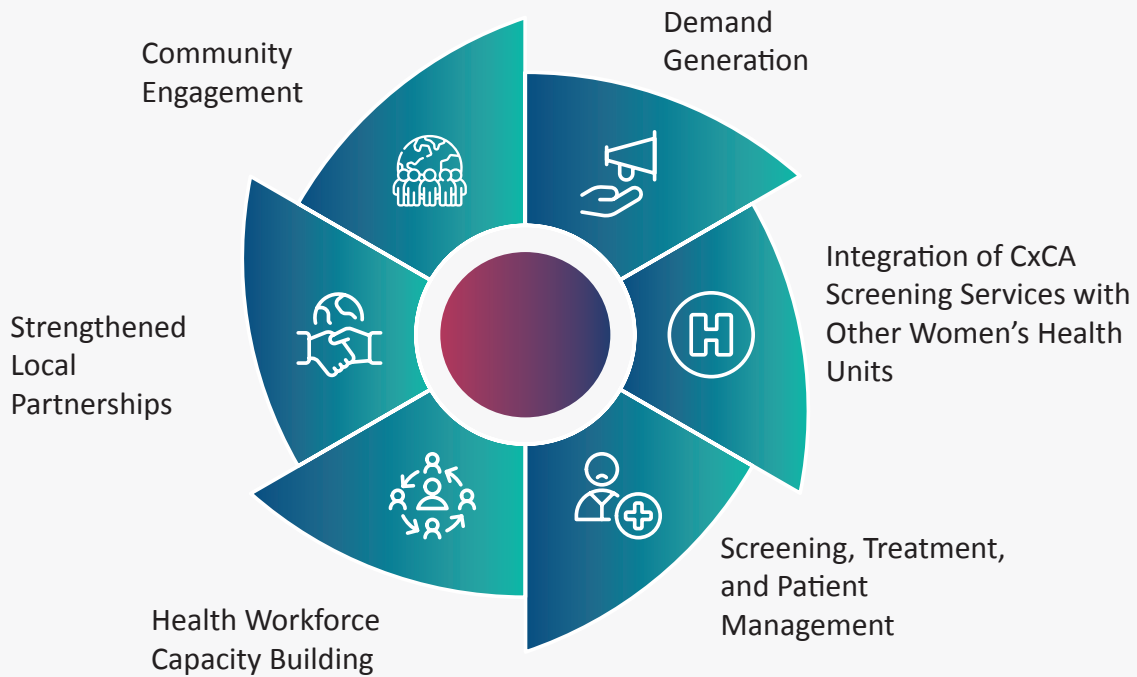
With support from PEPFAR through USAID the Reaching Impact, Saturation, and Epidemic Control Project (RISE) prioritized addressing this critical public health issue. In line with global efforts to control and eliminate cervical cancer, RISE implemented comprehensive interventions to prevent, detect, and treat precancerous lesions caused by HPV among women, particularly women living with HIV (WLHIV).

Strategic Approach

RISE addressed cervical cancer among women living with HIV through a phase Cervical Cancer Prevention and Treatment program that focused on integrated services for women; awareness raising and demand generation activities; health workforce capacity building; and strengthened screening, treatment, and

patient monitoring (see Figure 1). To achieve this, RISE provided targeted technical assistance to government partners, healthcare workers, and communities partners to strengthen cervical cancer prevention and services within existing HIV care and family planning programs.

Figure 1. RISE Cervical Cancer (CxCa) Strategic Approach



Implementation

RISE facilitated the Cervical Cancer Prevention and Treatment (CECAP) program using a single visit 'Test and Treat' approach in Adamawa, Cross River, Akwa Ibom, and Niger states in 2021, expanding to Taraba state in 2022. The CXCA program utilized Visual Inspection with Acetic Acid (VIA) for early detection, positive cases were managed through thermal ablation; women with advanced lesions were referred to specialist care. A focus on early detection and prompt management of cervical precancer empowered women to take control of their reproductive health.

Demand Generation

RISE utilized a multifaceted demand generation strategy combining community mobilization, social media engagement, influencer partnerships, and health education to drive cervical cancer screening implementation across the five states. The strategy focused on leveraging traditional media channels like

state-owned radio and town hall meetings to reach rural communities. A strong emphasis was placed on social media campaigns and influencer partnerships to reach a younger demography. The use of popular influencers helped to break down stigma and encourage open conversations about cervical cancer.

Integration of CxCA Screening Services with Other Women's Health Units

RISE integrated cervical cancer screening into the existing framework of women's health services. For example, by leveraging established patient pathways and infrastructure in family planning, antenatal, and postnatal care units. By offering cervical cancer screening alongside these essential reproductive health

services, RISE enhanced accessibility and convenience for women, particularly those at higher risk, such as women living with HIV. This integrated model optimized resource utilization, improved efficiency, and contributed to a more comprehensive and integrated approach to women's health outcomes.

Screening, Treatment, and Patient Management

Cervical cancer screening for WLHIV was conducted through VIA and patients diagnosed with precancerous lesions received timely treatment, while those with advanced cancer were referred for specialized care. Integrating cervical cancer screening into other routine HIV services at facility-based clinics helped increase screening rates and ensured timely interventions. RISE also identified referral centers for patients with advanced diseases.

RISE procured and promoted the use of reusable metallic speculum with condom cover to guide introduction into the vaginal opening to prevent injuries to the vaginal walls. This reduced single-use plastic cervical speculum for screening, streamlined the screening process and enhanced infection prevention.

Health Workforce Capacity Building

RISE was committed to the development of healthcare workers' capacity to implement cervical cancer screening services. Training programs were designed to equip health workers from Health Management Boards (HMBs), State Ministries of Health (SMOHs), and private health facilities with the necessary skills for cervical precancer diagnosis, treatment and strengthened referral system. These comprehensive training programs incorporated hands-on sessions to enhance practical knowledge.

Training materials including standard operating procedures, job aids, training manuals, and data-capturing tools were developed to support frontline staff. Furthermore, mentorship programs were established to provide ongoing guidance through physical and virtual platforms. To assess the quality of care provided and to evaluate facilities based on three key areas (facility infrastructure, patient care, and referral systems), RISE utilized the Jhpiego Women's Cancer Quality Improvement Checklist.

Strengthened Local Partnerships

RISE collaborated with key stakeholders to enhance program impact and sustainability.

- Collaboration with CHAI and UNITAID provided 31 thermal ablation machines for treating pre-cancerous lesions.
- The Nursing and Midwifery Council of Nigeria (NMCN) took ownership of program implementation across states.

- Partnerships with the End Cervical Cancer Initiative of Nigeria (ECCNI) and the Police Officers' Wives Association (POWA) were established.
- Joint training initiatives and awareness campaigns were implemented with ECCNI and Police Officers' Wives Association (POWA).

Community Engagement

RISE collaborated with State Primary Health Care Development Boards (SPHCDA) and community gatekeepers to leverage existing community structures such as town hall meetings, health talks, and

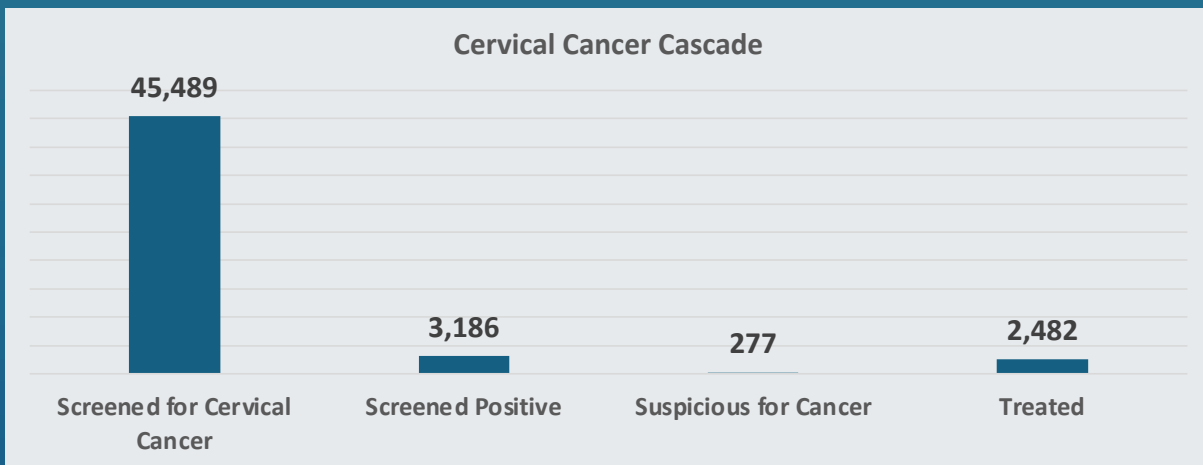
community media to disseminate vital information, dispel myths, address misconceptions and expand cervical cancer screening to target population.

Results and Achievements

From October 2020 to June 2024, the RISE program conducted cervical cancer screenings to 45,489 eligible female ROCs receiving ARVs at RISE-supported facilities, exceeding the USAID target of 25,680 (100% for RISE) by reaching 177.14% of the goal. Of those screened,

3,186 (6.36 %) tested positive for cervical precancer lesion. Treatment for precancer lesions was initiated for 2,226(77%) of the positive cases, while 277 (0.61%) were referred to tertiary institutions for suspected cancer (see Figure 2).

Figure 2. RISE CxCa cascade from October 2019 to June 2024



Lessons Learned

- The combination of community mobilization, social media, and partnerships with local influencers was an effective strategy for generating demand and raising awareness for cervical cancer screening. The approach made use of SMS messaging, mobile-ready IEC materials, and regularly posted updates on WhatsApp to increase understanding of the screening. Social media and digital platforms helped to reach younger audiences to further raise awareness and reduce stigma. RISE CSO partners led in-person community outreach, with treatment teams offering home-based services. Partnering with local influencers further maximized the impact of these efforts at the grassroots level.
- Integrating cervical cancer screening into existing maternal and child health services (e.g., within the MNH, FP, and ANC units) enhanced service uptake by reaching women in familiar, women-centered spaces where they already receive other health services. This approach aligns with the project’s objective to leverage existing structures, promoting sustainability and ensuring easy access to cervical cancer screening for women.
- Empowering community health workers to mobilize women for screening and counseling contributes to reaching underserved populations.

Recommendations

- **Sustain Community Mobilization and Education:** Governments and stakeholders should continue investing in community mobilization and health education to maintain demand for cervical cancer screening, especially in underserved areas. Despite the progress detailed above, sustaining demand still requires deliberate efforts with the right local and government partners.
- **Expand Screening Access and Improve Follow-Up:** Increase the number of screening sites and healthcare providers while enhancing systems to track and manage women with abnormal results, ensuring timely treatment and follow-up. Securing funding through advocacy and partnerships is essential to meeting this recommendation.
- **Leverage Digital Solutions and Secure Funding:** Promote the use of innovative digital tools for scheduling, patient reminders, and data management, while collaborating with policymakers to secure increased funding for cervical cancer prevention and control programs.

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TECHNICAL BRIEF



Collaborative Partnerships to Accelerate COVID-19 Vaccination Coverage in Taraba and Niger States

Background

Nigeria's healthcare system faced significant strain due to the COVID-19 pandemic, which disrupted economic and social activities across the country. Between 2020 and 2022, Nigeria reported 256,264 confirmed cases and 3,144 deaths. Despite the Nigeria Centre for Disease Control's (NCDC) efforts to implement a national testing strategy, testing rates remained low in regions like Taraba and Niger states.

Vaccine distribution and acceptance were also slow among the general population and healthcare workers, primarily due to structural barriers. These barriers included concerns about vaccine efficacy and potential side effects, lack of trust in vaccine effectiveness, rumors and misinformation, religious beliefs, difficulties in accessing vaccines and limited supply of vaccines. Consequently, only 24.6% of eligible individuals received their first vaccine dose, and 17.5%

completed the full regimen, out of a target population of 27,458,906 as at April 2023.

With its expertise in HIV programming, With support from PEPFAR through USAID the Reaching Impact, Saturation, and Epidemic Control Project (RISE supported the Nigerian government in implementing and accelerating the national COVID-19 vaccination program, ensuring a coordinated and effective response to the pandemic. In 2020, RISE established emergency operation centers in eight selected states, enhancing infection prevention and control measures and strengthening the healthcare workforce's capacity to respond to the COVID-19 pandemic. Additionally, RISE Nigeria leveraged funding from the American Rescue Plan Act to integrate its COVID-19 response with existing HIV interventions in these states.

Reaching Impact, Saturation, and Epidemic Control (RISE) is a multi-year cooperative agreement that helps meet or exceed PEPFAR targets for reaching adults, key, and priority populations by finding those who have not yet been identified as positive, linking HIV-positive clients to treatment, and keeping those on treatment virally suppressed. RISE has partnered with ministries of health, nongovernmental organizations, and other local stakeholders in more than 20 countries globally to advance HIV and COVID-19 response efforts. With funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), RISE works across the HIV prevention, care, and treatment cascade to assist efforts by countries to reach the UNAIDS 95-95-95 goals.

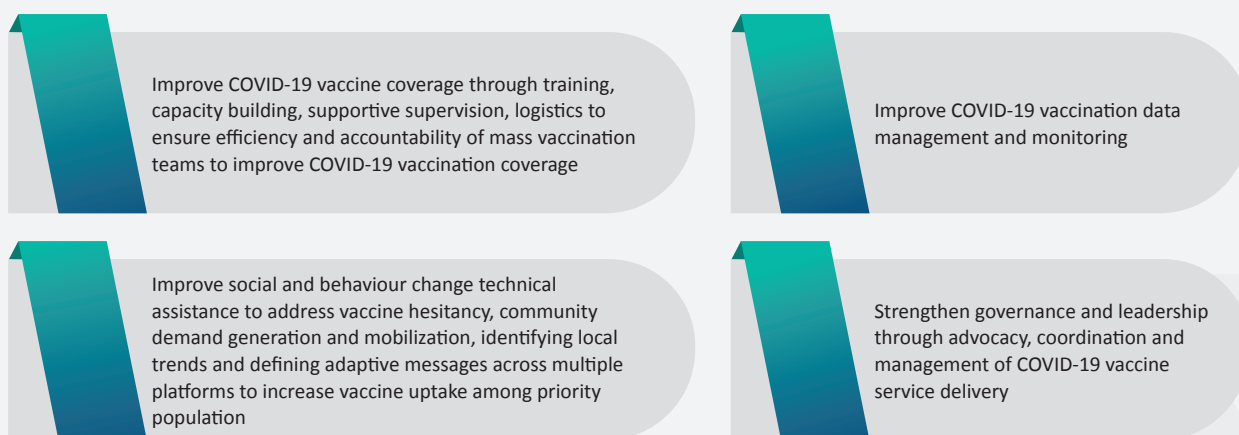
RISE works with a range of stakeholders to ensure that host government health systems and host countries in general are able to maintain program gains with appropriately decreasing dependence on PEPFAR/USAID. Beyond PEPFAR, RISE supports emergency health response, strengthening global health security in affected countries, health systems support, and the COVID-19 response. RISE is led by Jhpiego and implemented by a consortium, which includes ICAP at Columbia University, Management Sciences for Health, Anova Health Institute, BAO Systems, the Johns Hopkins University Center for Public Health and Human Rights, and Mann Global Health.

Strategic Approach

RISE COVAX implemented a comprehensive, multi-stakeholder approach to boost COVID-19 vaccination efforts in Taraba and Niger States, Nigeria. The approach (see Figure 1) included the following:

- Coordinating with national and state agencies
- Scaling up mass vaccination campaigns
- Improving vaccine coverage and logistics
- Addressing vaccine hesitancy through behavior change efforts
- Strengthening vaccine data management systems

Figure 1. RISE COVAX program objectives



Implementation

Coordination

RISE COVAX implemented a coordinated approach, partnering with National Primary Health Care Development Agency (NPHCDA), State Primary Health Care Development Agencies (SPHCDA), and other stakeholders to:

- Assign Electronic Management of Immunization Data (EMID) codes for accurate record-keeping
- Engage traditional, community, faith-based, and youth leaders as vaccination advocates
- Ensure effective communication with NPHCDA, SPHCDA, Global Health Supply Chain- Procurement and Supply Management (GHSC-PSM), UNICEF, and African Field Epidemiology Network (AFENET) for issue resolution and EMID support; and
- Activate emergency supply chain systems as needed.
- Strategic partnerships were formed with UNICEF,

AFENET, and Network of People Living with HIV and AIDS in Nigeria (NEPWHAN) to promote vaccine acceptance.

In Niger State, the project partnered with UNICEF in the Faith 4 Live program to promote COVID-19 vaccine acceptance among faith and traditional leaders. Similarly, collaborations with AFENET and NEPWHAN were formed to strengthen vaccine acceptance in Taraba state. Additional coordination measures included implementing a pull system and prioritizing proper stock management to prevent shortages; supporting State Logistic Working Group meetings for improved vaccine accountability and security; facilitating coordination meetings at Public Health Emergency Operation Centers to oversee program implementation; in both Niger and Taraba States.

Service Delivery Model

RISE launched a campaign in Taraba and Niger States, employing community outreaches and house-to-house service delivery to reach eligible population. Outreach teams set up fixed vaccination posts at various locations including schools, banks, marketplaces, prisons, churches, and Mosques. Mobile units were also deployed at polling units during the general elections.

Additionally, regular vaccination visits were made to Internally Displaced Persons (IDP) camps in Niger State (Shiroro Munya and Mariga LGAs). To maximize reach, RISE provided house-to-house vaccinations during the Nigerian elections and currency exchange crises. The program also conducted moonlight vaccinations, testing through dusk hours, during Ramadan to target eligible individuals.

Data Management

The RISE COVAX team partnered with State and LGA Monitoring and Evaluation teams to strengthen COVID-19 vaccination data management. Key activities included:

- Conducting DHIS training for data validators
- Participating in state and IPs response review meetings
- Providing technical assistance to vaccination teams; and
- Utilizing GIS (Geographic Information Systems) to identify high-density areas for targeted vaccination efforts

To address data entry and synchronization challenges, RISE conducted a root cause analysis, procured tablets, and provided training on data management to data managers. Additionally, RISE strategic information/health informatics unit developed a real-time COVAX DHIS platform dashboard, enabling improved decision-making and vaccination coverage tracking in both states

Social Media

RISE partnered with Alfluence to tackle COVID-19 vaccine misconceptions in Niger and Taraba States through a 3-month social media campaign (Dec 2022 - Feb 2023). The campaign:

- Utilized Artificial Intelligence (AI) to identify and appoint local influencers (38 in Taraba, 30 in Niger) as ambassadors.
- Shared curated messages addressing myths and providing accurate vaccine information
- Employed humor to debunk misconceptions and facilitated virtual discussions on vulnerable populations (PLHIV, TB patients, elderly, hypertension sufferers)

- Directed users to vaccination centers through social media links
- Hosted live sessions with healthcare workers to clarify vaccine doubts and side effects

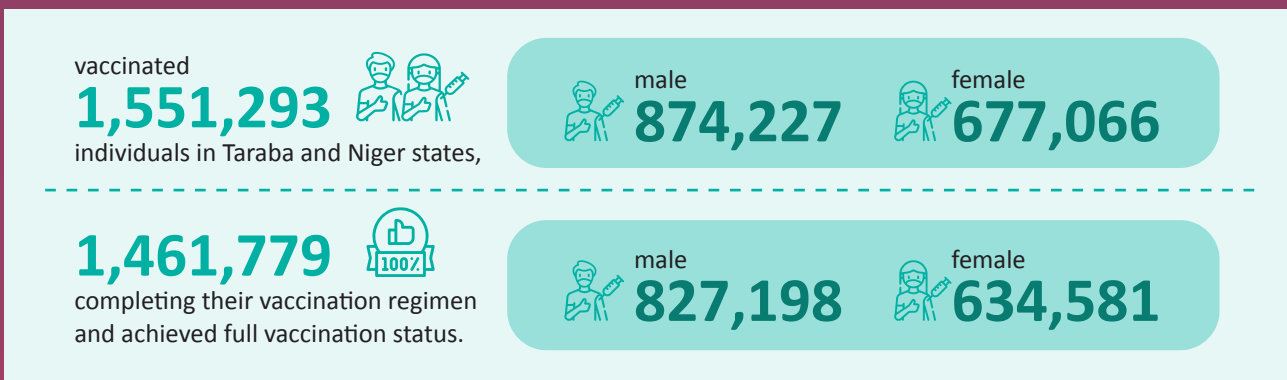
Weekly data collection and review monitored ambassador visibility and engagement, informing subsequent messaging. A post-campaign evaluation assessed the campaign's impact and contribution to social media vaccination efforts.

Results and Achievements

Between July 2022 and July 2023, the RISE COVAX project successfully vaccinated 1,551,293 individuals, with additional demographic data represented in Figure 2 below, in Niger and Taraba states. RISE, in partnership with Nigeria government improved knowledge on

COVID-19 and increased vaccination rates. The program trained, provided technical assistance to and equipped COVID-19 vaccination teams who remain a skilled workforce within these states.

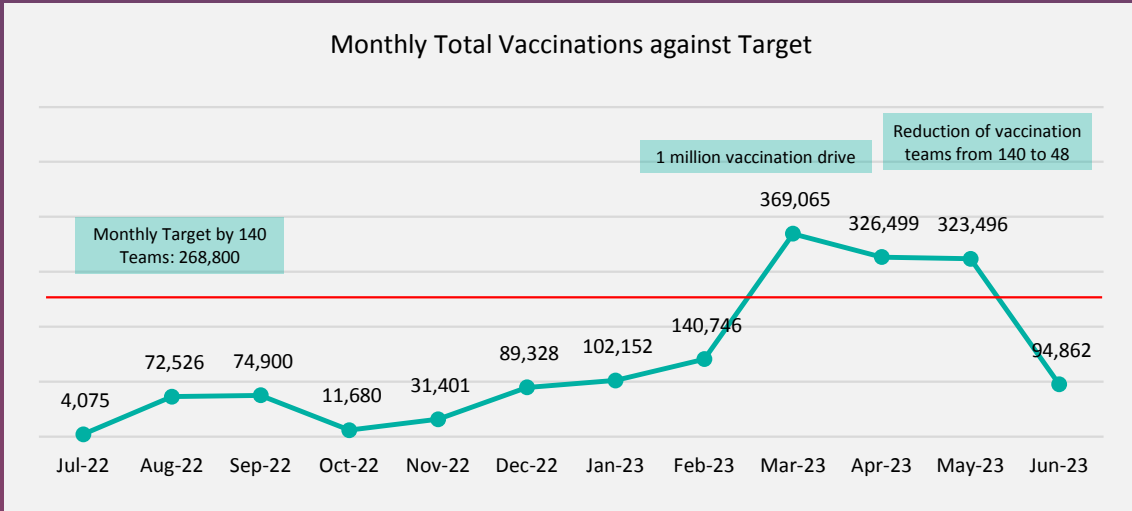
Figure 2. Total Vaccination numbers



RISE leveraged its institutional competencies from HIV/AIDS implementation in supporting the Nigerian government to sustain efforts to rapidly close vaccination gaps, sustaining response efforts through the tense political weather of a national election; while skillfully navigating security challenges peculiar to both Niger and Taraba states. For instance, despite expectations of a decline in vaccination rates during the February 2023 general elections, COVID-19 vaccination teams in Niger and Taraba states proactively visited

polling units, resulting in a remarkable 38% increase in vaccinations. This collaborative effort led to 140,746 individuals being vaccinated, surpassing the previous month's total. The monthly vaccination data in Fig 3 below, reflects the waves in responses efforts; RISE deployed strategies to drive momentum at each intersection point which resulted in the states surpassing the minimum targets of 70% vaccination for eligible population.

Figure 3. Monthly total vaccinations against target



RISE utilized an innovative partnership with private sector social media experts, Alfluence to address the underlying factors of low covid-19 vaccination. The results of the RISE-Alfluence social media campaign exemplify the extensive gains with the continued and

increasing use of modern platforms to address long standing public health challenges, like the COVID-19 pandemic. More details on the RISE-Alfluence campaign are in the ensuing paragraphs.

Results of the RISE-Alfluence Social Media Campaign

Reach and Impressions:

The campaign generated **1,260** POSTS

Reached a total audience of **1,974,897** INDIVIDUALS

665 Facebook **595** X

1,588,098 Facebook **386,799** X

Engagements:

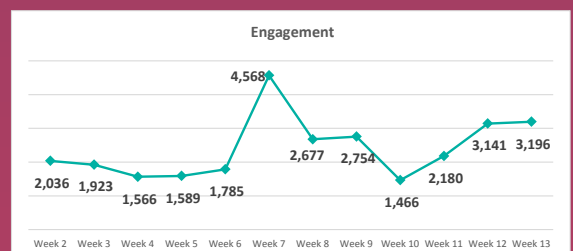
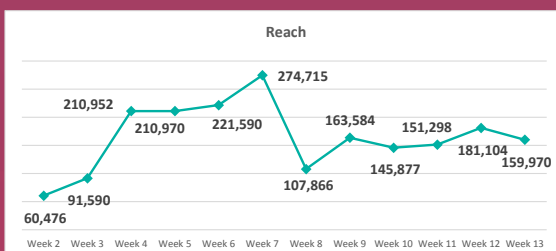
The campaign sparked significant interactions **28,881** ENGAGEMENTS

12,260 likes, comments & shares (Facebook) **16,621** likes, retweets & replies (X)

Attributed Impact:

Attributed Impact: Data suggests that the campaign contributed to a notable increase in COVID-19 vaccine uptake, with an estimated impact of **36%** in Niger and **45%** in Taraba

Location	Influencers	Posts	Reach	Engagement	ERR%
Niger	59	672	545,778	16,258	3.0%
Taraba	56	588	1,429,119	12,623	0.9%
Grand total	115	1,260	1,974,897	28,881	1.5%



Platform	Influencers	Posts	Reach	Engagement	ERR%
Twitter	70	595	386,799	16,622	4.3%
Facebook	77	665	1,588,098	12,259	0.8%
Grand total	115	1,260	1,974,897	28,881	1.5%

Lessons Learned

- Collaboration and Coordination:** Partnering with government agencies and stakeholders is crucial for enhancing local ownership and building the capacity of healthcare workers, facilitating the integration of COVID-19 vaccination into routine immunization programs, and ensuring a coordinated response. Establishing technical working groups with community gatekeepers, government officials, and stakeholders provided a platform to address vaccine hesitancy during public health crises.
- Community Engagement and Stakeholder Involvement:** Actively involving communities through health outreaches and engaging traditional, community, and youth leaders, along with influencers, as program champions is essential for building trust, overcoming barriers, and promoting vaccination efforts.
- Transparency and Data-Driven Decision Making:** Effective multi-partner collaborations in public health, such as during the COVID-19 response, are grounded in transparency. Government-led joint data reviews, supported by data triangulation from a dedicated data management partner, enhanced risk communication and informed strategic decisions. This approach fostered transparency, prevented duplication of efforts, and improved coordination among partners, ultimately strengthening the overall response.

Recommendations

- Strengthen the integration of COVID-19 into existing disease surveillance systems** at the LGA and community levels to effectively monitor potential resurgences and enhance preparedness and response capabilities for future outbreaks.
- Improve public health services by incorporating skilled ad-hoc personnel** from the COVID-19 response teams into the state’s health workforce, ensuring their expertise is fully utilized and retained within the health human resources pool.
- Maintain and repurpose transitioned assets from the COVID-19 response**, such as Jablo boxes, vaccine carriers, and campaign banners, to support ongoing public health efforts. Additionally, leverage data management platforms and commodity management systems to sustain the state’s capacity for efficient health responses.



TECHNICAL BRIEF



Tuberculosis and HIV Integration: Bridging Diagnosis and Treatment Gaps

Background

Tuberculosis (TB) remains a leading cause of death worldwide, responsible for 1.3 million deaths in 2022. Despite being preventable and treatable, TB persists as a major public health threat, particularly among people living with HIV (PLHIV). Although global TB incidence rates are declining, the pace is insufficient to meet the 2035 eradication target.

Significant gaps remain in identifying TB cases, especially among children, and in providing TB treatment and preventive treatment (TPT) to PLHIV. The intersection of HIV and TB has grown over the past few decades, resulting in a higher prevalence of TB/HIV co-infections. Research reveals that a substantial percentage of TB patients are co-infected with HIV, underscoring the need for comprehensive screening and treatment strategies.

In regions like Nigeria, where both diseases are prevalent, TB poses a significant threat. Alarmingly, an estimated 49% of PLHIV with TB are unaware of their co-infection and lack access to care. Efforts to address these gaps and ensure timely diagnosis and treatment are crucial to mitigating the impact of TB and HIV co-infections.

To address the escalating challenges of epidemic control, innovative strategies are essential for effective case finding, scaling up TB/HIV co-infection treatment, and expanding TPT coverage. Countries require policy support and implementation assistance to leverage modern diagnostics and newer TPT regimens, which can reduce treatment duration and improve tolerability for MDR TB patients.

With support from PEPFAR through USAID the Reaching Impact, Saturation, and Epidemic Control Project (RISE) responded to these challenges. RISE collaborated with stakeholders including government policy makers, health service providers and other implementing partners to:

- Introduce and optimize modern diagnostics like GeneXpert and TB-LAM (Lipo Arabino Mannan)
- Roll out the 3HP short course TB prevention therapy.

These efforts have enhanced TB prevention and treatment initiatives, improving the efficiency of epidemic control.

Reaching Impact, Saturation, and Epidemic Control (RISE) is a multi-year cooperative agreement that helps meet or exceed PEPFAR targets for reaching adults, key, and priority populations by finding those who have not yet been identified as positive, linking HIV-positive clients to treatment, and keeping those on treatment virally suppressed. RISE has partnered with ministries of health, nongovernmental organizations, and other local stakeholders in more than 20 countries globally to advance HIV and COVID-19 response efforts. With funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), RISE works across the HIV prevention, care, and treatment cascade to assist efforts by countries to reach the UNAIDS 95-95-95 goals.

RISE works with a range of stakeholders to ensure that host government health systems and host countries in general are able to maintain program gains with appropriately decreasing dependence on PEPFAR/USAID. Beyond PEPFAR, RISE supports emergency health response, strengthening global health security in affected countries, health systems support, and the COVID-19 response. RISE is led by Jhpiego and implemented by a consortium, which includes ICAP at Columbia University, Management Sciences for Health, Anova Health Institute, BAO Systems, the Johns Hopkins University Center for Public Health and Human Rights, and Mann Global Health.

Strategic Approach

RISE provided technical assistance to stakeholders, including the State Ministries of Health (SMOH), the National Tuberculosis and Leprosy control Program (NTBLCP), Logistic Management and Coordination Units (LMCU), and community-based organizations (CBOs), to address TB challenges and strengthen integrated TB and HIV services.

Figure 1. Strategic approach for TB/HIV Integration



Implementation

Integration of TB and HIV Services

RISE integrated TB and HIV services, ensuring seamless care for people living with HIV (PLHIV) using the following approaches:

- Routine TB screening for PLHIV
- Free HIV testing and counseling for all TB clients
- Linkage to follow-up ART services within the same clinic, reducing treatment costs and increasing satisfaction
- Systematic household contact tracing and partner notification for all TB clients.

In addition to its service delivery approaches, RISE optimized service delivery infrastructure to adequately handle and contain TB care. RISE upgraded and

renovated 14 TB DOTS units in Taraba, Cross River, and Akwa Ibom states, establishing HIV service delivery points, comfortable waiting areas, and workstations for healthcare providers.

Healthcare providers were also trained in sample collection, logging, transport, storage, and patient management tools, expediting sample processing time. Additionally, RISE institutionalized HIV Testing Services (HTS) in TB DOTS units, and ensured seamless logistic management of commodities through the TBLCU unit and (Logistics Management and Coordination Unit) LMCU in all implementation states.

Community Tuberculosis (TB) intensified Case Finding Strategies

RISE's integration of HIV/TB case finding into primary healthcare services improved access to care in rural and hard-to-reach communities. By leveraging local resources, such as community health extension workers, community-based organizations, DOT officers, TB supervisors, and volunteers, interventions were tailored to cultural contexts. This approach expanded TB screening beyond healthcare facilities to households, schools, religious gatherings, and families, enhancing detection rates and reduced disease spread.

In collaboration with the Federal Ministry of Health, RISE introduced and scaled up cutting-edge diagnostics, prevention, and treatment regimens, including:

- Point-of-care urinary lipoarabinomannan (LF-LAM) for advanced HIV patients
- Shorter TPT regimens (3HP)

RISE further bolstered TB management infrastructure by introducing cutting-edge diagnostic technologies, including GeneXpert, Truenat, and TB-LAMP machines. These advancements facilitated early TB case detection, reduced disease progression and transmission, timely initiation of care and improved treatment outcomes. By leveraging these innovative tools, RISE enhanced the efficiency and effectiveness of TB diagnosis and care.

Collaboration with Key Stakeholders

RISE understood that tackling complex healthcare challenges like TB/HIV demanded a unified and collaborative approach. Strategic partnerships with implementing partners were crucial to amplifying impact, optimizing resources, and ensuring comprehensive service delivery. By collaborating with the National Tuberculosis and Leprosy control Program (NTBLCP), RISE leveraged existing infrastructure

to broaden the TB/HIV program's reach across all supported communities.

This synergy yielded enhanced case finding, improved coverage, strengthened linkage to care, efficient resource utilization, and reduced costs. Through this partnership, RISE maximized its impact and contributed to a more effective and sustainable healthcare system.

Capacity Building

RISE partnered with the State Ministries of Health (SMOH) and local authorities to develop healthcare providers' capacity in delivering comprehensive TB/HIV services by conducting targeted trainings, workshops, and mentoring sessions. This equipped providers with global best practices in - case finding, linkage to treatment, treatment adherence, service

integration and Covid-19 infection prevention and control. By strengthening healthcare workers' skills, RISE contributed to a more resilient and responsive healthcare system that continues to effectively manage TB/HIV co-infection and improve community health outcomes.

Continuous Assessment

RISE and GoN jointly assessed TB-HIV intervention outcomes by reviewing processes at and data from service delivery points. These routine assessments informed improvements to strategies for better results in key areas such as:

- Early ART initiation for TB-HIV co-infected individuals
- Increased TPT uptake and completion
- Integrated TB services in ART delivery model, and
- Enhanced infection prevention and control

Assessment feedback informed TB/HIV program implementation by enhancing Technical assistance and support provided to health facilities. strengthened Government capacity to address TB challenges was strengthened and in turn led to improvements in resource redistribution to close workforce shortages, and reduce healthcare facility burdens.

Service Optimization

RISE worked to improve TB-HIV co-infection diagnosis and treatment linkage, contributing to better health outcomes for individuals affected by TB and HIV.

RISE optimized 23 laboratories across 5 states, equipping them with GeneXpert and Truenat machines, also with TB-LAMP machines in Akwa Ibom and Taraba states; to enhance TB case detection among individuals living with HIV in resource-limited settings. Technical guidance and supervision were provided on effective use of TB_LAM testing for recipients with Advanced HIV Disease, facilitating early TB detection.

RISE optimized TB/HIV services, particularly sample referral and result retrieval for sputum and stool samples. Specific service optimization efforts included:

- Capacity building sessions for laboratory officers, 3PL, NiSRN riders, and DOT officers

- Bi-monthly review meetings with key stakeholders
- Development of directories to streamline sample pick-up and turnaround time
- Advocated for the introduction of additional TB diagnostic technologies, resulting in the installation of a Truenat machine at West Itam PHC and TB-LAMP in Ebom PHC, Akwa Ibom State, and GH Bali, Taraba State

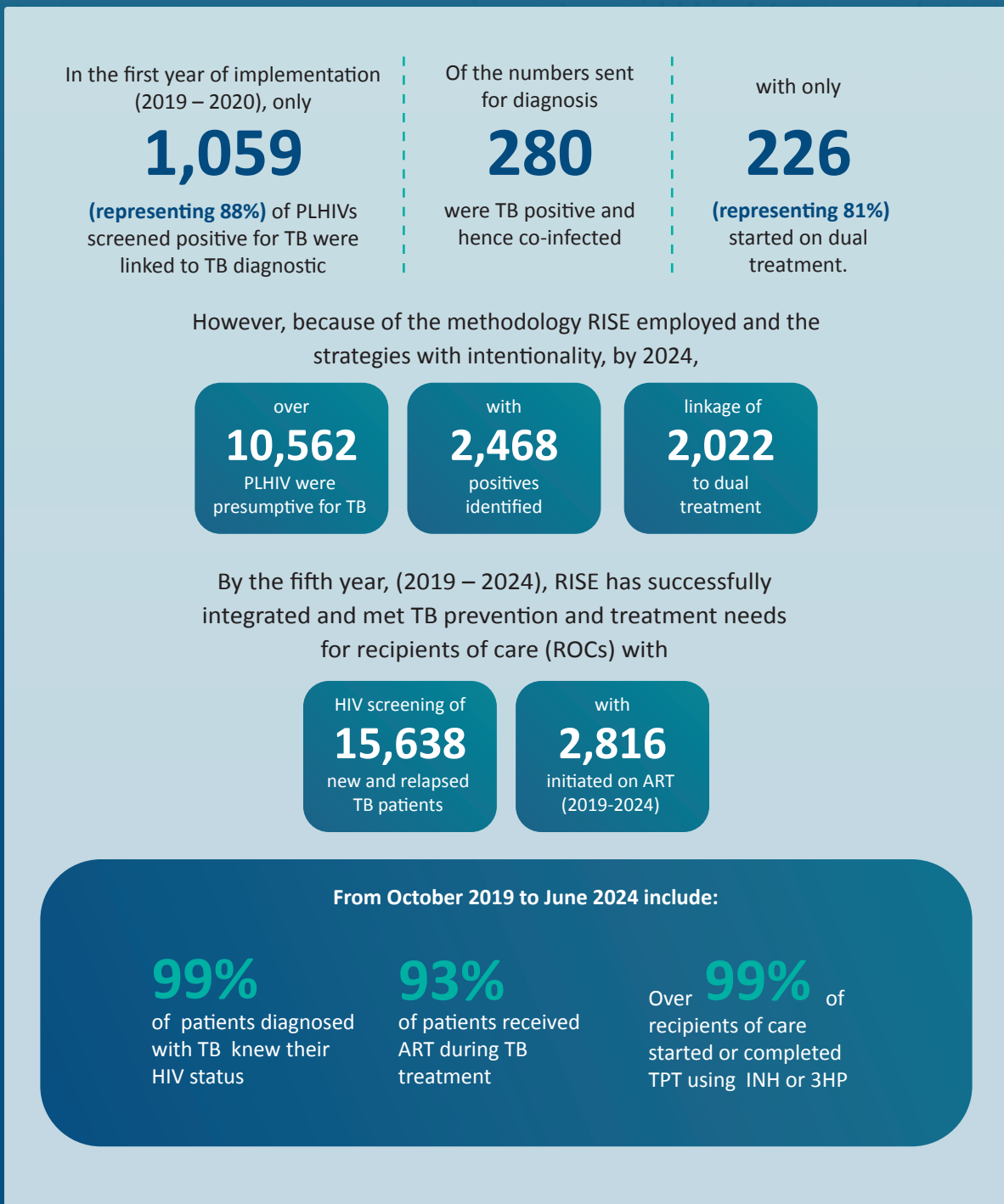
In addition, over 1,000 job aids, IECs, and program guidelines for adult and pediatric age groups were generated and disseminated. RISE promoted the use of stool for TB diagnosis in pediatric age groups, bridged the diagnostic gap and standardized clinical practices through IEC materials and aligning with global best practices

Results And Achievements

RISE attained timely TB diagnosis and treatment, closing the care gap by screening over 15,710 PLHIV for TB ; aFrom October 2019 to September 13 2024, RISE achieved 97% TB_STAT, ensuring that TB diagnosed patients knew their HIV status. Also, 94% of patients received ART during TB treatment and over 99% of ROCs started or completed TPT using INH or 3HP.

Comprehensive progress and results data are reflected in Figure 2 below

Figure 2: TB-HIV Treatment Cascade and Achievements



Lessons Learned

- Collaboration with Key Stakeholders:** RISE recognized the importance of collaboration to achieve wider outreach and community engagement. By leveraging existing structures of the Ministry of Health (MOH), stakeholders, and other TB Implementing Partners, the team successfully scaled up TB case finding. These were instrumental in the success of community TB case-finding strategies. This further demonstrated the value of leveraging local resources to increase access to healthcare in rural and hard-to-reach areas.
- Enhancing Program Effectiveness through iteration:** Continuous assessments, feedback mechanisms, and adaptable guidelines, tools, and training protocols were crucial for refining program strategies and implementation, allowing adaptation to evolving needs and optimizing resource allocation. This iterative approach not only addresses challenges but also strengthens the capacity of government and local stakeholders to manage healthcare programs effectively and ensuring adherence to global best practices in TB and HIV services.
- Holistic Patient Care and Service Provision:** The RISE program's integration of TB and HIV services ensured comprehensive care for PLHIV, including routine TB screening. This patient-centered approach helped improve health outcomes, reduce costs, and enhance patient satisfaction by addressing co-morbidities and delivering holistic healthcare. This model of care prioritizes the individual's overall well-being, setting a standard for effective healthcare delivery.

Recommendations

- Adopt Innovative Diagnostic Tools and Treatment Regimens:** The introduction and scaling up of advanced diagnostic tools and new treatment regimens, such as GeneXpert, Truenat, and TB-LAMP machines, and shorter Tuberculosis Prevention Therapy TPT regimens- 3HP, and LF-LAM usage for AHD illustrate the critical role of innovation in healthcare. Thus, government and IPs should Increase the availability and use of these advanced diagnostic tools across more healthcare facilities, especially in underserved areas, to improve early detection of TB among PLHIV .
- Expand TB Preventive Treatment (TPT):** Scale up the implementation of newer and shorter TPT regimens like 3HP to ensure wider coverage for PLHIV. This will help prevent TB onset and reduce the pill burden for affected individuals.
- Enhance Community-Based TB Case-Finding:** Strengthen community outreach and TB case-finding strategies by collaborating with local resources and TB DOTs sites to reach remote and hard-to-access populations.
- Ensure Continuous Monitoring and Evaluation:** Establish regular monitoring and feedback systems to assess the effectiveness of TB and HIV programs, refine approaches, and maintain alignment with global best practices in TB and HIV care.



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RISE
Reaching Impact, Saturation,
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TECHNICAL BRIEF



Working Towards an HIV/AIDS Free Generation: Targeting Pediatric and Adolescent Programming

Background

Nigeria has approximately 56,762 children (0-14 years) and 58,024 adolescents (10-19 years) on Antiretroviral Therapy (ART). The average suppression rate among children and adolescents living with HIV (CALHIV) was below 60% at the start of USAID RISE project in 2019. A number of factors contributed to the identified gaps including stigma and poor disclosure, the use of suboptimal regimen, and low knowledge of pediatrics and adolescent HIV care and services among health workers.

RISE supported five states in Nigeria to implement high quality and cost-effective services aimed at improving retention, disclosure and uptake of optimal regimen which improved viral suppression. RISE also

adopted a structured adolescent and youth program that improved treatment outcomes among CALHIV. Key interventions carried out were the establishment of adolescent and youth responsive services through scaling up of Operation Triple Zero (OTZ), creation of caregivers' forum for children below 10 years who were not due for enrollment into OTZ, effective collaboration with orphans and vulnerable children (OVC) services, and use of Youth Program Assessment Tools (YPAT) tools to obtain objective feedback and modify projects.

Reaching Impact, Saturation, and Epidemic Control (RISE) is a multi-year cooperative agreement that helps meet or exceed PEPFAR targets for reaching adults, key, and priority populations by finding those who have not yet been identified as positive, linking HIV-positive clients to treatment, and keeping those on treatment virally suppressed. RISE has partnered with ministries of health, nongovernmental organizations, and other local stakeholders in more than 20 countries globally to advance HIV and COVID-19 response efforts. With funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), RISE works across the HIV prevention, care, and treatment cascade to assist efforts by countries to reach the UNAIDS 95-95-95 goals.

RISE works with a range of stakeholders to ensure that host government health systems and host countries in general are able to maintain program gains with appropriately decreasing dependence on PEPFAR/USAID. Beyond PEPFAR, RISE supports emergency health response, strengthening global health security in affected countries, health systems support, and the COVID-19 response. RISE is led by Jhpiego and implemented by a consortium, which includes ICAP at Columbia University, Management Sciences for Health, Anova Health Institute, BAO Systems, the Johns Hopkins University Center for Public Health and Human Rights, and Mann Global Health.

Strategic Approach

RISE strategic approach adopted adolescent and young people involvement in self-care through Operation Triple Zero (OTZ), Caregiver Support Forum and regular feedback using the Youth Program Assessment Tools (YPAT).

Figure 1. RISE adolescent programming interventions



Implementation

Optimizing ART Regimen for CALHIV

RISE transitioned over 800 children and adolescents living with HIV on Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI) to optimal ART regimen. The strategies deployed included

burden quantification, demand creation by health workers, client education, weekly review meetings, clinical supply chain meetings, and internal stock redistribution.

Operation Triple Zero

The Operation Triple Zero (OTZ) initiative aims to foster the potential within adolescents and young people living with HIV (AYPLHIV) to be part of the solution to their own health by engaging them as active stakeholders and partners in their health. The approach focuses on empowering both AYPLHIV to commit to the “triple zero outcomes”: zero missed appointments, zero missed drugs/medications, and zero viral load (VL). RISE adopted the approach as a responsive service delivery model to improve treatment outcomes among AYPLHIV aged 10-24 years. The program piloted in 3 facilities in Akwa Ibom state and was rapidly scaled up to cover 90% of facilities that had at least 1 AYPLHIV.

The project established at least one adolescent youth friendly center - OTZ center in health facilities with a high volume of AYPLHIV across all its supported local government areas of implementation. The adolescent and youth friendly centres became a convening point and safe place for AYPLHIV to access peer interaction with psychosocial support, discuss opportunities, and build capacity through skill acquisition. Each centre was

equipped with a suitable space for audiovisual privacy, educational materials, televisions, digital and physical games like table tennis.

RISE trained suitable service providers to offer a comprehensive HIV treatment literacy curriculum to AYPLHIV during structured OTZ club meetings. Dedicated AYPLHIV were celebrated as they graduated through the curriculum and were promoted into peer mentors. This led to the enrolment of over 80% eligible AYPLHIV in OTZ. A clustering arrangement was adopted to ensure adolescents in low volume facilities (with AYPLHIV population of less than 20) also benefitted. Low volume facilities that were geographically close were grouped as a site or merged with the nearest large volume site. The OTZ program also promoted other “zeroes”, including zero stigma, zero deaths, zero sex for those abstaining, zero unprotected sex for the sexually active, and zero mother-to-child HIV transmission for pregnant and breastfeeding AYPLHIV, among other zeroes.

Enhancing Youth Engagement and Program Improvement through YPAT Implementation

To ensure a clearer understanding of the level of clients’ involvement in care, RISE reviewed OTZ implementation using Youth Programming Assessment Tools (YPAT). USAID partners developed the YPAT to help youth-serving civil society organizations (YSOs) to reflect on internal programming and institutional practices with the aim of identifying areas for

improvement. YPAT has among its aims to increase experiential learning and improve positive relationships between adults and youths, as well as among youths themselves. RISE project implemented YPAT twice - first in 2021 and secondly in 2023. Learnings and feedback from YPAT sessions were used to improve subsequent year’s activity and work plan in youth engagement.

Figure 2. YPAT Principles

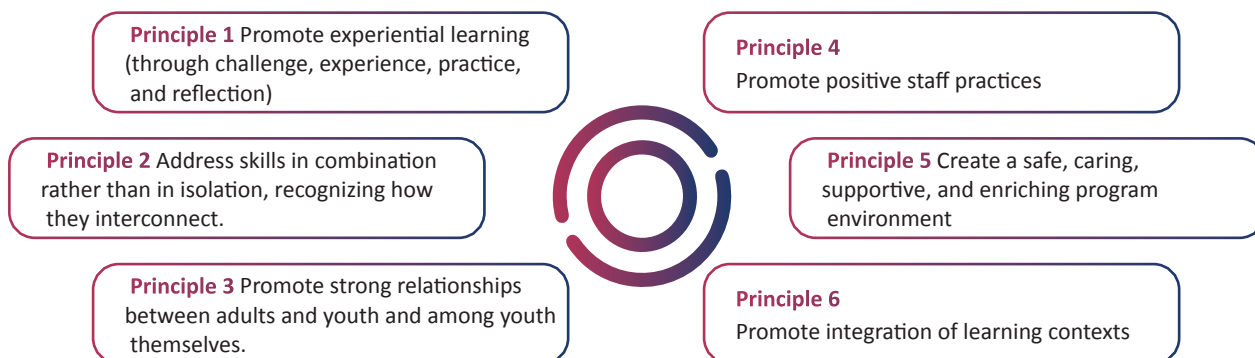
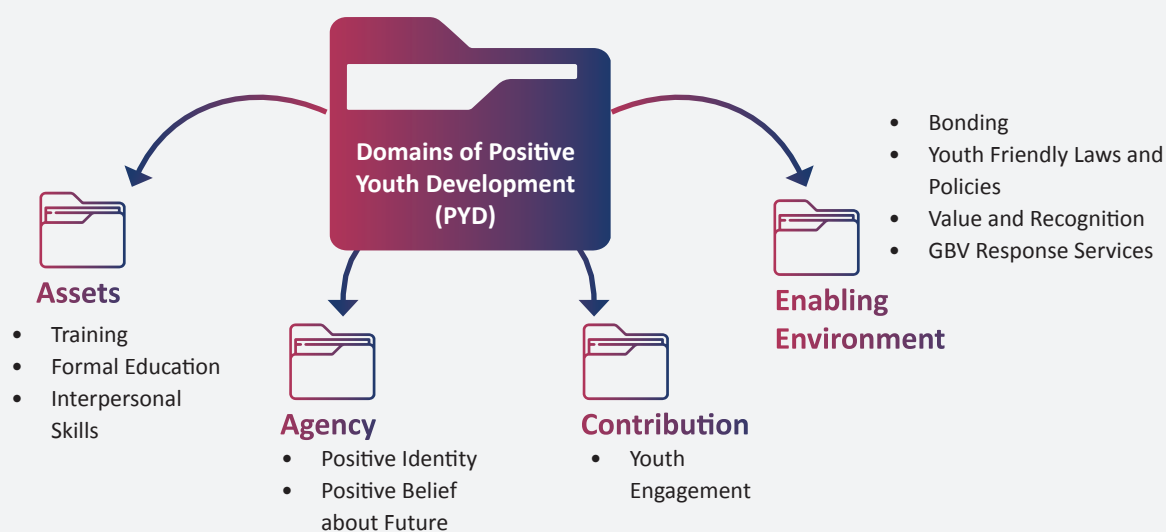


Figure 3. YPAT Domains



Enhancing Pediatric HIV Care Through Caregivers' Involvement

RISE engaged and ensured the participation of caregivers of infected pediatrics in HIV implementation and management. The project built the capacity of caregivers of CLHIV less than 10 years old to address nutritional challenges, adherence and optimization of regimen for these underserved populations. Through the establishment of a caregiver's support forum,

peer to peer support was offered to caregivers with challenges in providing the best care for the CLHIV. The forum provided an avenue for partial disclosure of the infected child and building block for full disclosure and enrollment into OTZ. The project linked caregivers to CBOs for psychosocial support that helped improve continuity of treatment and viral suppression.

Strengthening service delivery

RISE improved access to treatment and viral load services by activating community ART services such as home refill and integrating drug refill with viral load sample collection. The program collaborated with other implementing partners involved in the care of CALHIV to develop a standard document that promoted synergy with OVC partners in the states, thereby minimizing duplication.

RISE worked with Ministry of Health (MoH) and technical working groups (TWGs) to develop an acceleration plan for pediatric and adolescent HIV services. The project developed a comprehensive suite of resources, including policies, training materials, guidelines, service point job aids, and supporting tools

like dosing wheels. Additionally, RISE provided technical assistance for the development and adaptation of training curricula, Standard Operating Procedures, and job aids, as well as direct training and mentorship programs for frontline staff, ultimately enhancing their capacity and confidence to deliver high-quality services.

RISE strengthened the capacity of health workers and caregivers to support medication adherence, strengthen stigma reduction, institute appropriate dosing of pediatric regimen and support adolescents to be managers of their own health. RISE instituted annual capacity development trainings.

Results And Achievements

RISE project successfully implemented the OTZ program and achieved the following:

- Established and supported 22 OTZ centers for pediatric and adolescents aged 10 - 24 years across the 5 implementation states.
- Equipped each of the OTZ centers with recreational equipment like PlayStation games, table tennis board, smart TV, chess games, chairs and tables among others.
- Supplied educational materials like novels, textbooks, educational videos and internet Wi-Fi with subscription for knowledge building.
- Established 62 OTZ standalone clubs and 13 cluster OTZ clubs for sites with less than 20 AYPLHIV.
- Provided skills acquisition and vocational training through the OTZ clubs to over 5000 ALYPHIV.
- Ensured, through the OTZ clubs, that over 8500 AYPLHIV (over 90%) had better understanding of HIV with full disclosure and retention in care.
- Achieved over 90% viral suppression for members of the club.

Through the establishment of the caregivers’ support group forum and involvement of the caregivers:

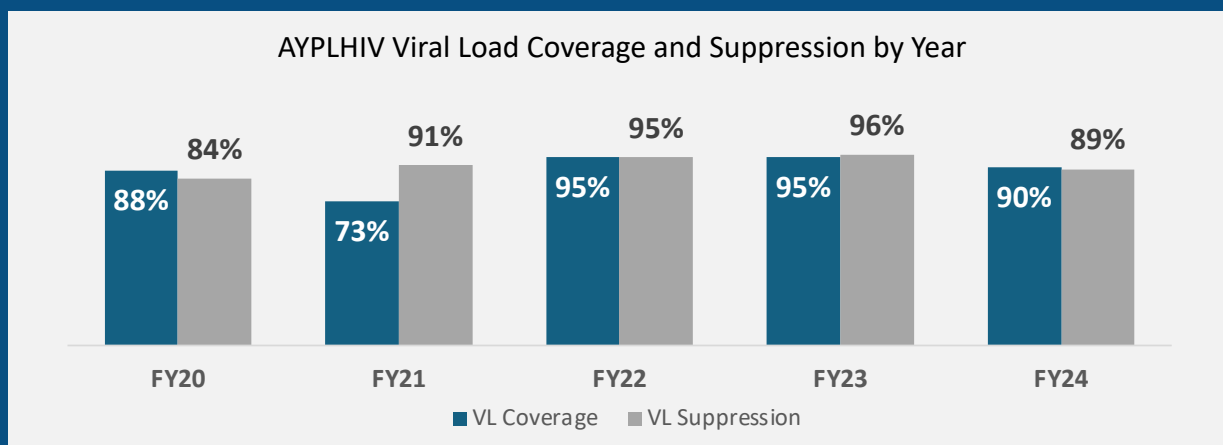
- Over 40 caregivers were linked to CBOs for household economic strengthening support.
- 100% of the pediatric infected children were optimized on appropriate regimen.

The successful implementation of the YPAT assessment led to:

- AYPLHIV participation in setting meeting rules in 37 sites.
- AYPLHIV involvement in M&E activities in 10 sites
- Over 24 AYPLHIV had opportunity for public speaking events in 7 sites
- Establishment of Clients Advisory Board (CAB) in 4 facilities through which AYPLHIV made suggestions to the hospital management.
- Recommendations made included youth involvement in development of ground rules, strengthening feedback mechanisms, clients’ involvement in decision making at the facilities, creating rooms for public speaking and vocational and skills training for AYPLHIV.

The implementation of the adolescent programming through the OTZ, Caregivers support forum and YPAT project ensured viral suppression of 96% for this age group and improved treatment and health outcomes of these underserved populations.

Figure 4. Viral coverage and suppression



Lessons Learned

- **Improved medication adherence and reduced stigma:** OTZ program strengthened AYPLHIV involvement and commitment to self-care and medication adherence. AYPLHIV from the OTZ program displayed much less concerns with stigma and were a lot optimistic about life prospects.
- **Stakeholder Collaboration:** is pivotal to efficient OTZ programs, particularly in resource constrained settings where OTZ centers are set up by implementing partners and not the government. As Children, adolescents, and young people can easily get “missed in the crowd” hence require tailored, specific interventions. Stakeholders collaboration allowed context specific interventions such as early/late operational hours of OTZ centres, specific skill building programs and sustained community involvement in OTZ Club activities.
- **Caregivers’ involvement:** Expanding support to cater for indigent caregivers’ participation, ensured their involvement in OTZ and YPAT activities which in turn improved health outcomes among AYPLHIV.

Recommendations

- Involve AYPLHIV in initial design and continued co-implementation of pediatric and adolescent programs as their insights and felt needs are dynamic and strategic to program outcomes.
- Service delivery points across tertiary, secondary and primary health facilities should be designed to provide adolescent tailored clinics and services in an audio visually private, and engaging approach that addresses the challenges of the adolescents and young persons.
- Scale up OTZ clubs across health facilities and cascade OTZ activities and programs to community levels to increase access.



PMTCT: Spotlight on RISE strategies to reduce vertical transmission of HIV

TECHNICAL BRIEF



Background

Nigeria is one of the 12 Global Alliance countries which account for two thirds of all new pediatric HIV infections and AIDS related deaths in children globally. The rate of vertical HIV transmission in Nigeria is 23% and antiretroviral treatment (ART) for pregnant and breast-feeding women was 33% in 2023. Antiretroviral treatment for children < 15 was 29% in 2023 with viral suppression rate of 25% . Despite increased HIV testing during antenatal care, this problem persists because a significant proportion of pregnant women seek care in non-conventional places of birth such as traditional birth centers and religious homes. With support from PEPFAR through USAID the Reaching Impact, Saturation, and Epidemic

Control Project (RISE) implemented approaches to response to these gaps

Antenatal care uptake was low in RISE supported states namely Niger (25%), Adamawa (38%), and Akwa Ibom (34.7%), thereby increasing the risk of MCTC due to limited medical supervision⁴. Limited access to HIV and PMTCT services during pregnancy, labor/delivery and breastfeeding is a significant factor contributing to increased MTCT risk. Hence, it is imperative to ensure that pregnant and lactating women have easy access to preventive services specifically designed for them to effectively reduce rates of vertical transmission.

Strategic Approach

RISE recognizes the importance of ensuring continuous testing and treatment for pregnant women and their

infants throughout the continuum of care in line with UNAIDS 2030 global targets of achieving 95:95:95.

Figure 1. PMTCT Strategic approach



Reaching Impact, Saturation, and Epidemic Control (RISE) is a multi-year cooperative agreement that helps meet or exceed PEPFAR targets for reaching adults, key, and priority populations by finding those who have not yet been identified as positive, linking HIV-positive clients to treatment, and keeping those on treatment virally suppressed. RISE has partnered with ministries of health, nongovernmental organizations, and other local stakeholders in more than 20 countries globally to advance HIV and COVID-19 response efforts. With funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), RISE works across the HIV prevention, care, and treatment cascade to assist efforts by countries to reach the UNAIDS 95-95-95 goals.

RISE works with a range of stakeholders to ensure that host government health systems and host countries in general are able to maintain program gains with appropriately decreasing dependence on PEPFAR/USAID. Beyond PEPFAR, RISE supports emergency health response, strengthening global health security in affected countries, health systems support, and the COVID-19 response. RISE is led by Jhpiego and implemented by a consortium, which includes ICAP at Columbia University, Management Sciences for Health, Anova Health Institute, BAO Systems, the Johns Hopkins University Center for Public Health and Human Rights, and Mann Global Health.

Implementation

Integration of Maternal and Child Health (MCH) Services

RISE understood that women of reproductive age accessed other health services at other service points in the facility. These included but were not limited to

family planning (FP) and bringing children for routine immunization. To enhance service delivery, MCH services were integrated into routine health facility

operations by establishing HIV testing points at these service delivery areas. Also, health workers at these service points were trained by RISE on HIV testing services (HTS), referral mechanism and other PMTCT interventions, with the aim of providing PMTCT, Tuberculosis (TB), FP and cervical cancer prevention

Scaling Up Community PMTCT

A critical component of this work was to expand the provision of prevention of mother to child transmission interventions in community settings outside of health facilities, including traditional birth centers, delivery homes, congregational centers, and primary healthcare centers not supported for PMTCT. These birth centers were mapped and categorized into three categories based on ownership and skill set available:

- **Category 1:** Birth centers owned by trained health care workers (HCW)

Mentor Mother Initiative

Mentor mothers is an initiative where peer mentors support pregnant and breastfeeding (PBW) with HIV (PBWH) through counselling and follow up visits. In 2021, RISE deployed the mentor-mothers initiative to facilitate linkage of PBWH with essential HIV services to reduce of mother-to-child transmission.

Mentor mothers were trained women living with HIV (WLHIV) who shared their experiences, inspired and empowered other PWLHIV to be committed to and complete their PMTCT program. RISE assigned trained mentor mothers to health facilities with a high volume of women accessing antenatal and other women health services. These mentor mothers facilitated health talks on family planning, safe sex practices and importance of accessing HIV services in routine antenatal clinics and other congregate settings. At the point of acceptance of HIV testing services, mentor mothers provided pretest counselling and became treatment supporters to each PBW living with HIV at the point of commencement on ART.

(CECAP) services in a convenient “one-stop shop” manner. It also included supporting Early Infant HIV Diagnoses (EID) & clusters of differentiation 4 (CD4) networking to promote early initiation of highly active antiretroviral therapy (HAART) and pediatric treatment.

- **Category 2:** Traditional birth centers owned by non-HCW
- **Category 3:** Congregational platforms

The mapped birth centers focal persons were trained on demand creation for antenatal care (ANC), HTS for pregnant and breastfeeding women, referral services and pathway as well as PMTCT cascade and importance. PMTCT services were layered on congregational platforms to reach pregnant women, their HIV-exposed infants (HEIs), and male partners.

Mentor mothers would the provide ongoing one-on-one care including adherence support, routine ANC care, ensure health center delivery and counsel on infant feeding. RISE supported the mentor mothers to facilitate routine phone calls and home visits to their assigned PBWH. Mentor mothers support to all assigned mother and infant pairs included: ensuring their access to postnatal care, infant testing for HIV infection, enrollment of exposed infant into care, and ongoing clinical care until a final outcome is determined for every infant after 18 months of age.

A RISE mentor mother must be a woman living with HIV, must have successfully completed the PMTCT program with a HIV negative child as final outcome, must be willing to disclose her HIV status as a means of stigma reduction, and must not be a recipient of care with treatment interruption. RISE prioritized capacity building and support to all mentor mothers to ensure adequate capacity to handle their responsibilities.

Establishment of Mother2Mother (M2M) Support Groups

Psychosocial support groups were established in partnership with civil society organizations (CSOs) to promote adherence to HAART, facilitate disclosure, reduce stigma, and encourage male involvement in family health. The M2M support group had groups of women who had passed through PMTCT with positive outcome providing psychosocial-support and guidance to newly diagnosed HIV pregnant women to walk through the journey of PMTCT with ease. RISE facilitated safe spaces within supported health facilities

for the M2M support groups to meet at least once monthly with cohorts of at least 10 WLHIV. The mother 2 mother support group helped to improve acceptance of HIV status, promoted adherence to HAART, facilitated disclosure, reduced stigma, encouraged male involvement, improved household economic strengthening in the form of saving and loans, linkage to CSO and other groups that supported structures of immense importance to the pregnant and postpartum women (PPW).

Service Optimization

RISE Nigeria trained and provided mentorship to frontline healthcare providers - case managers, mentor mothers, nurses, doctors, pharmacists among others - to provide support for medication adherence and stigma reduction, optimized appropriate dosing of pediatric regimen for adolescent responsive services, and to strengthen and improve institutional delivery. The project sustained these capacities with the development and distribution of PMTCT tools, job aids, and standard operating procedures to standardize and enhance service delivery.

RISE collaborated with the Ministry of Health, department of family health and other implementing partners to scale up the reach of PMTCT activities . The collaborations focused on mapping of government and implementing partner supported health facilities, primary health care centers especially; mapping of PMTCT community structures, TBAs especially; and synergizing implementation efforts. The overall objective was to improve pregnant women's access to HTS and PMTCT intervention and increase the number of women opting for professional delivery services while also receiving proper PMTCT/EID support. The collaborative effort included training community healthcare workers in various aspects such as promoting early antenatal care attendance, establishing linkages between traditional birth

attendants and formal healthcare providers, strengthening patient referrals, locating individuals who had defaulted on treatment and recommencing them on treatment with ongoing adherence support.

RISE project across all its implementation states supported HIV positive pregnant women with over 2,000 'Mama Packs' and over 1,000 PMTCT packs as reward system for reinforcing good practice. The mama pack comprised of a pair of surgical gloves, bathing soaps, small cord ligature, polythene/nylon roll, apron, baby oil, comfit sanitary pad, baby wipes, diapers, mackintosh, methylated spirit and Ankara fabrics. These bags included essential items such as nappies, blankets, soap bars, and sanitary towels for Pregnant and Breastfeeding Women Living with HIV (PBWH) who gave birth in the presence of skilled healthcare professionals. The 'PMTCT Pack' comprised a pair of mayo scissor straight, sponge holding forceps, instrument pan, spencer well artery forceps, umbilical cord scissor, Braun-Stadley episiotomy scissor, Pinnard fetal stethoscope, disposable plastic apron, gallipot with cover and a kidney dish. This was to reduce the delivery cost for pregnant and postpartum women and to ensure reduction of HIV transmission while improving the care provided to pregnant and postpartum women by healthcare workers.

Service Modification in the face of COVID-19 Pandemic

To address the difficulties faced by mothers and caregivers in accessing healthcare facilities during the COVID-19 lockdown, RISE implemented home/community early infant diagnosis sample collection; a strategy that employed the use of dried blood spot (DBS) and cold chain transportation Jablo boxes to facilitate sample collection at RoCs houses or the nearest health center. Dried blood spot samples for early infant diagnosis and HIV viral load from homes were transported to regional laboratories for analysis.

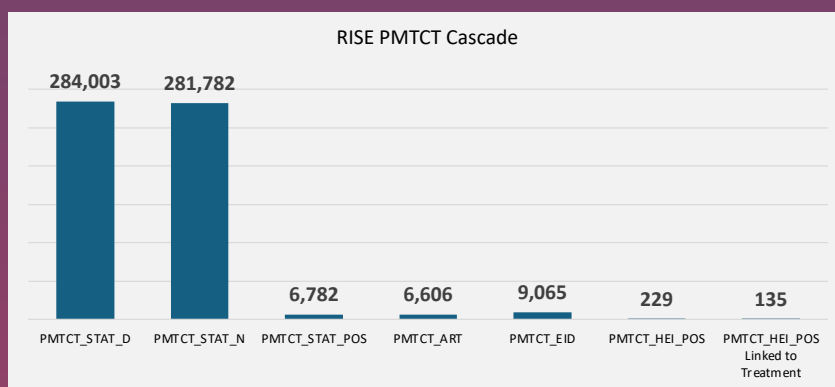
In cases where sample collection at home was not possible, caregivers were accompanied to the nearest health facility for collection. Healthcare providers in ANC, mentor mothers were trained and equipped for home/Community EID sample collection. Additionally, mentor mothers collaboratively with the community ART team provided antiretroviral therapy refills, including prophylaxis refills for infants, within the community.

Although much progress has been made in the journey towards elimination of mother to child transmission of HIV; there are still babies been infected at birth. Thus, IPs must sustain efforts and continued partnerships with health departments and community organizations to strengthen PMTCT activities and increase access to professional delivery services. Government and partners need to increase the availability of PMTCT services in non-traditional settings, such as traditional birth centers and congregational platforms. The mentor mother initiative must be taken to scale to ensure support for every PBWH with proven treatment outcomes. Continued training and resources for healthcare workers and community members to ensure quality and continuity of care.

Results and Achievements

Through RISE interventions in Nigeria, 284,003 pregnant women were tested for HIV and 281,782 received results during this implementation period account to 99% HTS uptake rate in ANC. The project identified 6,782 pregnant women living with HIV and 97% of these PPW (6,606) were initiated on life saving ART. Also, 6,743 HEI were diagnosed with 229 infected with HIV which represent 3.4% vertical transmission rate. However, 135 of these infected infants were linked to lifelong anti-retroviral treatment as seen in the chart.

Figure 3. RISE PMTCT Cascade



Since its inception, the RISE program has provided support to more than 130 healthcare facilities across five states in enhancing infrastructure development. This included interventions like supplying storage cabinets and shelves for PMTCT sites at ANC clinics, which were used to store medications as well as materials such as MCH files and registers.

RISE Nigeria expanded community PMTCT services since its inception. Currently, RISE activated 126 Traditional Birth Attendants and 147 primary healthcare centers, which were not supported by PEPFAR.

Lessons Learned

- **Collaboration and Coordination:** Partnering with government agencies and stakeholders is crucial for enhancing local ownership and building the capacity of healthcare workers, facilitating the integration of COVID-19 vaccination into routine immunization programs, and ensuring a coordinated response. Establishing technical working groups (TWGs) with community gatekeepers, government officials, and stakeholders provided a platform to address vaccine hesitancy during public health crises.
- **Community Engagement and Stakeholder Involvement:** Actively involving communities through health outreaches and engaging traditional, community, and youth leaders, along with influencers, as program champions is essential for building trust, overcoming barriers, and promoting vaccination efforts.
- **Transparency and Data-Driven Decision Making:** Multi partner collaborations are pivotal to addressing public health concerns such as COVID-19, however these collaborations must be underscored by transparency. Government-led joint data reviews, supported by data triangulation from a dedicated data management partner, enhanced risk communication and informed strategic decisions. This approach fostered transparency, prevented duplication of efforts, and improved coordination among partners, ultimately strengthening the overall response.

Recommendations

- **Leverage Community Support for Improved Health Outcomes:** Peer-to-peer support, such as the Mentor Mothers model aligned with UNAIDS' task-shifting approach, significantly enhances HIV treatment outcomes. This approach highlights the effectiveness of working with community members to boost key indicators like viral load coverage, suppression, and medication uptake for PMTCT, particularly in resource-limited settings.
- **Improve Access by Reaching Care Points:** Bringing interventions, such as EVT, to where women already seek care—rather than requiring them to visit PEPFAR-supported facilities—can significantly enhance access and utilization of healthcare services.
- **Integration of Peer Support Programs:** Expanding peer support initiatives within healthcare systems, with well-trained and culturally sensitive mentors, is key to improving treatment outcomes. Close collaboration with healthcare providers and continuous assessment and adaptation of the peer support approach also plays a critical role for addressing evolving challenges.



TECHNICAL BRIEF



Gender Mainstreaming into HIV Program: Addressing Inequalities and GBV response

Background

Nigeria, with one of the highest HIV burdens globally, shows a national prevalence of 1.4% among adults aged 15-64 years, with higher rates in females (1.8%) compared to males (1.0%). Prevalence peaks at 3.1% among females aged 35-39 years and 2.3% among males aged 50-54 years (NAIIS 2019). The disparity in HIV prevalence between genders is most pronounced among younger adults, highlighting the need for gender-sensitive HIV prevention, care, and treatment approaches.

Globally, one in three women experiences some form of violence, with women and girls living with HIV and those in rural areas being at higher risk. Gender Based Violence (GBV) survivors are more likely to contract HIV and other STIs, and men are more likely to be virally unsuppressed. Addressing these gender disparities is essential for closing care gaps and

improving the quality of life and health outcomes.

The Reaching Impact, Saturation, and Epidemic Control (RISE) project, from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), has integrated gender and GBV responses into HIV programs to address these inequalities. By mainstreaming gender into its implementation, RISE strengthened systems to respond to GBV within both health and non-health sectors.

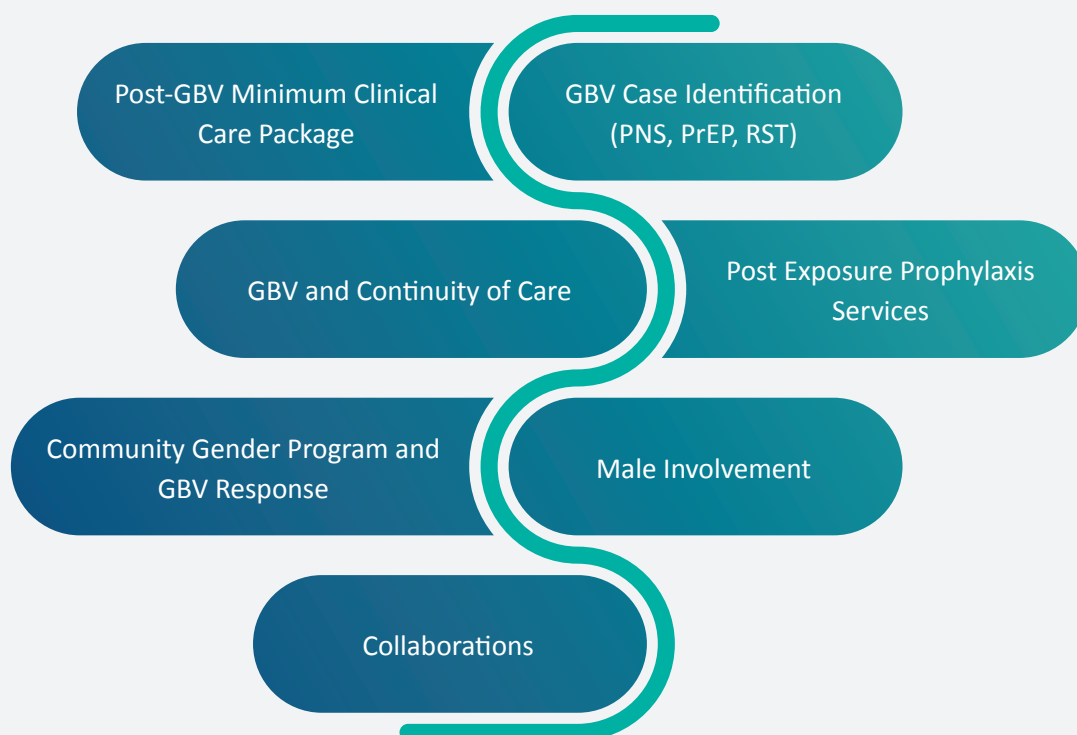
This brief is aimed at highlighting the significant achievements, strategic approaches, and lessons learned from the RISE project in addressing gender disparities in HIV care, integrating gender and GBV responses into HIV programs, and promoting sustainable health facility and community-driven solutions for gender-based violence (GBV) prevention and response.

Strategic Approach

RISE utilized multi-level approaches to mainstream gender into HIV program at the health facility and the community level. This includes integrating GBV services into HIV testing, care continuum, and viral load services, and applying a gender lens to enhance service quality at the health facility. It also includes

strong collaboration with government stakeholders, community dialogues, male case finding using the Majelisa system, and VALOR for virtual male engagement. These efforts aim to engage both men and women in addressing unique needs and challenges in HIV care.

Figure 1. Strategic approach for Gender Services and GBV response



Implementation

Post-GBV Minimum Clinical Care Package

RISE ensured that all survivors of GBV received the post-GBV minimum clinical care package. Healthcare facilities were supported to sustain availability and accessibility of this essential care package, along with referrals for non-clinical services as needed. The post-GBV minimum clinical care package included: Counselling (LIVES), Treatment of Injuries, HIV Testing Services, STI testing and management, Post-Exposure Prophylaxis, Emergency contraceptives and support Referral. Furthermore, RISE enhanced the capacity of healthcare workers to provide first-line support (LIVES) and trauma-informed care to survivors of GBV, in line with WHO recommendations. This ensured that survivors received compassionate and appropriate care,

addressing their immediate needs and promoting their overall well-being.

RISE procured and distributed dignity kits to survivors of GBV, with a focus on supporting indigent survivors of sexual violence. These dignity kits are a handy pack of about 20 personal items including towel, oral hygiene products, bathing soap, detergent, a robe and footwear; to meet the immediate needs of survivors, helping them regain a sense of dignity and address basic necessities in the aftermath of their experience. This improved survivors' confidence and eased trauma-care.

GBV Case Identification (PNS, PrEP, RST)

The fear of violence can significantly deter individuals from disclosing their status and index testing service acceptance. RISE Gender services and GBV program addressed this challenge by implementing a robust GBV response that provided support to individuals following status disclosure and helped mitigate the risk of potential violence. By integrating Gender/GBV response services, RISE effectively increased the rate of status disclosure, creating a safer environment for individuals to share their status.

RISE implemented a comprehensive GBV case identification strategy through routine and clinical enquiry. Questions designed to elicit experiences of intimate partner violence were integrated into service delivery tools, enabling routine enquiry about GBV. These questions were also incorporated into the

Partner Notification Service (PNS) form to identify GBV experiences among newly diagnosed HIV individuals, their sexual contacts, social networks, and family members. Additionally, GBV-related enquiries were embedded into PrEP service delivery forms to assess the experiences of clients accessing PrEP medications at supported facilities. The routine enquiry of GBV was further integrated into the Risk Stratification Tool (RST) and client intake forms, ensuring that GBV experiences were consistently identified across all service points.

Recipients of Care were provided with GBV screening services through the use of a care and support checklist, which included questions about their experiences with GBV. Case managers received training on protocols for sensitively eliciting information about GBV from Recipients of Care.

GBV and Continuity of Care

RISE Gender services and GBV program effectively closed care gaps by providing gender friendly services that gave both men and women equal access to quality Antiretroviral therapy (ART) services across supported sites by training health care providers on gender-sensitive care, male friendly services in male lounge, adolescent friendly services in OTZ and women friendly services. GBV screening was institutionalized to identify recipients of care who experienced violence and survivors were provided appropriate post-GBV

care services at HTS point, ART Refill point and PrEP point. These services included physical, emotional, and sexual violence screening, post-GBV clinical care and referrals for additional non-clinical support. Survivors of GBV were offered free HIV testing services, and those diagnosed to be HIV positive were immediately linked to lifesaving ART services. RISE ensured that all sexual violence survivors are tested for HIV and positive diagnosed individuals are started on ART.

Post Exposure Prophylaxis Services

RISE provided efficient Post-Exposure Prophylaxis (PEP) services to all survivors of sexual violence who met the eligibility criteria, a crucial step towards HIV epidemic control. The project emphasized the importance of early reporting of GBV, encouraging survivors to seek

care at supported health facilities within the 72-hour eligibility window. During the 16 Days of Activism, the project actively advocated for early reporting within the community and collaborated with security authorities to ensure prompt referral of reported cases.

Community Gender Program and GBV Response

At the community level, RISE coordinated a comprehensive GBV response that engaged community gatekeepers (Chiefs, women leaders, youth representations etc.) in GBV prevention, gender

equality promotion, and advancing male involvement in fostering transformative gender norms. Through RISE sub-awardee community-based organizations, the project rigorously implemented innovative strategies

(community dialogue, norm change engagement meetings and awareness campaigns) that led to significant reductions in gender inequalities in access to treatment. These efforts resulted in improved status disclosure, increased viral suppression, greater acceptance of cervical cancer screening and treatment, higher uptake of PMTCT programs, and the successful implementation of the adolescent operation triple zero (OTZ) program.

- **Community Dialogue:** Efforts to prevent GBV were significantly strengthened through effective community dialogue, which engaged key community gatekeepers using prevalence and incidence data to drive community-led responses. The RISE project, in collaboration with the Ministry of Women Affairs, its line ministries, and the Ministry of Social Justice and Reintegration, worked through three community-based organizations to facilitate dialogue aimed at addressing the root causes of GBV, including harmful cultural, social, and gender practices. These dialogues involved a diverse range of participants, including traditional rulers, religious leaders, social welfare officers, ward development committees, village heads, women groups, youth groups, police, civil defense, and principal medical officers (PMOs) from secondary and primary health care facilities.

By utilizing data on reported GBV cases, the project fostered meaningful discussions and catalyzed local solutions.

- **Community GBV Response Team and Community By-Law:** Following community dialogue sessions facilitated by RISE, community leaders established a Community GBV Response Team tasked with improving case identification, encouraging early reporting, ensuring timely presentation at health facilities, and facilitating linkage to justice. This team included representatives from the Ward Development Committee, Village Heads, Women Leaders, Youth Leaders, Vigilante Group Leaders, Police, Civil Defense, Social Welfare Officers from the LGA, the Principal Medical Officer of the secondary facility, PHC in-charges, and religious bodies, including the Christian Association of Nigeria and the Muslim Council. In Kurmi LGA of Taraba, the community further strengthened its response by developing a community by-law that complements the existing Violence Against Persons Prohibition (VAPP) Law. This by-law reflects the community's zero tolerance for any form of GBV and outlines specific consequences for violations by both residents and visitors.

Male Involvement

- **Male Case Finding- VALOR Program** RISE implemented the VALOR program, designed to bridge the care gap among men by using virtual platforms (Facebook and WhatsApp) to reach them. VALOR champions utilized social media to engage men with messaging about HIV testing, the availability of free testing services, and linkage to health facilities for testing.
- **Male Lounge** RISE setup male lounges equipped with televisions, game stations, internet access and other male friendly devices, across selected health facilities in Akwa Ibom and Cross River States, as part of its male-friendly services. Service providers situated in these lounges facilitated health talks, provided needed counselling services, and linked

consenting individuals to applicable HIV services. This improved engagement with men on gender and social norms; fostered male participation and support; and addressed care gaps in male service provision.

- **Community Male Engagement using Majelisa System** Majelisa system is a social and cultural evening gathering of men at designated spots within the community where men discuss social matters, news, and engage in board games and other local activities. The Majelisa setting was leveraged by RISE to address gender and social norms, provide HIV testing services, and engage men as agents of change.

Collaborations

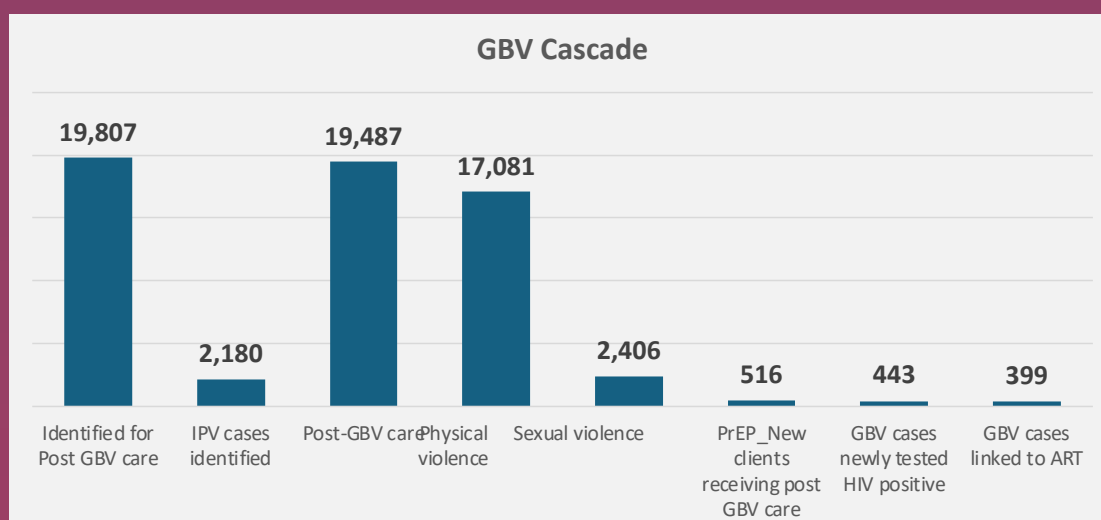
- **Collaboration with the Ministry of Women Affairs (IMPACT Model)** RISE supported the Ministry of Women Affairs in establishing a situation room for reporting and visualizing GBV data on the national dashboard. Additionally, the project provided technical assistance to the ministry on gender mainstreaming and GBV response at both state and local government area (LGA) levels. This support included capacity building and collaboration on international observance days related to gender and GBV.
- **Breaking the Persistent Cycle of Silence: Leveraging the 16 Days of Activism** The RISE project utilized the 16 Days of Activism to address and break the cycle of silence among GBV survivors, with a particular focus on women and girls. The 16 Days of Activism against Gender-Based Violence against women and girls is an international civil society led campaign that takes place each year. It commences on 25 November, the International Day for the Elimination of Violence against Women, and ends on 10 December, Human Rights Day, indicating that violence against women is the most pervasive breach of human rights worldwide. In collaboration with the Ministry of Women Affairs, the project promoted awareness and advocacy efforts to encourage survivors to speak out and seek support. RISE adopted the national theme for each year and designed/partnered with the government to facilitate commemorative events such as Colloquium and round table discussions, awareness walks and campaigns, outreach programs to congregate locations like schools and market places.
- **Advocacy for curricular integration of Gender/GBV programs** Using the 16 Days of activism, the RISE project advocated for integration of gender programs into existing college curriculum for public health, Nursing and other health programs. An example of its successful integration agenda is RISE's engagements with the Shettima College of Health Sciences which resulted in the school management's constitution of a curricular program review committee to expand and integrate gender programs.
- **Pro-bono legal service collaborations** RISE collaborated with pro-bono legal service providers to deliver a holistic response to gender-based violence. The project enhanced inter-referral processes between health facilities and legal service providers, including FIDA (The International Federation of Women Lawyers), the NHRC (National Human Rights Commission), and the Legal Aid Council of Nigeria.
- **Collaboration with Police Clinic for inter-referral of survivors** Capacity-building sessions were conducted for police and civil defense personnel to enhance their understanding of PEP timelines and the need for comprehensive clinical care in response to GBV. Additionally, RISE conducted advocacy with police on assigning gender desk officers across its divisions to address issues related to gender-based violence and human rights abuses.
- **Inclusion of priority populations** The RISE project implemented an inclusive and diversity-sensitive program to address the needs of priority populations, including persons with disabilities, the elderly, and adolescents. RISE ensured that individuals within these groups received appropriate, person-centered care tailored to their specific needs such as suitable Differentiated Service Delivery (community ART service, home delivery, Decentralized Drug Delivery, Community Pharmacy ART Refill Program).

RISE ensured that all data collection was disaggregated by sex, enabling improved decision-making across gender lines and enhancing the effectiveness of gender-sensitive interventions.
- **Capacity Building for Healthcare Workers** RISE developed the capacity of healthcare workers to address gender-based violence. Capacity building sessions focused on key areas including intimate partner violence, GBV case identification, LIVES (Listening, Inquiring, Validating, Ensuring safety and Support through referrals) first-line support, and the post-GBV minimum care package. The program instituted a mentorship and preceptorship program that sustained provider competency and quality of care.

Results and Achievements

Over the 5 years of implementation the RISE project met and surpassed the target year after year. Across the five states RISE project was implemented it identified 19,807 survivors of GBV, 1,180 Sexual violence survivors received post-exposure prophylaxis, 516 survivors identified from PrEP services. The RISE project in Taraba identified 2,769 survivors of GBV with 301 sexual violence survivors and 2,407 physical & emotional violence survivors over the period of 3 years implementation period. 134 survivors of sexual violence received PEP services. Over the period of 5 years implementation, a total of 443 survivors were diagnosed HIV Positive and 399 linked to treatment. Through the VALOR program, RISE reached over 600 individuals with HIV testing services, PrEP services and GBV services across the country through virtual platforms, referrals and feedback mechanisms.

Figure 3. Post GBV Care Cascade



Lessons Learned

- Greater Reach through Capacity Building:** The RISE project built the capacity of healthcare workers allowing them to lead the response at facility level. This facilitated ownership and enhanced their capacity to respond and made sustaining gains much easier as well. We learned through this approach that building the capacity of healthcare workers also allowed for information to have a much greater reach across facilities and communities as the healthcare workers brought this knowledge to their communities where the project could not reach. They were able to increase community awareness and attention.
- Community-Based Gender/GBV Programs:** Integrating a community-based approach to gender and GBV not only expanded service coverage but also served as a powerful tool for driving social norm change and breaking the culture of silence surrounding GBV. Community dialogue engagements had a far-reaching impact, sparking wider discussions and prompting community-level action on GBV. The establishment of community response teams, born out of these dialogues, further deepened community ownership and fostered local solutions to address GBV issues including bringing more people to report early for those in need of PeP.
- Collaboration with Critical Stakeholders:** Expanding collaboration with key sector players, particularly the Police, Civil Defense, and pro-bono legal service providers, ensured a comprehensive GBV service provision, improved GBV case identification, and enhanced survivor satisfaction. Collaboration with security authorities reduced delays in getting

survivors to health facilities for clinical care, while referrals to pro-bono legal service providers offered survivors the legal support they needed, contributing to their overall sense of justice and closure. We also learned through collaboration that

pro-bono legal service providers are essential in spreading awareness/accurate interpretations of the Violence Against Persons Prohibition (VAPP) Act in every given forum.

Recommendations

The RISE project will consolidate on the gains of the collaboration with government and implementation strategies to sustain GBV response at facility level and advocate for the integration of gender/GBV initiatives into broader government health and social programs to secure long-term funding and policy support.

- **Sustainability and Resource Mobilization:** Develop a sustainability plan that outlines strategies for continued funding, capacity building, and stakeholder engagement after the project ends. Pursue diverse funding sources, including grants, government budget allocations, and private sector partnerships, to secure the long-term viability of the program.
- **Policy Advocacy:** Advocate for the strengthening and enforcement of laws and policies related to GBV prevention and response at both the national and community levels. Work with policymakers to address legal gaps and ensure that survivors have access to comprehensive, timely, and effective support services.
- **Expand Community Engagement:** Scale up community dialogue engagements to additional communities, focusing on raising awareness, fostering norm change, and encouraging community-led actions against GBV. Support the formation of more community response teams and strengthen existing ones, ensuring they have the resources and training needed to effectively address GBV issues locally. Promote community-driven advocacy campaigns to further break the culture of silence and encourage the reporting of GBV incidents.
- **Enhance Multi-Sectoral Collaboration:** Explore partnerships with other sectors such as education, social services, and the private sector to create a more holistic approach to GBV prevention and response.



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TECHNICAL BRIEF



Sustained Access to Viral Load Testing Services in Five Selected Nigerian States

Background

Equitable access to uninterrupted HIV-1 RNA viral load testing (VL) services is pivotal to achieving the third global target of the Joint United Nations Programme on HIV/AIDS 95-95-95 targets for HIV infection control by 2030. Access to VL services is required for monitoring treatment outcomes of recipients of care (RoC) on ART. The outbreak of COVID-19 pandemic resulted in unprecedented widespread of socioeconomic and healthcare disruptions in many Countries (Cabore et al., 2020) including Nigeria. Much pressure was exerted on already strained resources; skilled laboratory staff and equipment were rationed between the HIV and COVID-19 resulting in a decrease in viral load coverage from 78% before the pandemic to 71% during the pandemic. (Lecher et al., 2021).

PEPFAR through USAID funded Reaching Impact, Saturation, and Epidemic Control Project (RISE) observed a suboptimal viral load coverage (VLC) of 71% among RoCs; less than 60% among children and adolescents, and 86% for adults. This suboptimal VLC was worsened by the COVID-19 Pandemic lockdown, with a significant negative impact on access to HIV1 RNA Viral Load monitoring, clinic attendance and turnaround time (TAT) of viral load results (El Moussaoui et al., 2021). To address these challenges, RISE implemented strategies and sustained access to VL testing services in Adamawa, Akwa Ibom, Cross River, Niger, and Taraba States.

Reaching Impact, Saturation, and Epidemic Control (RISE) is a multi-year cooperative agreement that helps meet or exceed PEPFAR targets for reaching adults, key, and priority populations by finding those who have not yet been identified as positive, linking HIV-positive clients to treatment, and keeping those on treatment virally suppressed. RISE has partnered with ministries of health, nongovernmental organizations, and other local stakeholders in more than 20 countries globally to advance HIV and COVID-19 response efforts. With funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), RISE works across the HIV prevention, care, and treatment cascade to assist efforts by countries to reach the UNAIDS 95-95-95 goals.

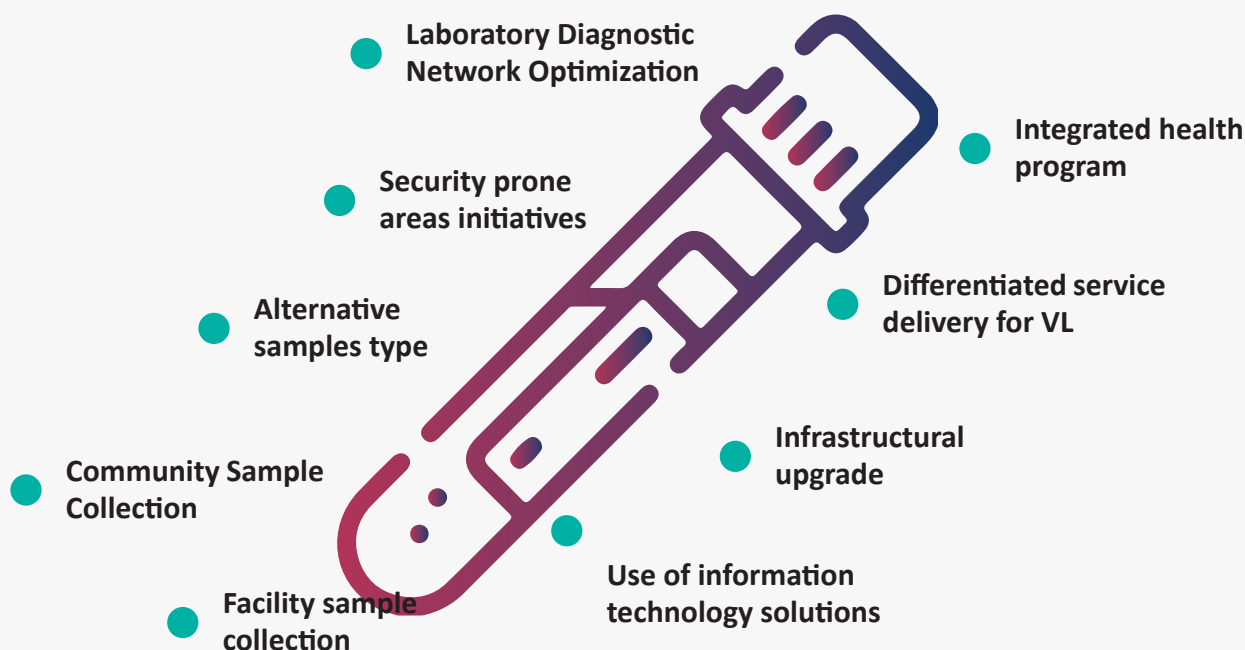
RISE works with a range of stakeholders to ensure that host government health systems and host countries in general are able to maintain program gains with appropriately decreasing dependence on PEPFAR/USAID. Beyond PEPFAR, RISE supports emergency health response, strengthening global health security in affected countries, health systems support, and the COVID-19 response. RISE is led by Jhpiego and implemented by a consortium, which includes ICAP at Columbia University, Management Sciences for Health, Anova Health Institute, BAO Systems, the Johns Hopkins University Center for Public Health and Human Rights, and Mann Global Health.

Strategic Approach

RISE used client-centric approaches to implement strategies that facilitated sustained access to VL services, such as Differentiated Service Delivery for VL (DSD4VL), sample collection in the health facilities and communities and alternative sample types for VL testing. The concept and framework of DSD4VL was developed in the course of the RISE project, and is

novel. In addition, the project upgraded infrastructures in clinical laboratories, used information technology solutions, implemented smart initiatives in security prone areas, and leveraged on Laboratory Diagnostic Network Optimization to improve access to VL services (see Figure 1).

Figure 1. Key elements to improving access to viral load testing services



Implementation

Differentiated Service Delivery for VL

RISE designed and implemented a novel differentiated service delivery for VL (DSD4VL) to provide VL services

in a client-centric manner to meet the needs and expectations of each subpopulation.

Figure 2.0 Framework of DSDVL

<p>Who:</p> <p>All Client sub-population</p> <ul style="list-style-type: none"> • Infants & Children 0-9 years • Adolescents & Young People 10-24 years • Adult Males 25 years and above • Adult Non-pregnant females 25 years and above • Pregnant and breastfeeding women • Virally unsuppressed clients post EAC 	<p>What:</p> <p>Client-centered healthcare package delivered usingan integrated health program approach</p> <ul style="list-style-type: none"> • VL sample collection activities being integrated into other HIV services in the facility and community e.g. community ARV refill, MMD
<p>When:</p> <p>October 2019 – September 2021</p> <p>Scheduled clinic visits every week using line list of eligible clients</p> <p>Routine VL monitoring:</p> <ul style="list-style-type: none"> • Infants & Children 0-9 years • Adolescents & Young People 10-24 years • Adult Males 25 years and above • Adult non-pregnant females 25 years and above <p>Targeted VL monitoring</p> <ul style="list-style-type: none"> • Pregnant and breastfeeding women • Virally unsuppressed clients post EAC <p>Re-alignment of clinic appointment to spread out the recipients of care across all Quarters</p> <ul style="list-style-type: none"> - Frontloading 25% of clients for VL every quarter - Clients for routine VL monitoring 	<p>Where:</p> <p>Facility</p> <ul style="list-style-type: none"> • Line-listing and call back – Active process • Active call to 3PLs for samples picks to PCR Labs • Track, monitor and report TAT of results <p>Recipients of care targeted for VL services</p> <ul style="list-style-type: none"> • Adult Males 25 years and above • Adult non-pregnant females 25 years and above • Pregnant and breastfeeding women • Virally unsuppressed clients post EAC • Infants & Children 0-9 years • Adolescents & Young People 10-24 years <p>Community</p> <ul style="list-style-type: none"> • Cluster VL eligible clients around clinical platforms / spokes in the community • Home visits for VL blood draws (Jablo boxes) <p>Recipients of care targeted for VL services</p> <ul style="list-style-type: none"> • Virally unsuppressed clients post EAC • Adult Males 25 years and above • Infants & Children 0-9 years • Adolescents & Young People 10-24 years

Infrastructural Upgrade

RISE supported infrastructural upgrade by providing centrifuges, solar freezers, and consumables for samples collection which increased the capacity of the supported clinical laboratories to collect, process,

transport, and store VL samples. Additionally, viral load samples collection was decentralized to other service delivery points in supported health facilities to prevent missed opportunities.

Smart Security Initiatives

Due to high security challenges in Niger and Taraba states, RISE implemented smart security initiatives, such as deploying VL commandos—integrated teams of health workers and local security vigilantes. These efforts involved engaging with community chiefs, village heads, and gatekeepers to co-design strategies for delivering services in high-risk areas. A joint group comprising VL commandos, police, NEPWAN,

and health workers was formed to provide HIV/AIDS services, including VL sample collection. Additionally, VL commandos offered security intelligence to ad hoc staff and actively participated in delivering HIV/AIDS and TB services to the RoCs in areas with elevated security risks. These are common strategies often deployed in these challenging environments.

Health Facility VL Service Delivery

RISE decentralized VL samples collection to other service delivery outlets in Health facilities. VL samples were collected for all sub-populations of RoC at the Laboratory and ART Clinic, Adolescents and Young People 10-24 years served during Operation Triple

Zero Club Meetings, Pregnant and breastfeeding mothers served at the ante-natal and post-natal clinics, and Infants and Children 0-9 years served during immunization and pediatric clinic.

Community VL Service Delivery

RISE supported a wide range of community-based activities to drive community VL service delivery. These included the following:

- Facilitated VL samples collection in the community using the moonlight (dusk) approaches in homes, farms, and on market days.
- Integrated health programs approach that facilitated ARV refills with VL samples collection during home visits and at Clinical Platforms (private clinics, community pharmacies, laboratories and patent medicine vendors) in the community.
- Mobilize and cluster RoC through active pre-emptive call back and appointments closer to their places of residence for VL sample collection, thereby revamping our service uptake.
- Adoption of the Jablo Box (Vaccine Rush Box) to convey samples during community VL samples collection. These samples were transported within 6 – 8 hours to the nearest facility Laboratory for plasma processing and storage.
- Documentation of RoCs inform VL request forms on the electronic medical record (EMR), and turnaround time (TAT) registers in the hub facility Laboratory.
- Storage of processed samples in freezers at hub facilities prior to shipment by the third-party logistics of the National Integrated Specimen Referral Network (NiSRN).

Service Optimization

RISE used dried blood spots (DBS) and plasma preparation tubes (PPT) as alternative sample types to facilitate sample collection in hard-to-reach terrains.

The program leveraged NiSRN to facilitate sample referrals and result retrieval from molecular laboratories for supported health facilities.

RISE convened virtual weekly VL optimization review meetings and capacity building sessions to promptly address challenges with VL sample collection, processing and monitoring; review VL coverage vs. progress; and strengthen capacity of service providers on emerging gaps.

Information Technology Solutions

RISE employed digital technology solutions to enhance the efficiency of VL service delivery. The program utilized Remote Sample Login on the Laboratory Information Management System (RSL-LIMS) for the registration of samples and electronic retrieval of results. WhatsApp was leveraged for monitoring field output, while Zoom technology facilitated weekly

review meetings. Additionally, the VL Monitoring and Accountability Tool (VMAT) was used to track daily VL sample collection, estimate daily targets, and manage backlog. The RADET Analyzer was implemented for seamless analysis of VL data, ensuring accurate and timely information processing.

Results and Achievements

Capacities of clinical laboratories were strengthened to collect, process, store, and transport VL samples both in the health facilities and communities. RISE improved

access to VL services to all sub-populations of RoCs and sustained VL coverage (VLC) and suppression (VLS) across all age groups.

Figure 3. Increased VLC and VLS by year

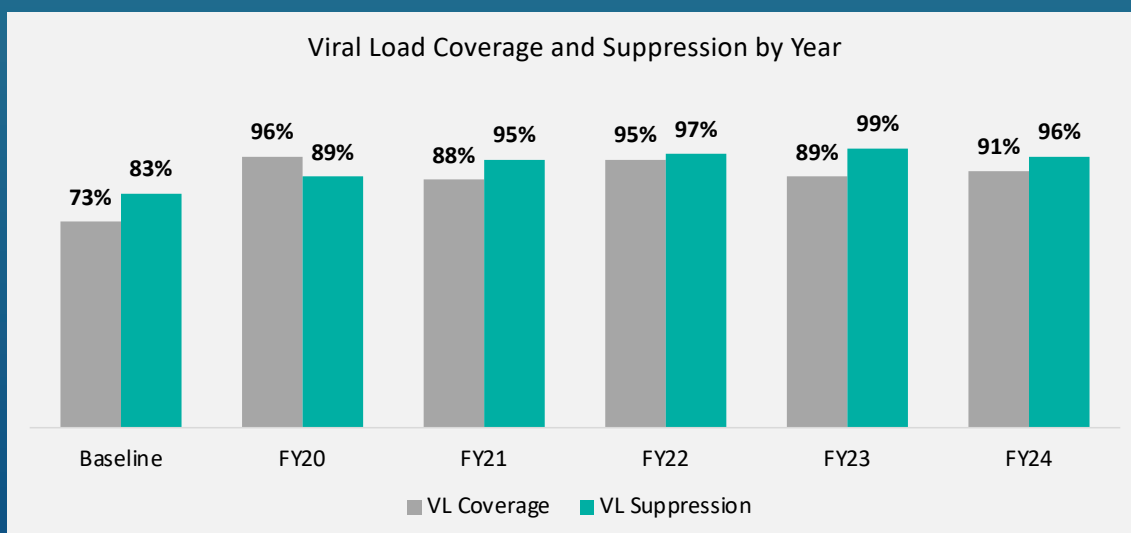
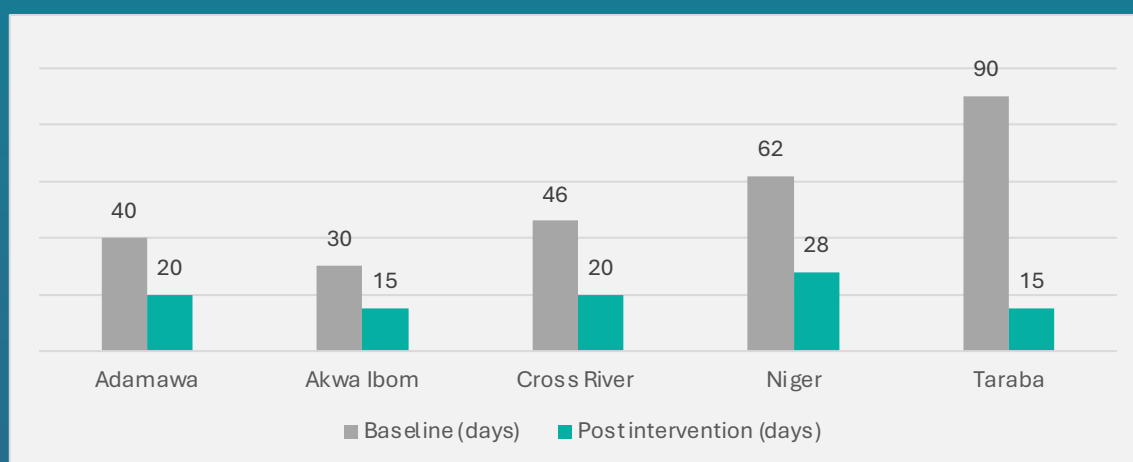


Figure 4 shows how the turnaround time for processing VL samples was significantly reduced from baseline to post-intervention, which made results readily available for clinical management of RoCs.

Figure 4. Reduced turnaround time of results in the five states



Lessons Learned

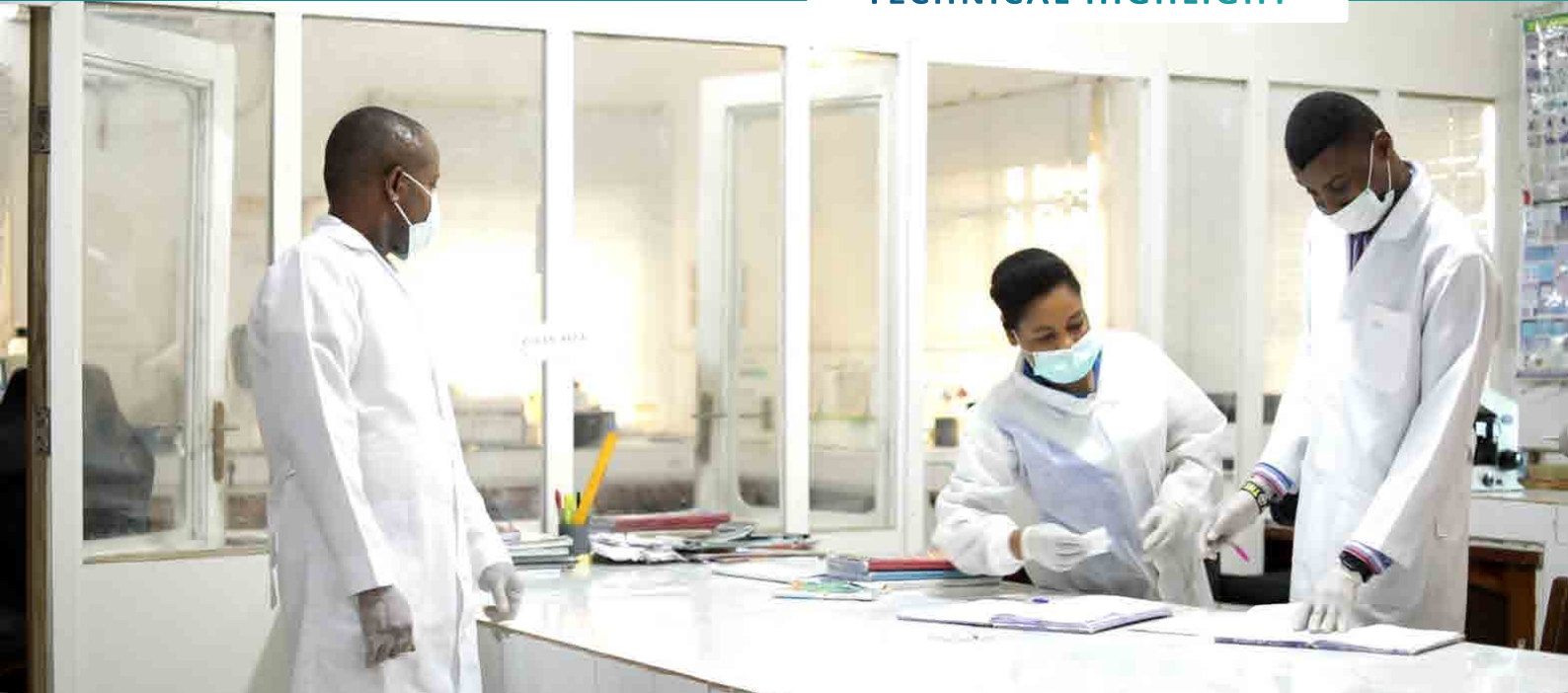
- Implementing DSD4VL improved access to VL service:** The RISE project demonstrated that client-centric approaches are critical for sustaining access to viral load testing. By decentralizing sample collection, upgrading laboratory infrastructure, and using alternative sample types, DSD4VL successfully adapted to the needs of various subpopulations, ensuring equitable access to VL monitoring.
- ICT solutions can expand access to results:** RISE enhanced VL services by employing digital solutions like Remote Sample Login and WhatsApp for real-time monitoring, and leveraging community outreach, including moonlight sample collection, and integrating ARV refills with VL testing in homes and local clinics. These initiatives illustrate the
- value of technology and community engagement** in improving healthcare access and outcomes, particularly for underserved populations.
- Integrated case management** facilitated the delivery of VL services along with other clinical services in the community and at health facilities.
- Smart security initiatives ensured safe access to services VL in areas with high security risk:** By integrating health workers with local security personnel and community gatekeepers, RISE ensured the safe delivery of HIV/AIDS services, including VL sample collection, even in areas facing significant security challenges..

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TECHNICAL HIGHLIGHT



Improved Uptake of Early Infant Diagnosis of HIV using Near Point of Care Testing Platform in Resource Limited Settings

Background

Early infant diagnosis (EID) of HIV is essential for the survival of HIV exposed infants (HEI) as it permits earlier initiation of antiretroviral therapy (ART). HIV case finding among infants and children is a priority as Nigeria moves towards epidemic control of HIV (Okusanya et al., 2023). Prevention of vertical transmission (PVT) of HIV in Nigeria remains a challenge with vertical transmission rate of 23% in 2023. World Health Organization (WHO) recommends infant virologic HIV tests for all HEI by 4 to 6 weeks of age [1]. However, in Nigeria only 18% of HEI received a virologic test in 2023. [2]. Additionally the median turnaround time (TAT) for EID results was 28-60 days in 2021.

This significantly delayed ART initiation with high mortality rate among HIV exposed infants awaiting EID results. Multi-disease testing using a polyvalent near point-of-care (POC) testing platform provides new opportunities for reducing the TAT for EID [4]. GeneXpert, used for tuberculosis diagnosis, can be used for EID and has been associated significant reduction in TAT and increased access to ART for HIV-infected infants. Scale up of GeneXpert for EID has the potential to improve the efficiency of the national diagnostic network by complimenting the testing from the Molecular Laboratories. The USAID funded Reaching Impact Saturation and Epidemic Control of HIV (RISE), scaled up the use of GeneXpert as Near POC for EID in Akwa Ibom, Cross River, and Taraba States.

Reaching Impact, Saturation, and Epidemic Control (RISE) is a multi-year cooperative agreement that helps meet or exceed PEPFAR targets for reaching adults, key, and priority populations by finding those who have not yet been identified as positive, linking HIV-positive clients to treatment, and keeping those on treatment virally suppressed. RISE has partnered with ministries of health, nongovernmental organizations, and other local stakeholders in more than 20 countries globally to advance HIV and COVID-19 response efforts. With funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), RISE works across the HIV prevention, care, and treatment cascade to assist efforts by countries to reach the UNAIDS 95-95-95 goals.

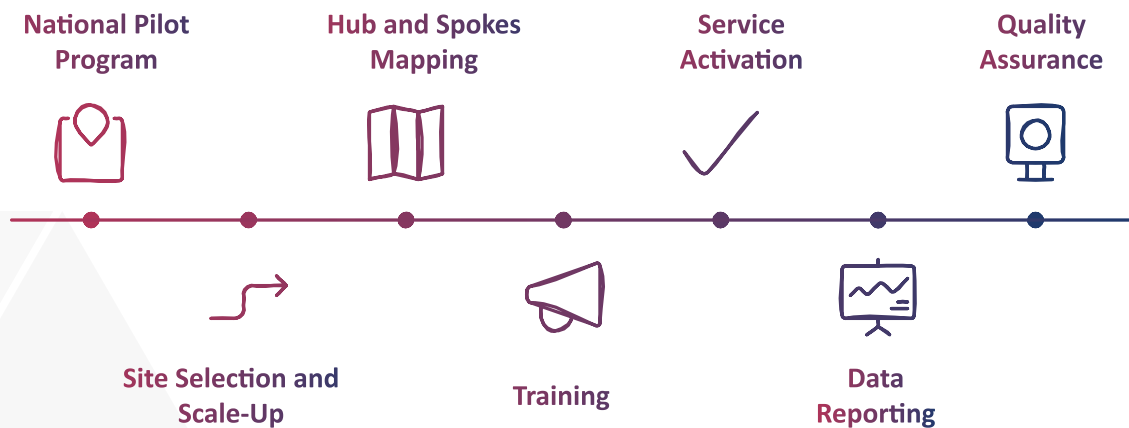
RISE works with a range of stakeholders to ensure that host government health systems and host countries in general are able to maintain program gains with appropriately decreasing dependence on PEPFAR/USAID. Beyond PEPFAR, RISE supports emergency health response, strengthening global health security in affected countries, health systems support, and the COVID-19 response. RISE is led by Jhpiego and implemented by a consortium, which includes ICAP at Columbia University, Management Sciences for Health, Anova Health Institute, BAO Systems, the Johns Hopkins University Center for Public Health and Human Rights, and Mann Global Health.

Strategic Approach

RISE participated in the National Pilot Program for the introduction of GeneXpert technology as Near POC for EID testing in Nigeria, which was spearheaded by the National AIDS, Sexually Transmitted Infections Control and Hepatitis Programme (NASCP), a division of the Department of Public Health, in the Federal Ministry

of Health (FMoH), Nigeria. RISE engaged with relevant stakeholders in three states for site selection and scale up, Hub and Spokes mapping, training, service activation, and quality assurance of the GeneXpert Near POC for EID Testing.

Figure 1. RISE Early Infant Diagnosis Improvement Strategic Approach



Implementation

National Pilot Program

RISE participated in the National pilot program for near POC and GeneXpert machines for EID testing in 2021. The pilot demonstrated the efficiency of using GeneXpert near POC platforms to improve access to EID testing services in Nigeria.

Site Selection and Scale-Up

RISE learned from the National pilot program and collaborated with relevant stakeholders to scale up EID testing services using Near POC GeneXpert platform in September 2021. RISE selected and scaled up the use of near POC at 12 high-volume facilities hosting GeneXpert platforms in Akwa Ibom (3), Cross River (3), and Taraba (6) States.

Service Activation

RISE collaborated with NASCP to supply GeneXpert HIV Qual cartridges to 12 Near POC GeneXpert facilities, and kick started the EID testing in these facilities. Thereafter was the sensitization of 104 Health facilities in the network and neighboring facilities to provide GeneXpert services for TB and EID testing which led to the increase in demand for EID.

Data Reporting

The project provided HIV-exposed infant and laboratory EID testing registers to document the output from EID testing. To enhance the efficiency of testing, regular technical assistance was provided to Near POC GeneXpert EID testing facilities. The project collaborated with NASCP to link 12 Near POC GeneXpert sites with the National Laboratory Information Management System (LIMS). It tracked and monitored DBS collection, testing, return of results, and TAT on a weekly basis. Data from the GeneXpert EID daily worksheet and registers for child follow-up, paediatric ART, HIV-exposed infants, and laboratory EID testing were collated monthly. Additionally, the documentation of EID testing services was ensured on both the EMR and DHIS.

Quality Assurance

In collaboration with USAID and other implementing partners, RISE produced quality control (QC) and proficiency testing (PT) panels using in-country capacities to ensure the quality of EID results from Near POC GeneXpert EID sites. These panels were distributed to all testing sites, with QC panels tested monthly and PT panels every six months. The results were collated, evaluated, and feedback was provided to the sites, followed by preventive and corrective actions to ensure continuous quality improvement. This approach led to improved performance in QC and PT for EID across RISE-supported GeneXpert sites, indicating ongoing enhancement in the quality of EID testing.

Hub and Spokes Mapping

The project networked the 12 selected GeneXpert sites to serve 104 health facilities supported for PMTCT Services using the hub and spoke approach in January 2022.

Training

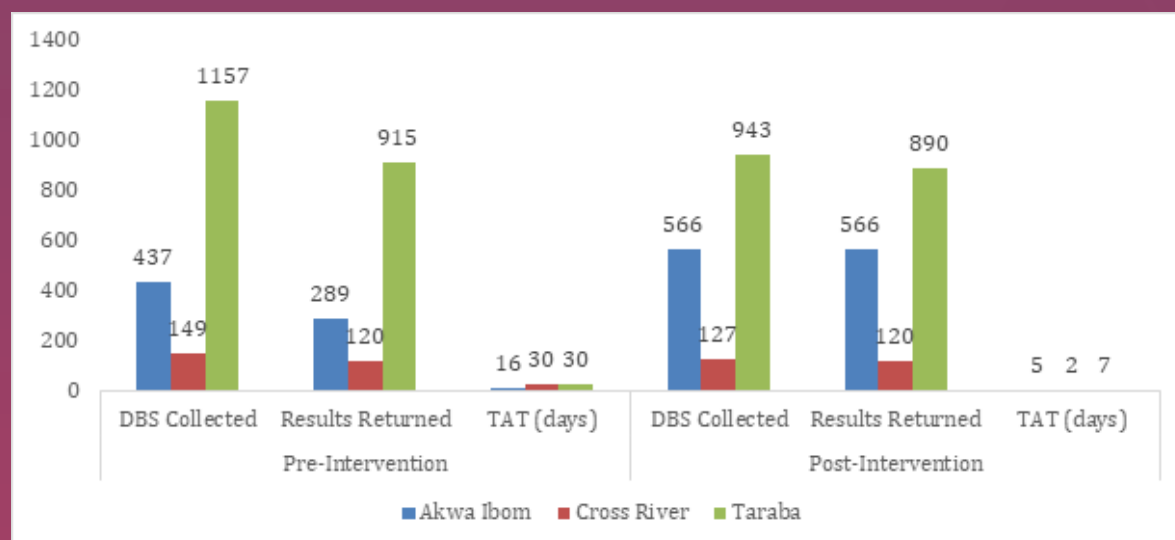
In March 2022, the project trained 30 healthcare workers on the collection of DBSs (dried blood spot) for EID of HIV in different communities. In September 2022, RISE trained 49 laboratory personnel on the use of Xpert HIV-1 Qual Testing using DBS on GeneXpert instrument for EID.

Results and Achievements

The uptake of EID increased with significant reduction in TAT within one year of implementation. The introduction of multi-disease testing polyvalent near POC GeneXpert for EID facilitated rapid scale up and

access to EID testing services to the most remote facilities in hard-to-reach localities in Akwa Ibom, Cross River and Taraba state (see Figure 1).

Figure 1.0 EID testing uptake before and after intervention with Near POC GeneXpert Platform



One year prior to implementation 2,363 DBS samples were collected with 70% (1642/2363) results returned within a median TAT of 40 days at the conventional molecular laboratory. After one year of intervention, 3757 DBS were collected and received at the 12 Near POC GeneXpert sites with 82% (3073/3757) results return rate within a TAT of 7 days.

In addition, the TAT for EID was reduced to 5 days in Akwa Ibom, 2 days in Cross River, and 7 days in Taraba States. This facilitated the timely initiation of ART among newly diagnosed HIV positive children

Lessons Learned

- The introduction of near POC for EID using GeneXpert demonstrated the efficiency of integrated multi-disease testing in increasing access to EID among HEI. There was increased uptake of EID testing services.
- Near POC for EID has the potential for same day return of results. The use of the Near POC allows for testing of one sample the same day it was received without waiting to batch samples as it were with the conventional testing.
- Implementation of near POC for EID using GeneXpert did not cause interruption to TB testing services.
- Using GeneXpert for integrated multiplex testing as near POC for EID has the potential to facilitate early initiation of ART for children newly diagnosed with HIV. The reduction in TAT ensured early return of results, which in turn allows for early initiation of infants that test positive for HIV on ART

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Enhanced Efficiency of Service Delivery through the Optimization of Molecular Laboratory at Federal Medical Center Jalingo

TECHNICAL BRIEF



Background

The Nigeria HIV program depends on molecular laboratories for early infant diagnosis of HIV (EID), viral load testing (VL) services for monitoring treatment outcomes, and drug resistance among recipients of care (RoCs) failing treatment [1]. Currently, there are 17 Molecular Laboratories within the optimized Diagnostic Network providing VL and EID testing Services in Nigeria; 6 are categorized as mega laboratories while 11 as standard laboratories based on their testing capacities [2].

With support from PEPFAR through USAID the Reaching Impact, Saturation, and Epidemic Control Project (RISE) supported the Molecular Laboratory at Federal Medical Centre (FMC) Jalingo in Taraba State as one of the standard laboratories. Prior to the commencement of the implementation of RISE in 2021, the Molecular Laboratory was confronted with a host of challenges including an interruption in VL and EID testing services for about 2 years due to

the phase-out of Roche CAP/CTM 48 reagents and a dysfunctional laboratory information management system (LIMS).

Other challenges were:

- Backlog of over 5,000 VL samples logged in other PCR Laboratories with a median turnaround time (TAT) of over 90 days.
- Non-participation in proficiency testing (PT) for about 2 years
- 1 Star rating of the Strengthening Laboratory Management towards Accreditation (SLMTA) program supported by the Nigerian Center for Disease Control (NCDC) through the Global Fund (RSSH Grant 2).

To address these challenges, RISE employed intersectoral collaboration to provide technical support and increased the capacity of the Molecular Laboratory for VL and EID testing services.

Reaching Impact, Saturation, and Epidemic Control (RISE) is a multi-year cooperative agreement that helps meet or exceed PEPFAR targets for reaching adults, key, and priority populations by finding those who have not yet been identified as positive, linking HIV-positive clients to treatment, and keeping those on treatment virally suppressed. RISE has partnered with ministries of health, nongovernmental organizations, and other local stakeholders in more than 20 countries globally to advance HIV and COVID-19 response efforts. With funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), RISE works across the HIV prevention, care, and treatment cascade to assist efforts by countries to reach the UNAIDS 95-95-95 goals.

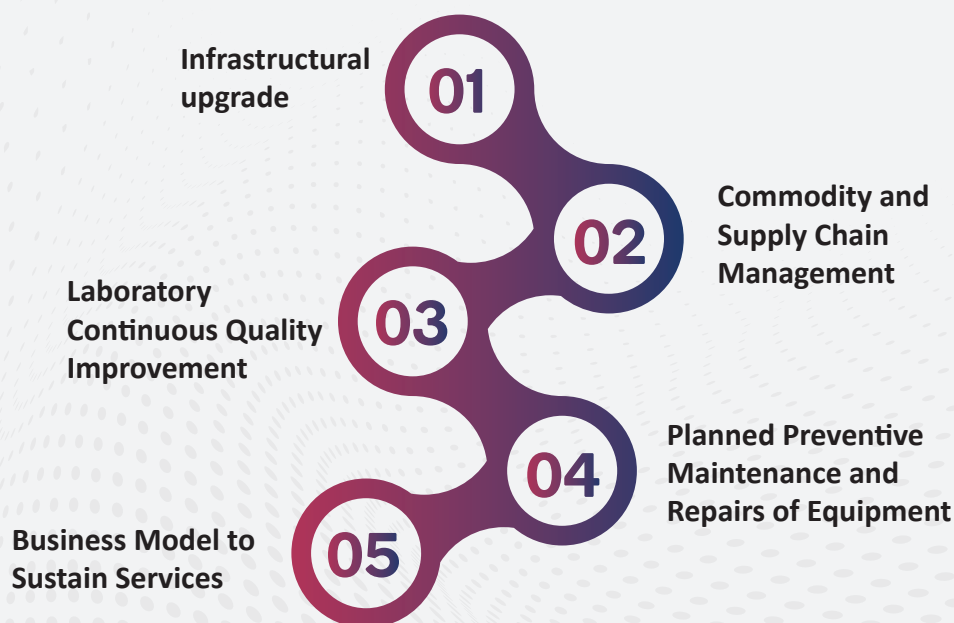
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Strategic Approach

RISE upgraded laboratory infrastructure, provided human resource capacity development, supported equipment maintenance and certification, ensured

Laboratory continuous quality improvement, inventory and supply chain management, and power supply to ensure efficient service delivery.

Figure 1. Strategic Approach for the Optimization of Molecular Laboratory



Implementation

Infrastructural upgrade

RISE supported the infrastructural upgrade of the Molecular Laboratory through the following activities:

- Placement of three high throughput molecular equipment platforms (Hologic Panther, Abbott M-2000, and Abbott Alinity M) equipped with online stabilizers and UPSs to improve access to VL and EID testing services.
- Coordinating with the equipment vendors to train laboratory staff on end user operations and maintenance.
- Providing refresher training on the use of LIMS for staff.
- Equipment performance characteristics verification using standard protocol provided by USAID.
- Supplying in-house panels to verify the intra- and inter- platform comparison, accuracy, precision, linearity, crossover, specificity and sensitivity of each platform.
- Restoring LIMS functionality by upgrading the information and communication technology (ICT) facilities in the laboratory, providing laptop computers, internet routers, and monthly data subscriptions.

Figure 2.0 Molecular Platforms placed with support from USAID



Hologic Panther Platform placed in January 2022



Abbott Alinity M placed in February 2023



Abbott M Platforms placed in June 2022

Commodity and Supply Chain Management

RISE facilitated the timely supply of usable commodities for the operations of the Laboratory. Technical assistance was provided to the Laboratory for the efficient management of supplies of reagents, consumables, and report consumption as set by the national minimum-maximum stock-level supply system. In addition, RISE provided the following support:

- Procured and distributed laboratory consumables and stationery to the laboratory on a semi-annual and quarterly basis.
- Supported the redistribution and last mile delivery of laboratory reagents with accessory consumables for VL and EID testing services.
- Instituted a system of biweekly fuel supply and management that ensured seamless power supply to the laboratory.
- Provided support for additional human resources, and stipends for the extended work hour schedule that facilitated the 16- 24 hours work schedule for the Laboratory.

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Laboratory Continuous Quality Improvement

RISE supported the ISO 15189 requirements by collaborating with the Nigeria Center for Disease Control (NCDC) to implement the Strengthening Laboratory Management Toward Accreditation (SLMTA) program with funding from GF-RSSH Grant 2. In addition, RISE enrolled and ensured the annual participation of the Laboratory in the proficiency testing program provided by the Quality Control

Molecular Diagnostics (QCMD) UK. It also prepared the laboratory for the 2nd and 3rd SLMTA audit. The program facilitated south-to-south peer mentoring learning visits to strengthen the laboratory's accreditation preparedness in two ISO 15189 accredited laboratories. Laboratory staff were trained, mentored, and supported to review and develop some quality documents to meet ISO 15189 requirements.

Planned Preventive Maintenance and Repairs of Equipment

RISE supported the maintenance, certification, and annual calibration of BSL 2 Biosafety Cabinets, BSL 3 Biosafety Cabinets (Glove Box), micro pipettes,

Centrifuges, and 100 KVA generator to enhance infection control, precision of measurements, and uninterrupted power supply to the Laboratory.

Business Model to Sustain Services

RISE supported the laboratory to develop a schematic framework of a business model that should be expanded and implemented by the Government of Nigeria. The business model aimed at expanding the test menus of the Laboratory, opening it up to research grants opportunities, organize capacity building events and training for students, biorepository and bio-banking services, advisory and consultancy services, and build a system that position the laboratory as regional center of excellence for laboratory based molecular hands-on capacity building. These services

can be accessed at a fee which can support the laboratory to sustain its services.

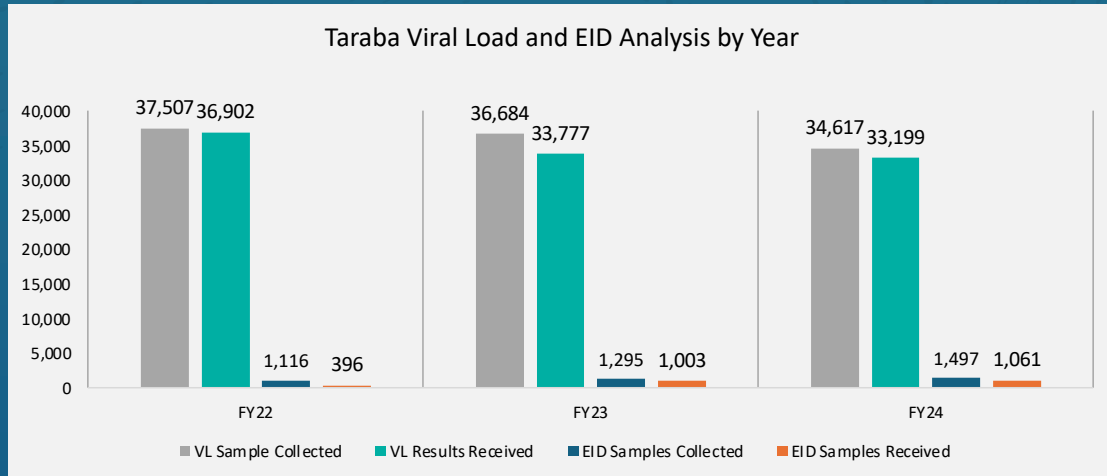
A fire incident was encountered during implementation. RISE immediately responded by activating specimen referral and testing by a secondary laboratory on the optimized diagnostics network. RISE remodeled another structure provided by the Facility Management to meet the minimum requirement for a molecular laboratory, and with this intervention testing continued.

Results and Achievements

With the new platforms, laboratory output improved from approximately 270 tests per day with the AmpliPrep/Cobas assay (Roche CAP/CTM-48) to 1,000 tests per day with the Hologic Panther Plus/Abbott Anility equipment. Furthermore, the laboratory was enrolled and participated in proficiency testing with a

100% score for VL and EID. The TAT reduced from over 90 days to less than 7 days. Since its optimization, the molecular laboratory has tested over 92,158 VL and 1,150 EID samples from Taraba and other northeastern states in Nigeria (see Figure 1).

Figure 1. Testing output from the Molecular Laboratory



With RISE support, LIMS functionality was restored. This facilitated data management, activation of remote access and login functionality modules, and facilitated communication with the National LIMS data repository at the Federal Ministry of Health.

The Laboratory has achieved a 3-star rating for preparedness towards ISO 15189:2012 accreditation requirements and other national and international specific requirements, regulatory authorities or organizations providing recognition as well as to

satisfy the needs of the customer. In addition to this, the laboratory now operates 24 hours a day and serves as a VL and EID testing hub for sample referrals within Taraba and neighboring states, as well as supporting NCDC as a reference laboratory for the Northeast Geopolitical Zone of Nigeria. Furthermore, the laboratory now provides services such as VL, EID, EID assay, HBV and HCV VL, MTB GeneXpert PCR, SARS-CoV-2 assay, advisory services, research support services, and training of students.

Lessons Learned

- Expand the existing business model framework developed to implement a robust business plan that will facilitate the sustainability and self-sufficiency of the Laboratory services.
- Maintain an uninterrupted power supply to facilitate maximum output from the molecular laboratory.
- In setting up a solar power system for a molecular laboratory, the batteries and inverters should be shielded in a different structure outside the main laboratory building to prevent fire outbreak.

Recommendations

- Collaboration with key stakeholders prevents duplication of efforts, facilitates synergy, and improves the efficiency of implementation.
- Regular interface with facility management geared them towards making contributions towards sustaining service provision.
- Molecular Laboratories should be insured and equipped with smoke detectors, thunder arrestors, and fire alert systems to mitigate against fire outbreaks and other threats.

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TECHNICAL HIGHLIGHT



Strengthening the Health System for Sustainable Monitoring, Evaluation, & Reporting of HIV Services`

Background

With support from PEPFAR through USAID the Reaching Impact, Saturation, and Epidemic Control Project (RISE) project began implementation in Nigeria in October 1st 2019 in four states; Akwa Ibom, Adamawa, Cross River, and Niger, expanding to Taraba State in October 2021. At project inception in all five states, the Health System for Monitoring, Evaluation and Reporting was weak and unable to optimally meet Government of Nigeria (GoN) and Donor reporting requirements. This was further complicated by the existence of parallel and ineffective record management systems. Some of the underlying issues responsible for the ineffective M&E Systems in the inherited facilities include; inadequate Human Resource (HR) for Monitoring, Evaluation and Reporting; poor capacity of the available HR available to coordinate the M&E system; and poor involvement and collaboration of the GoN/Facility-employed Medical Records staff in routine M&E services.

A major goal of the RISE project was therefore targeted at building sustainable M&E systems across supported states by strengthening both the Human and Material structures for Monitoring, Evaluation and Reporting. This had an overarching aim of ensuring the Health System for M&E is driven by GoN personnel. By the of the project, RISE not only strengthened the health system infrastructure but also improved the quality of the Human resource for Monitoring and Evaluation.

This brief provides an overview of RISE's investments and contributions to the Health Systems for Monitoring and Evaluation in the states supported by the project. Monitoring and Evaluation (M&E), Health Systems Strengthening experts as well as State and Federal Ministry of Health (MoH), Donor Agencies and other Implementing Partners will find this brief useful.

Reaching Impact, Saturation, and Epidemic Control (RISE) is a multi-year cooperative agreement that helps meet or exceed PEPFAR targets for reaching adults, key, and priority populations by finding those who have not yet been identified as positive, linking HIV-positive clients to treatment, and keeping those on treatment virally suppressed. RISE has partnered with ministries of health, nongovernmental organizations, and other local stakeholders in more than 20 countries globally to advance HIV and COVID-19 response efforts. With funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), RISE works across the HIV prevention, care, and treatment cascade to assist efforts by countries to reach the UNAIDS 95-95-95 goals.

RISE works with a range of stakeholders to ensure that host government health systems and host countries in general are able to maintain program gains with appropriately decreasing dependence on PEPFAR/USAID. Beyond PEPFAR, RISE supports emergency health response, strengthening global health security in affected countries, health systems support, and the COVID-19 response. RISE is led by Jhpiego and implemented by a consortium, which includes ICAP at Columbia University, Management Sciences for Health, Anova Health Institute, BAO Systems, the Johns Hopkins University Center for Public Health and Human Rights, and Mann Global Health.

Implementation

In order to specifically address the identified gaps in the M&E systems in the RISE supported States, emphasis was placed on enhancing the capacity of the Medical Records staff across Facility, LGA and State levels through formal and Informal training; promoting collaborative activities targeted at improving GoN involvement and ownership of routine M&E; and improvement of M&E infrastructure in supported facilities. The following strategies were implemented; .

Facility-level Training

Integrated training was conducted for facility-based service providers and medical records personnel with emphasis on national M&E data reporting tools. This was especially important in Taraba State where the project inherited a workforce with limited knowledge and capacity in HIV service documentation and reporting.

Strengthen GoN Reporting Platform:

Following the roll-out of the NASCP (National AIDS and STI Control Program) National Data Reporting System (NDARS) in March 2024, which has become the designated platform for reporting all national HIV Program data, RISE supported the Taraba state SASCP unit to train the GoN medical records personnel across the 29 supported facilities and all the 16 LGA M&E officers in the state on how to use the platform. RISE also provided technical assistance to the SASCP M&E team by mentoring them to conduct routine data quality checks on data reported in the NDARS platform.

Training of Medical Records Personnel:

To ensure a capable workforce that is able to support documentation and reporting of Health services provided to Recipient of Care (ROC), comprehensive training was conducted for medical record personnel, focusing on documentation and reporting into data capturing tools, DHIS/NDARS and the use of EMR (LAMIS Plus). The training was targeted at the GoN medical records personnel in Taraba State and served as an avenue to further reinforce previous training and refresh the capacities of the participants on the use of the National HMIS Tools, NDARS and LAMIS Plus.

Procurement and Deployment of Paper-Based NHMIS Tools:

RISE distributed the latest version of NHMIS tools whenever they were revised to all Facilities, ensuring uniform data documentation, and improving the overall accuracy of health information reporting. Throughout the project cycle, all Facilities maintained sufficient stock of Data capturing and Reporting tools.

Deployment of Electronic Gadgets:

RISE deployed high quality Computers, Mobile Phones, Biometric Scanners, Mifi, to drive the various EMR systems used across facilities. All 132 Facilities supported at different point of the project had at least one functional Computer and Mifi/Router for EMR documentation and reporting. When documentation of HTS services was expanded to electronic medium through LAMIS Mobile between 2021 till date, RISE procured mobile devices and ensured all Testing Points across all 132 Facilities supported by the project had a device to support to mobile App.

Procured and Deployed Solar Equipment to Facilities:

RISE implemented in some of the most difficult places across the Five states and one major challenge was lack of electricity to support service provision and electronic documentation. For instance, in Taraba State where RISE implemented for the last three years of

the project, eight of the 15 supported LGAs are cut off from the National electricity grid. To resolve this, RISE procured and installed Solar systems in all 29 Facilities with the EMR unit prioritized to ensure seamless operation of the unit. This support was also provided to the Facilities in Adamawa, Akwa Ibom, Cross River, and Niger States before their transition.

Set-up GoN-led Data Validation and DQA Teams:

In all five states, RISE set up and continually supported a GoN-led Data Validation and Data Quality Assessment (DQA) Team comprising both GoN and RISE M&E staff that worked closely to manage data. During these collaborative initiatives, the capacity of the GoN team especially the State and LGA M&E teams was greatly improved and positioned to coordinate the M&E system of the States.

Achievements

- **Improved the Quality of Reporting in the GoN Reporting Platform** – The training on RISE EMR and NDARS translated to increased EMR use by the GoN team in RISE facilities and an impressive reporting rate in the NDARS platform. On the NDARS ranking of states, Taraba State is currently ranked among the top 10 states in the Country with regards to reporting rate across key datasets.
- **Enhanced GoN Capabilities on Monitoring and Evaluation** - The Medical Records training provided participants with essential skills for accurate data documentation, reporting, and analysis using both Electronic and Paper-based tools. This also strengthened the capacities of the Medical Records team to use the Revised HMIS Tools for documentation and reporting. Notably, at the end of the RISE project, all the SASCP and TACA M&E Officers in the five-supported states were proficient in conducting Data Validation and DQA using standardized national and ad hoc tools. They were also able to leverage the learnings from the RISE project to coordinate the HIV M&E systems in their states.
- **Standardized and sustained documentation and reporting** - Every health facility supported by RISE had access to updated and consistent documentation tools. By equipping facilities with these standardized tools, the project ensured the Medical Records unit maintained reporting and documentation protocols including generation and transmission of reports in line with expected National and Donor requirements.
- **Uninterrupted Power supply for EMR Operations** – RISE ensured all 132 Facilities supported throughout the project cycle had uninterrupted supply of Power to drive EMR operations and other services that required power supply throughout the project cycle, this ensured the Health Systems in these Facilities were well positioned to deliver and report services seamlessly.

Lessons Learned

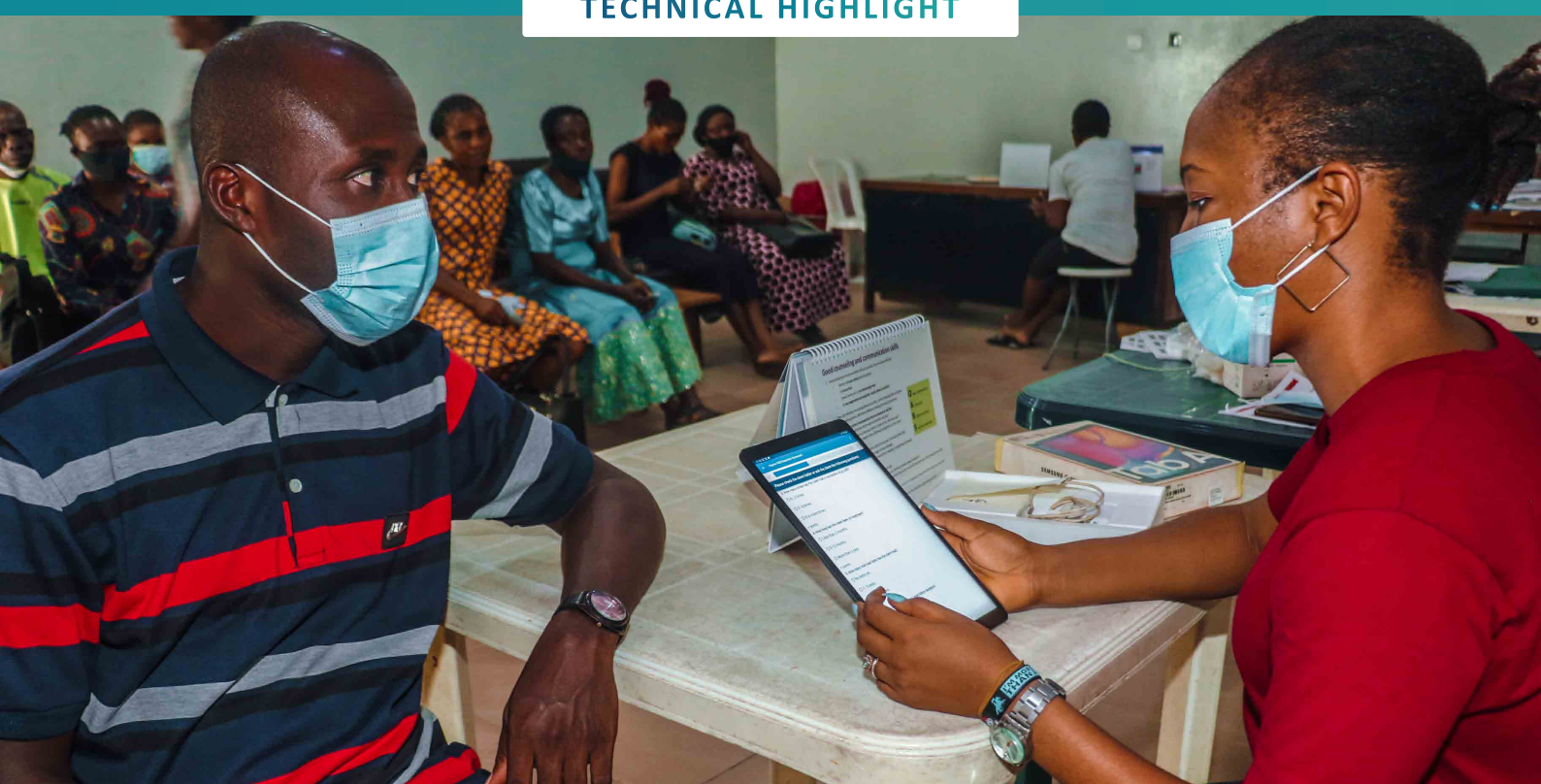
- Targeted training on updated HMIS tools and EMR systems enhances both immediate capabilities and long-term sustainability of monitoring and evaluation systems. Ensuring GoN staff are well-represented and supported to overcome current and future challenges and improve commitment and effective use of these tools. Additionally, routine capacity building for M&E personnel was key to ensuring that the M&E systems remained robust, adaptable, and capable of meeting evolving reporting requirements.
- Building strong partnerships between RISE and GoN M&E teams was crucial for driving progress and ensuring long-term sustainability. Engaging GoN teams in joint implementation and routine MEL activities, such as DQA and validation exercises, fostered ownership and skill development, enabling them to apply these skills beyond the project. Despite slower progress when compared to other project-supported states, this collaborative approach has the potential to be sustained overtime. Upgrading physical infrastructure and technology played a vital role in enhancing M&E practices. Deploying updated NHMIS tools, electronic gadgets, and solar equipment addresses critical gaps, such as power shortages and outdated documentation tools. However, it is essential to also monitor usage, prevent equipment overload, and establish systems for ongoing management, maintenance, and partnering with government entities to ensure long-term sustainability.

Recommendations

- Implement joint activities as a core strategy to strengthen the capacity of GoN partners. This collaborative approach should be extended to other implementing partners, especially IPs and USAID-funded projects in Taraba State, to ensure cohesive and effective support across the board.
- Ensure that GoN human resources for M&E have the knowledge and skills they need especially whenever documentation and reporting tools are revised. Since updates to tools occur every two years, ensure that training refreshers are included in each revision to maintain up-to-date expertise at all levels, particularly at the PHC level, which is often overlooked.
- Ensure government support for facilities includes routine improvements to critical infrastructure, such as EMR gadgets, power supply, and data collection and reporting tools. Address the common issues affecting data collection and infrastructure not only for HIV but across other PHC services, bridging significant gaps identified in the current system.



TECHNICAL HIGHLIGHT



RISE Technological Innovations; Essential Resources for Efficient HIV Implementation

Background

With support from PEPFAR through USAID the Reaching Impact, Saturation, and Epidemic Control Project (RISE) project recognized that by supporting the use of appropriate technology and programs, communities and other stakeholders can more effectively manage HIV programs and achieve better health outcomes. This aligns with USAID’s recommendation for implementing partners to leverage health information systems to establish clear processes for data management and use (USAID, 2024). In order to achieve a robust M&E system driven by appropriate technology, RISE needed to innovate its health information systems so that key stakeholders could access program data for decision-making, and

front-line health workers could easily access their patients’ clinical data to provide personalized and effective care. It also aimed to digitize paper tools from the Monitoring and Evaluation Reference (MER) guide and national tools to ensure accurate documentation.

This brief highlights the strategies and approaches employed by the RISE project that led to the development and improvement of various technological tools, such as the Lafiya Management Information System (LAMIS) EMR and the Client Management App, which were key in overcoming challenges during program implementation and improving overall program performance.

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RISE works with a range of stakeholders to ensure that host government health systems and host countries in general are able to maintain program gains with appropriately decreasing dependence on PEPFAR/USAID. Beyond PEPFAR, RISE supports emergency health response, strengthening global health security in affected countries, health systems support, and the COVID-19 response. RISE is led by Jhpiego and implemented by a consortium, which includes ICAP at Columbia University, Management Sciences for Health, Anova Health Institute, BAO Systems, the Johns Hopkins University Center for Public Health and Human Rights, and Mann Global Health.

Implementation

Embedding the Health Informatics Team with core software development skills within the Strategic Information Unit:

RISE integrated the Health Informatics Team within the Strategic Information unit, ensuring that technology solutions were closely aligned with strategic information needs, which improved system efficiency and functionality. With software development skills on the team, they could create customized tools and applications that met donor and national requirements, allowing for better analysis and use of health data, resulting in more data-informed decision-making.

This combination of skill also promoted innovation by enabling the development of advanced solutions tailored to specific strategic goals, reducing delays and increasing productivity. It also allowed the team to quickly adapt to new data requirements and technology trends, keeping the digital systems up-to-date.

Participating in brainstorming sessions with thematic units:

RISE organized stand-up meetings, brainstorming sessions, and feedback meetings with various units to better understand technological requirements and to propose solutions. In addition, these sessions

provided platforms for discussing difficulties, gaining new insights, and gathering requirements to ensuring that technological solutions are tailored to users' requirements

Conducting and Attending Development Bootcamps:

RISE conducted and participated in several software development boot camps, which served as a dedicated work environment that encouraged creativity. These also provided a concentrated learning experience, allowing participants to rapidly acquire new skills

and knowledge in specific programming languages, frameworks, and technologies. These accelerated learning efforts boosted productivity and enabled prompt and optimal delivery of innovations or resolving identified challenges efficiently.

Adopting Agile project management methodologies for software development:

RISE adopted an agile project management methodology to design and develop technological innovations. This enabled timely delivery of software updates for different technological solutions. Agile management improved the turnaround time for the design and development of software and provided

clear and realistic processes to achieve objectives. With regular check-in meetings, challenges were identified and addressed promptly, ensuring identified potential roadblocks were resolved before they escalated into major problems.

Capacity Building for Users on RISE’s Electronic Systems:development:

Regular training sessions were conducted for various digital system users, including Case Managers and Data Entry Clerks (DECs). These sessions ensured that personnel remained skilled, efficient, and informed

about the latest updates in the software solutions they used. This ongoing capacity building effort significantly improved staff capacity and enhanced overall efficiency.

Results and Achievements

- **Development and Roll-out of Client Management App - RISE Client Management app provided case managers with real-time access to various clinical information of their clients such as viral load eligibility, appointments, and regimens. The App also had predictive analysis features that helped to categorize patients based on their risks of interruption in their treatment. All these led to the improvement of the quality of and retention in care.**
- **Upgrade of the LAMISLite App and Development of a Live HTS Dashboard - RISE LAMISLite (HTS) mobile app significantly improved user experience and enabled counselor testers to capture HTS data across all testing modalities. The app equipped with GPS capabilities enabled the creation of a real-time GIS-HTS dashboard to monitor HIV testing patterns across all RISE project states, advancing the project’s monitoring and analysis capabilities.**
- **Development of the LAMIS Central Server - The RISE LAMIS Central Server made it possible to have data from all RISE supported facilities in a central database. This system led to a significant reduction in the time it takes to generate reports, it also makes it possible for all stakeholders to have near real-time access to the program’s data and performance**

Lessons Learned

- Having a team of developers with a solid understanding of the program being implemented as part of the project team speeds up the creation of custom tools tailored to the program, ultimately improving overall project performance.
- When innovations are developed and refined with active input from end-users, the adoption of the final product becomes smoother and easier. This is reflected in the rapid adoption of the Client Management App by Case Managers.
- Project thematic leads must be proactive in clearly communicating their technological needs to the development team. Involving them throughout the development process ensures that the final product meets their requirements.

Recommendations

- d community levels to effectively monitor potential resurgences and enhance preparedness and response capabilities for future outbreaks.
- More resources should be channeled towards the development and deployment of HI innovations that support Service provision and automation of M&E processes.

References

1. Leveraging Digital Health to Achieve HIV Epidemic Control for Data Collection and Analysis for HIV/AIDS, 2024 (<https://www.usaid.gov/global-health/health-areas/hiv-and-aids/technical-areas/using-health-information>)

This technical brief was made possible with support from the U.S. President’s Emergency Plan for AIDS Relief, through the United States Agency for International Development funded RISE program, under the terms of the cooperative agreement 7200AA19CA00003. The contents are the responsibility of the RISE program and do not necessarily reflect the views of USAID or the United States Government.”



TECHNICAL BRIEF

RISE-Nigeria: Strategies for Improving Access to Antiretrovirals in Resource- Limited Environments



Background

Two-thirds of people living with HIV are from low and middle-income countries. Ensuring access and uninterrupted supply of high-quality antiretroviral drugs (ARVs) in resource-limited settings presents a serious challenge

Factors affecting ARV delivery in low-income settings include limited healthcare infrastructure, weak supply chain and logistics systems, inadequate funding & over dependence on donor support, quality concerns, human resource limitations, conflicts and political instability, weak data management and regulatory hurdles.

With support from PEPFAR through USAID, the Reaching Impact, Saturation, and Epidemic Control

Project (RISE) in Nigeria took a multifaced approach to ensuring consistent access to ARVs while partnering with the relevant stakeholders and other implementing structures in five supported states (Adamawa, Akwa Ibom, Cross River, Niger and Taraba). RISE was able to ensure that PLHIV accessing services in supported health facilities within these states had access to antiretrovirals while building the capacity of the state workforce to run an effective supply chain system.

This brief highlights the strategies used by RISE Nigeria to ensure uninterrupted access to quality ART by recipients of care (ROCs) in resource constrained settings in Nigeria.

Figure 1. Strategic approach for Improving Access to Antiretrovirals in Resource-Limited Environments



Implementation

RISE collaborated with logistic management coordination units (LMCU) and State procurement and supply chain technical working groups (PSM-TWG) as core partners to strengthen supply chain systems in

supported states. The program leveraged differentiated service delivery models to ease drug delivery in supported health facilities and local communities where it worked.

Strengthening the Sub-National and LGA Supply Chain System.

RISE provided technical support to the state LMCU, which developed a robust inventory management system using the DHIS. This system allowed weekly stock status reporting across facilities, giving insight into consumption patterns and helping prevent stockout and expiry. The reactivation of the local government area LMCU for integrated commodity

management by RISE ensured that facilities were monitored and restocked with ARVs. RISE instituted last mile delivery (LMD) order validation meetings to improve forecasting and commodity ordering. The creation of cluster distribution centers helped to reduce cost of redistribution.

Capacity Development on Quality LMIS reporting and Service Delivery

RISE assessed capacity needs and routinized capacity building sessions on pharmaceutical and laboratory commodity storage, consumption, and documentation capacities for stakeholders, facility staff and LGA focal persons. Service providers received capacity strengthening on inventory management of commodities. This capacitation improved quality of logistics management information systems (LMIS) data

with reduced ARVs stockout. Service providers were also trained on commodity forecasting and quality data reporting on the National health logistic management (NHLMIS) platform.

Facility and LGA team were trained on effective decentralized drug delivery models tailored to their locality and culture.

Decentralized Drug Distribution Approach

RISE implemented a decentralized distribution model of drug delivery to address challenges in hard-to-reach areas. RISE DSD approaches included weekend clinics, after-hour refills, home delivery, and utilizing support group members to combat stigma and discrimination.

The program instituted a hub and spoke model leveraging on primary health care centres (PHCCs) in all local government wards. Other models like community ART refill group (CARG), Community pharmacy ART

refill program (CPARP), and home delivery were rolled out using support groups and community health extension workers (CHEW). The DDD approach helped to overcome challenges posed by topography, cost, flooding and poor road network. The approach also provided more discreet options for drug pickup, accommodating client preferences and reducing barriers to treatment..

Scale-up of Storage infrastructure

RISE intervened to upgrade storage facilities across some supported sites. Air-conditioning systems were fixed in facilities connected to the national power grids while solar panels were used as power source for those not linked to the grid.

RISE procured and distributed equipment like metal cabinets, shelves, pallets, temperature monitoring charts and thermometer. This upgrade increased storage capacity, allowing for more ARVs to be stored and made available for facility and community interventions.

Partnership with community Pharmacy and NEPWHAN to create alternate ARV pick up point

RISE collaborated with NEPWHAN, community pharmacies and patent medicine vendors to improve ARV distribution in community settings. The program implemented the community ART refill program (CPARP) across supported states. The benefits of community pharmacy ARVs refills included improved quality of services provided to clients, improved clients retention in care, decreased clients load at high volume facilities and reduced workload on overburdened

facility staffs. It also served as a platform to promote ownership in public system at local and state levels.

RISE provided technical assistance to NEPWHAN members on adherence counselling, commodity management, patient rights and anti-discrimination. Collaboration with NEPWHAN helped establish community ARV refill groups (CARG) to serve clients in remote.

Weekly stock on Hand monitoring using DHIS and mobile app

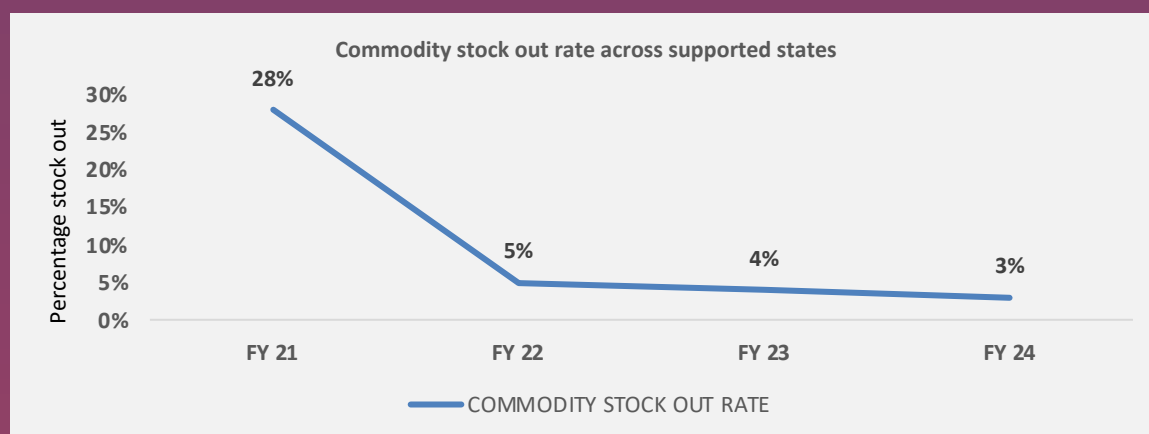
RISE developed the use of the DHIS to track the consumption pattern, months of stock of commodity and the commodity stock level at every service delivery point. This approach improved visibility of commodity level at the sub-National level, facilities and LGA, enabling informed supply chain decisions. It reduced

commodity stockout, overstock and subsequently expiry of commodity. Facilities were empowered to directly upload their bimonthly LMIS report on the NHLMIS platform and the DHIS using mobile phone and apps.

Results and Achievements

- Improved State level inventory management process that ensured a responsive system.
- Reduced stockout rate from 28% in FY21 to 3% in FY24 of ARVs and other essential commodities.
- Improved data use in making informed decisions.
- Expanded ARV distribution centers through partnerships with CP, CSOs and PMVs, reducing stigma and expanding accessibility.
- Quality LMIS reporting from facilities that directly improved commodity forecasting and improved ARV distribution centrally.
- Improved visibility into stock level across facilities and state. This has improved the supply chain management, reduced expiry and ensured uninterrupted supply of ARVs to the ROCs.

Figure 2. Commodity stock out rate across supported states



Lessons Learned

- At the start of the project, there was a lack of collaboration at the LGA level. Through bringing stakeholders together, we learned that collaboration with all stakeholders specifically at the LGA level allows for effectively managing limited resources and the ability to deliver at a lesser cost with a wider reach. Collaboration with stakeholders at all levels can help provide tailored services that can help to ease service delivery of ROCs .
- Making use of the mobile app to track the facility consumption level and stock on hand at every point in time allowed the team to carry out interventions quickly. Prior to the project, we used to track this on a bimonthly basis which was not effective. Monitoring on a weekly basis was much more effective. The decreased time in between the monitoring helped us in tracking and monitoring commodity levels more closely. Having visibility to facility stock level is key in maintaining an effective supply chain system.

Recommendations

- Expand integrated digital health solution to inventory management and patient tracking. This will be used to monitor doorstep drug delivery and real time stock update and monitoring of ROCs adherence to ART.
- With the unabated conflict and geographical hurdles, expand the community-based drug distribution models. This would include onboarding of the community health extension workers and engaging more PMVs.
- Continue to build the capacity of frontline healthcare workers to keep them abreast on the latest ARV management and supply chain innovations.
- Put into place strategies for all the LGAs to take the lead in supply chain management. This will ensure long-term sustainability of an improved ARV delivery system at lower cost.



TECHNICAL HIGHLIGHT



Strengthening Local Organizations for Sustainable Response to HIV in Nigeria

Background

With support from PEPFAR through USAID, the Reaching Impact, Saturation, and Epidemic Control (RISE) project in Nigeria partnered with eighteen (18) local organizations to provide HIV prevention, care and treatment services at the community level between 2019 – 2024 (in Adamawa, Akwa Ibom, Cross River, Niger, and Taraba States). RISE-Nigeria collaborated with local organizations to increase

systems and their capacity to provide community and facility-based HIV services. These local organizations brought extensive local context knowledge, cultural competency, and community connections to demand generation and service delivery systems, and were a central component of the RISE-Nigeria project’s successes.

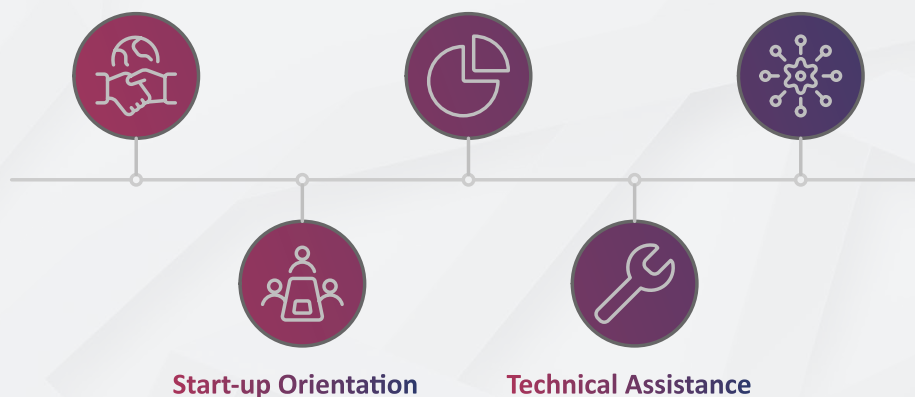
Strategic Approach

Figure 1. Strategic Approach for Strengthening Local Organizations for Sustainable Response to HIV in Nigeria

Local organizations selection and engagement

Periodic Capacity Assessment:

Stakeholder Collaboration:



Implementation

Local organizations selection and engagement

RISE employed a competitive, transparent, and equal opportunity process in the selection of 18 non-governmental organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs) and institutions with proven capacity to deliver community HIV services. Jhpiego's sub-recipient questionnaire was used to select 18 local organizations as sub-awardees recipients across Adamawa (2),

Akwa Ibom (8), Cross River (3), Niger (2), and Taraba (3) States. Sub-Award agreement containing jointly agreed milestones tracked performance on HIV testing, care and support, COVID-19 vaccination, gender-based violence (GBV), cervical cancer, and household economic strengthening interventions to Recipients of Care (RoC).

Start-up Orientation

The engagement of local organizations started with an orientation on grant management, full spectrum of

HIV prevention, care and treatment services, policies, procedures and the UNAIDS goals of 95:95:95.

Periodic Capacity Assessment:

Jhpiego Organizational Capacity Assessment and Action Plan (JOCAA) tool was administered annually to assess the leadership and governance, finance and administration, human resources, and project

management domains of local organizations. Findings of assessment were used to develop action plans for each of the 18 organizations.

Technical Assistance:

The technical assistance was designed to ensure high-quality service delivery and effective stakeholder engagement within the communities through supportive supervision, hands-on training, mentoring and the supplies of consumables and tools.

Additionally, regular review meetings were held to facilitate knowledge sharing, validate data, provide ongoing mentorship, and strengthen integrated systems, and these drove continuous improvement across the project's deliverables.

Stakeholder Collaboration

RISE strengthened the local organizations' collaboration with support groups of people living with HIV/AIDS, the State Ministries of Health, the State AIDS Control Agencies and local communities, as well as integration

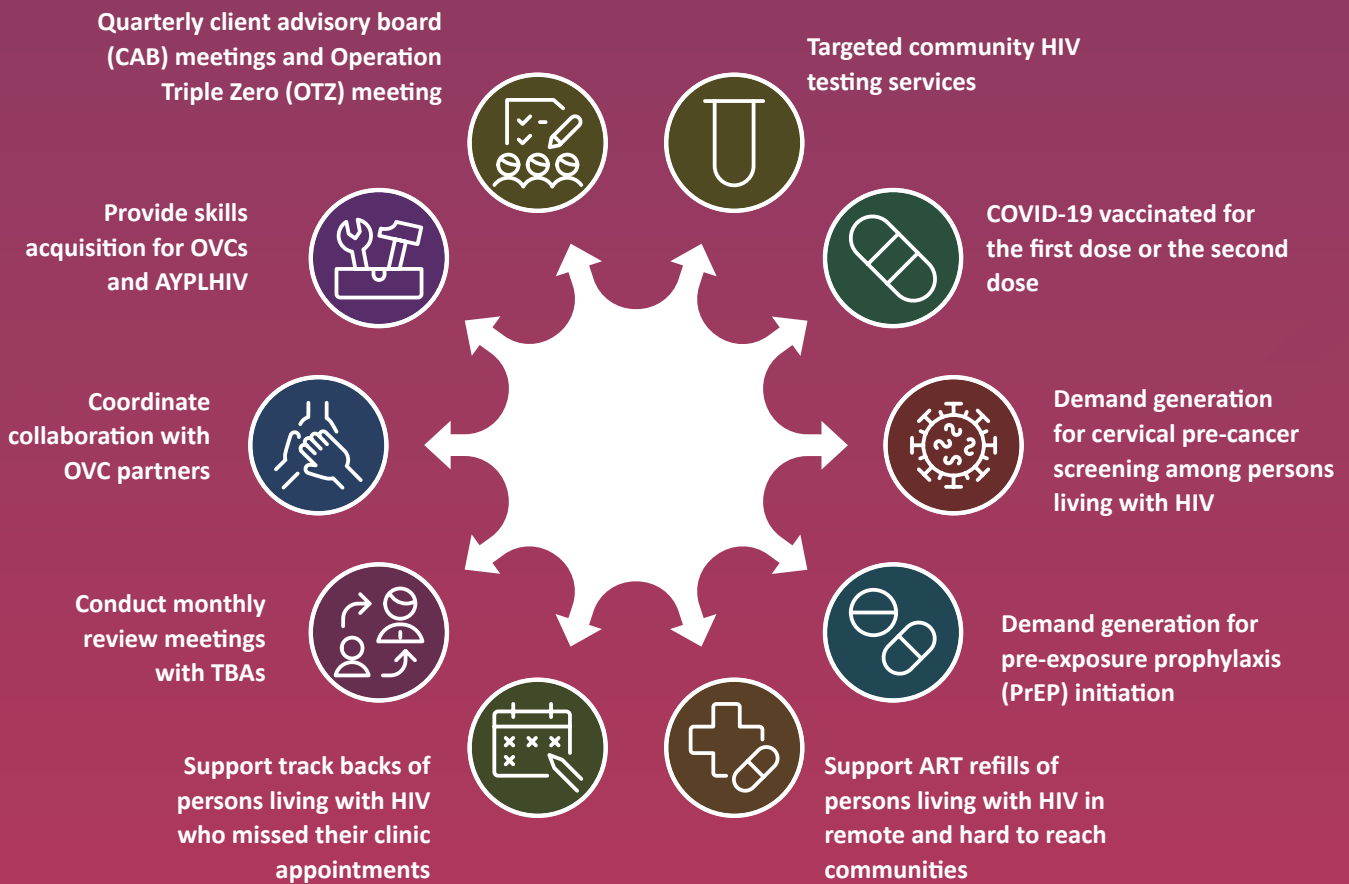
into the State Technical Working Groups and other coordination teams, giving the local organizations the needed visibility.

Results and Achievements

Local Organization Milestones

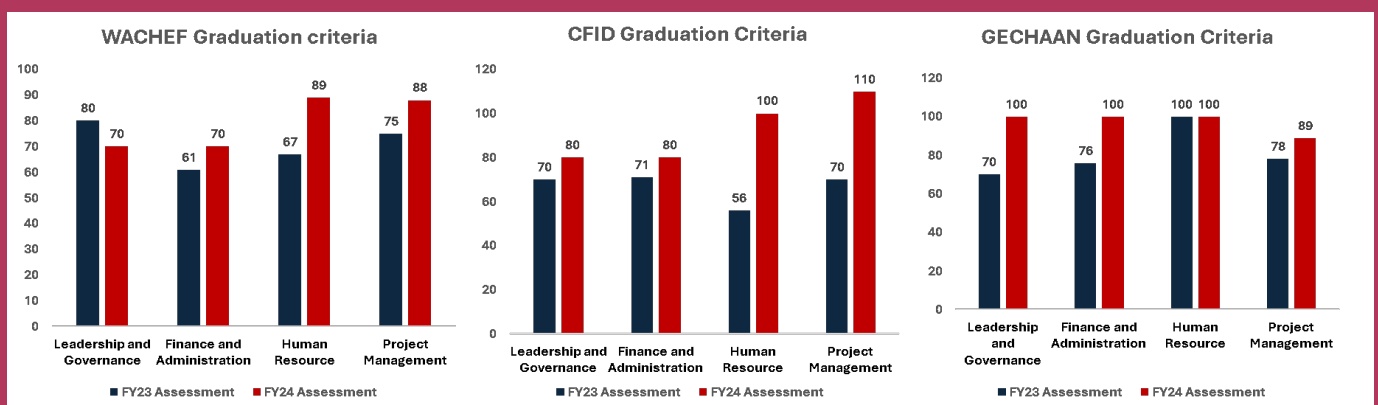
Milestones are descriptions of the measurable and verifiable tasks, deliverables, or goals to be completed by the local organization. Milestone accomplishment is normally a requirement for initiating payment of the established fixed amount to the local organization. Jointly agreed milestone fosters alignment and focus to program goals, accountability and transparency of performance and collaboration and engagement towards ownership and sustainability

Figure 1 Showing Local Organization milestones and tasks



JOCAA Improvement

Figure 2 showing improvement of organizational capacity of 3 Local Organizations assessment



Lessons Learned

Local Organization Milestones

- Collaboration with local organizations can enhance local expertise, community trust, resource sharing and network expansion of program implementation.
- Mentoring and supportive supervision can contribute to knowledge transfer, motivation and problem solving of local organizations providing quality service delivery

Recommendations

- Subsequent mechanisms should seek to build on and expand the engagement of local organizations working on the HIV response in Nigeria, and advancing integration of HIV into primary health care, particularly at the community level
- Increased resources and commitment to local leadership will accelerate progress towards HIV epidemic control objectives in Nigeria, and will be critical to sustain the gains made through PEPFAR's investments in the Nigerian health system going forward
- Subsequent mechanisms should also continue supporting local partners to develop business plans, helping them to diversify funding sources to include other USG, development partners, and the GoN for sustainability and increased local ownership and expertise

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