

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

SUCCESS STORIES



RISE Global Program Overview

Reaching Impact, Saturation and Epidemic Control (RISE) RISE, a multi-year global project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID), works with countries to achieve a shared vision of attaining and maintaining HIV epidemic control, with stronger local partners capable of managing and achieving results through sustainable, self-reliant, and resilient health systems by 2025. RISE's contributions to this work will lead to fewer HIV transmissions, decreased HIV-related morbidity and mortality, and increased quality of life for people living with HIV. RISE also supports COVID-19 emergency response efforts in multiple countries, working with Ministries of Health and USAID to provide technical assistance and service delivery support for COVID-19, and helping to mitigate the effects of the COVID-19 pandemic on HIV services.

RISE Global Goal

RISE's contributions to HIV programming will lead to fewer new HIV infections, decreased HIV-related morbidity and mortality, and increased quality of life for people living with HIV. The RISE Nigeria consortium of partners is led by Jhpiego as prime and ICAP at Columbia University as a partner. RISE was implemented in selected local government areas of Adamawa, Akwa Ibom, Cross River, Niger & Taraba state.

This compendium highlights a few of the ways in which RISE made a difference on both humans and health systems in Nigeria and provides qualitative evidence for the impact of the program. It brings together stories told by recipients of care, health care workers, government policy makers and implementers.



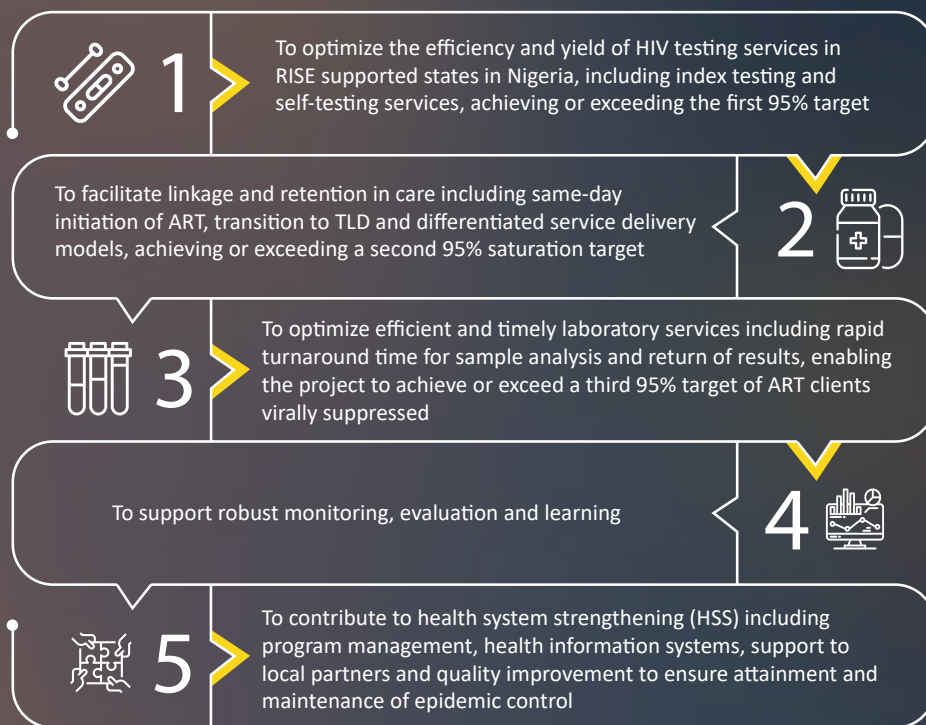
RISE Nigeria Overview

RISE Nigeria aims to improve the quality and effectiveness of high-impact, evidence-based HIV/AIDS and TB interventions in Nigeria. RISE Nigeria supports HIV/AIDS prevention, care and treatment services in 13029 health facilities across 53 Local Government Areas (LGAs) located in Adamawa, Akwa Ibom, Cross River, Niger and Taraba States. Taraba state.

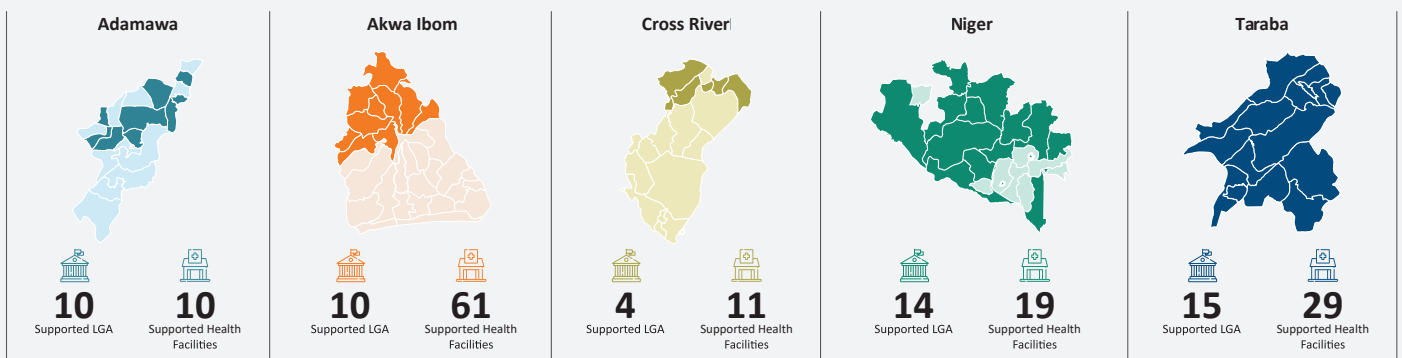
RISE Nigeria coordination efforts aim to redirect resources to areas of highest unmet need and develop targeted “surge” response strategies to optimizing testing, care and treatment services to achieve saturation and epidemic control.

With support from PEPFAR through USAID, RISE Nigeria works in partnership and collaboration with the Government of Nigeria and implementing partners to scale up proven and innovative approaches to improve HIV prevention, case finding, care and treatment and viral load suppression with the overall goal of addressing unmet need in Taraba state, strengthening local partners and networks, and contributing to a culture of quality, data use, and accountability.

This progress report encompasses implementation strategies, activities, and performance of RISE Nigeria for FY24/Q3 period (April 1 – June 30, 2024) across the following objectives:



RISE Supported States



5 States **53** Supported LGAs **103** Supported Health Facilities





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HIV Counselling and Testing Services

Objective 1

To optimize the efficiency and yield of HIV testing services in four states in Nigeria, including index testing and self-testing services, achieving or exceeding a first 95% target



Client-Centered PMTCT Services: The Pathway to an HIV Free Generation

Anthonia Ibang, a 34-year-old woman from Cross River state, experienced severe weight loss and persistent coughing in November 2019. She initially believed it to be malaria or typhoid. In search of relief, she visited her local ‘chemist’ for over-the-counter medications but her condition did not improve. In February 2020, she was visited by a community-based team from RISE Nigeria project conducting routine facility-community service delivery at Yahe, Yala Local Government Area of Cross River State. After counseling, Anthonia agreed to an HIV test, which revealed she was positive.

Anthonia was initially shocked, she said “although I had been sick on and off, I never suspected HIV and it was not easy for me to accept that I am living with HIV. However, after discussing with the RISE team, I was encouraged to know that my life would continue”, she was reassured by the RISE team and started antiretroviral therapy (ART). She felt empowered to disclose her status to her partner, who tested HIV negative and began PrEP. Three months later, Anthonia’s viral load test showed she was virally suppressed.

When Anthonia discovered she was pregnant, she feared transmitting HIV to her child. Enrolled in the RISE-supported PMTCT program, Una received care and her child tested HIV-negative. Anthonia is grateful to the RISE project for bringing hope and a better future, allowing her to live happily with her family without stigma. Una and her child are among the over 1,000 mothers living with HIV and children who received care through RISE-Nigeria in year 2020.

According to her, “My husband and I are living happily. My greatest thanks to the staff of the RISE project, they have brought

us hope and promise of a better future as a PLHIV. With the things I have learned I can boast of my status without any form of stigma”

“although I had been sick off and on, I never suspected HIV and it was not easy for me to accept that I have HIV”



Overcoming Vaccine Hesitancy through Innovative Social Media Outreach in Nigeria

During COVID-19, we all experienced the chilling sensation of a world on stand still in the face of a deadly virus. We could identify with the panic and uncertainty that gripped the world when the virus was declared a global pandemic. Families shut their windows and doors in fear; churches fell silent, markets lay abandoned, and neighborhoods were empty, without the noises of playing children. However, hope came when the COVID-19 vaccine became available. The world heaved a collective sigh of hope.

However, as the pandemic persisted, so did the spread of misinformation. The caution regarding COVID-19 vaccines took root in many communities, and vaccine hesitancy became a formidable barrier to achieving widespread COVID-19 vaccination. Like the famous cautionary tale, myths and misconceptions around the safety and fear of possible side effects of the vaccine spread far and fast. People feared that the health systems could not handle this new virus. With support from USAID, the RISE project in Nigeria, in collaboration with the government, was faced with

the daunting task of halting COVID-19's deadly march across the vast lands of Niger state: Nigeria's largest state by landmass, across the high mountains of Taraba state and beyond. The goal was to get COVID-19 vaccines to doorsteps and to get people to willingly accept the vaccine.

Recognizing the need for innovative solutions to combat a modern pandemic, RISE Nigeria turned to the power of social media. RISE set out to dispel these myths and misconceptions to improve acceptance of its COVID-19 vaccination program.

The RISE COVID-19 Vaccination initiative surged forward to amplify vaccine distribution among both general population and health care workers in Niger and Taraba states



of Nigeria. This came in response to the low vaccination rate reported by the National Primary Health Care Development Agency (NPHCDA). In a groundbreaking collaboration, RISE worked with Afluence, a technology-driven group that engages in social media campaigns to drive demand generation for COVID-19 vaccination, to identify and address barriers to vaccination uptake. This partnership was innovative in its utilization of social media platforms like Facebook and X (formerly Twitter). Afluence’s strategic partnership was founded on the understanding that empowering individuals through systematic, participatory, and inclusive processes is the most sustainable, impactful, and effective way to change attitudes toward COVID-19 vaccine hesitancy and to provide accurate COVID-19 information.

Afluence deployed ambassadors on Facebook and X as part of a dedicated campaign to increase COVID-19 vaccination. Through authentic, peer-to-peer conversations, they raised awareness around the COVID-19 vaccination campaign, to reduce vaccine hesitancy and improve vaccine confidence in the targeted states. The initiative kicked off by carefully selecting 115 ambassadors from both states to champion the cause of COVID-19 vaccine adoption and to enhance

vaccine confidence in Nigeria. These ambassadors comprised youth leaders interested in healthcare, community leaders, student leaders, community activists, nurses, and health enthusiasts. The campaign boosted a mix of profiles with nano-ambassadors boosting between 1,000 to 10,000 followers and micro-ambassadors with between 10,000 to 50,000 followers. Sixty-seven percent of these ambassadors identified as male, while 33% identified as women.

These wellness and lifestyle ambassadors created engaging social media posts, incorporating polls to establish a connection with the audience while soliciting valuable feedback and insights. Weekly monitoring of these polls enabled evaluation of the proportion of negative and positive responses from the targeted population, facilitating the reinforcement of positive messages and increased awareness of negative sentiments. Across Facebook and Twitter, a total of 1,260 posts were shared, reaching an impressive audience of 1,906,879 individuals and generating 28,881 engagements.

	Post type	Posts	Reach	Engagement	ERR%
1.	Photo - Stock	778	1,781,999	12,768	1.08%
2.	Photo - Personal	333	670,284	13,329	2.14%
3.	Post	82	71,010	2,419	3.41%
4.	Video - Stock	48	87,454	885	0.78%
5.	GP	26	38,778	511	1.32%
6.	Text - Personal/ Stories	9	19,813	141	0.72%
7.	Video - Live/Personal	2	5,940	24	0.37%
	Grand total	1,260	1,906,879	28,881	1.48%

HIV Case finding & Treatment adherence: Victoria's Journey to Restoration

In line with the global commitment to stop HIV and ensure that people living with HIV (PLHIV) have access to HIV care and treatment, UNAIDS has made projections to end the AIDS epidemic by 2030 by achieving 95% diagnosed among all people living with HIV (PLHIV), 95% on antiretroviral therapy (ART) among diagnosed, and 95% virally suppressed among those receiving treatment. While HIV testing is the starting point for prevention, care, and treatment, many people living with HIV in Nigeria are unaware of their status largely because they do not come out for testing.

Miss Victoria Udeme, a 28yr old resident of Abak LGA in Akwa Ibom had been battling with several health issues which were seemingly persistent. She visited several traditional healing homes in search of treatment but there was no improvement despite all the traditional interventions. They believed the cause of her illness was spawn from sorcery as she experienced a continuous loss of weight along with her health challenges.

RISE supported Community based organization (CYEN) volunteer in Abak LGA, came across Miss Victoria Udeme, at one of the traditional healing homes she visited for a cure. Victoria was engaged in a conversation on HIV/AIDS and the importance of people knowing their status, Victoria was convinced to have her blood sample collected. She got tested for HIV and her result came out positive.

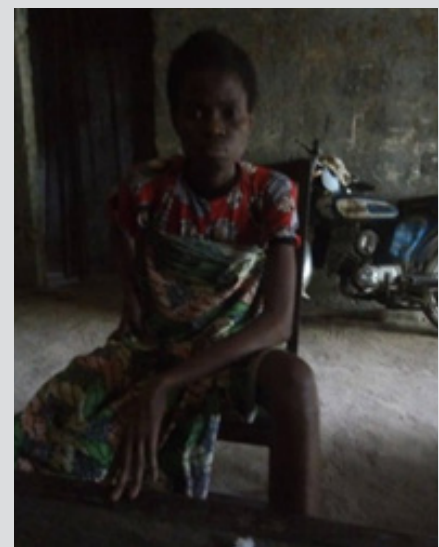
Victoria was counseled and was assured that she could live a healthy life after she commences Antiretrovirals (ARVs) and she was also made to understand that with strict adherence to treatment, the viral load would become undetectable and untransmutable (U=U). She was immediately linked to care at General Hospital Ukpom Abak a RISE-supported facility and on that same day, she was initiated on Tenofovir, Lamivudine, and Dolutegravir (TLD).

Constant monitoring and positive feedback from Victoria's case manager showed that her health had made good progress. She left the traditional healing home a week after she was commenced on Antiretroviral Therapy.

Victoria's health has greatly improved and she continues to express her sincere gratitude to her case manager, the whole RISE team, and the funders (PEPFAR and USAID).



"I thought my whole world has crushed but I can now take my drugs and leave happily positive" ~ Maila



Re-engaging Clients for Lifesaving HIV Treatment: Ruth's Journey back to Care

To achieve UNAIDS 95-95-95 goals, RISE collaborated with local organizations and community volunteers across five states (Adamawa, Akwa Ibom, Cross River, Niger, and Taraba) to enhance case finding, retention, and adherence for viral suppression and epidemic control. Despite significant achievements in identifying cases, ensuring that clients remained engaged in long-term care was critical. To address this, RISE introduced an aggressive back-to-care program to re-engage Lost to Follow-Up (LTFU) clients. Using line lists with demographic information, the RISE team tracked and visited clients to re-engage them in care, ensuring continued treatment and progress towards epidemic control.

As a result of the back to care program, RISE project maintained client retention of 101% in Adamawa. Among the clients returned to care was Ruth (not her real name), a 30-year-old woman from Shilon, Song LGA, and a survivor of Intimate Partner Violence (IPV). After testing HIV positive, Ruth and her 3-year-old son faced abandonment, physical and emotional abuse, and neglect, including food deprivation, making treatment adherence a significant challenge. Due to poor nutrition and weakness, Ruth could not access the facility for her medications. Eventually, she was sent to live with her elderly mother in a distant village, further complicating her treatment.

RISE case finding and tracking team reached out to Ruth in the hard-to-reach village of Shilon. When they arrived at her modest grass-thatched home, they found Ruth holding her severely malnourished child, both looking frail and hopeless. After a gentle counseling session using the LIVES approach, and a playful moment with her son, tears streamed down Ruth's face as she gazed into the distance, her eyes filled with a glimmer of hope she couldn't quite grasp. With her mother, her only living relative, also ailing, Ruth felt overwhelmed. "Finding food is a daily struggle," she said, "let alone traveling to collect my medication." In desperation, she had turned to traditional herbs, but saw no improvement in her health. Her son's condition was equally dire, having fainted multiple times, leaving Ruth fearing for his life.

After providing Ruth and her son with a nutritious meal, the RISE team arranged for the child's immediate medical care at General Hospital, Song. Once stabilized, both were re-initiated on lifesaving antiretroviral therapy, and the child received special calorie-rich therapeutic food (RUFT) to combat malnutrition. Within a month, they showed significant improvement, looking stronger, happier, and healthier.

To ensure sustained care, the RISE's case managers for active client follow-up, adherence counseling, and linkage back to care. These case managers provided comprehensive support, including: Treatment education, Appointment reminders, tracking of default refills, Psychosocial support, Peer education, Referrals for related services tailored to individual client needs. As a result of implementing back-to-care strategies, RISE successfully maintained CoT of 103% in FY22 across the five implementing states, consistently supporting clients with treatment interruption back to care.



Ruth's 3-year old son, severely malnourished at the first visit of the RISE team



Following resumption of ARV and with RUFT supplements, he is back on track



2nd 95

HIV Care and Treatment Services

Objective 2

To strengthen linkage and retention in care including same-day initiation of ART, transition to TLD and differentiated service delivery models, achieving or exceeding second 95% saturation target



Providing Hope for a New Beginning: The Story of Blessing Isong



Over the years, the global HIV/AIDS epidemic has seen remarkable progress. Since the crisis point of 2004, AIDS-related deaths have decreased by 55 percent according to UNAIDS. With the support of the U.S. government, through PEPFAR and funding from the American people, more than 17 million lives have been saved and millions of HIV infections prevented. As the world moves closer to epidemic control, the focus has shifted to ensuring client-centered lifelong antiretroviral therapy (ART) to achieve viral suppression in at least 95% of people living with HIV/AIDS.

In October 2019, the USAID funded RISE project, in collaboration with the Akwa Ibom State Ministry of Health, Nigeria, supported high-quality HIV/AIDS prevention, treatment and care services. RISE sustained HIV/AIDS epidemic control gains in the state by a tactical combination of facility and community-based service provision in 10 local government areas in the state.

RISE community-based interventions were premised on the use of historical service data for mapping of high-yield hotspots for provision of a bouquet of PEPFAR-funded services. Obot Akara LGA, with an estimated population of 146,286 persons (2006 census), was one of the 10 LGAs in Akwa Ibom state that received tactical HIV/AIDS epidemic control service through RISE. As at June 2020, the RISE project had provided HIV testing services (HTS) to 20,137 persons in Obot Akara and identified 920 persons living with HIV; 913 of whom had been placed on treatment.

Among them was Blessing Isong an indigene and resident of Obot Akara LGA, Blessing came into the RISE project's focus via targeted hotspot testing of an indigenous healing home for psychiatric cases. With HIV test kits, commodities and sufficient interface with community gatekeepers, the RISE program multi-disciplinary tactical epidemic control (TEC) team provided HTS to 11 residents of the healing home that hosted Blessing; 5 of whom were identified as HIV-positive and

subsequently initiated on TLD treatment regimen.

When she began treatment, Blessing had been severely malnourished and confined in chains for eight years. Having identified HIV-induced encephalopathy as an underlying etiology of Blessing's mental illness, the RISE TEC team-initiated Blessing on a TLD ART regimen with routine check-up by a clinician and round-the-clock support by an assigned case manager.

After ten weeks of intensive care and monitored adherence to treatment, Blessing's physical and psychological health significantly improved such that she was unbound from her shackles, discharged from the healing home and returned to living with her family. Blessing's healing is a beacon to her community and a testament of the efficacy of PEPFAR's mandate to the RISE project to focus on quality and client-centered care for at least 95% of clients in its program. Blessing continued to display remarkable progress in health and expressed her gratitude to her treatment support team and their funders. She smiled with joy as she looked into her case manager's camera while being mentored on medication adherence.





Overcoming Adversity: Doris' Journey of Resilience

The RISE project worked with the Government of Nigeria, state and local governments to scale up client-centered, HIV services across supported facilities. RISE with support from the U.S. President Emergency Plan for AIDS Relief (PEPFAR), through the U.S. Agency for International Development (USAID), ensured its clients on care adhered to treatment and support. RISE also provided nutritional support to children in care, because nutritional status has an impact on adherence to ART drug intake which is important for good treatment outcomes and increased life expectancy.

Doris Danjuma is a 31-year-old mother of three children, including a 3-month-old baby from Zing Local Government Area (LGA) of Taraba State, Nigeria. Together with her husband, Danjuma, she resides in Bali town, about 150 kilometers from Jalingo, the state capital. A gender-based violence survivor, Doris tested HIV positive stage 4 with Cluster of Differentiation 4 (CD4) under 200 after her referral to the HIV Testing Services (HTS) unit.

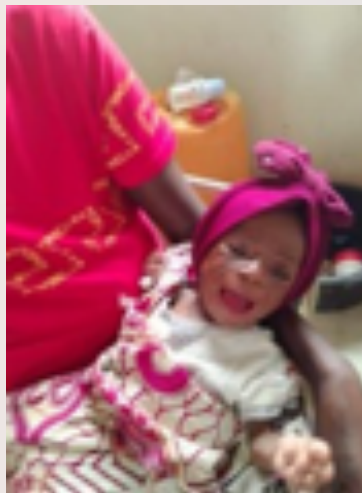
Immediately enrolled in treatment at a RISE supported facility Doris, received counselling from her case manager on medication adherence. Prior to her admission at the hospital, her family in Zing had removed her from her matrimonial home in Bali because of the gender-based violence she suffered in the hands of her husband. In retaliation, her husband took over custody of the 3-month-old baby thereby separating Doris from her child. Under his custody the baby was a high-risk baby that suffered malnutrition, with pale skin, and underweight.

Through RISE intervention, Doris enrolled for genealogy screening and took custody of her baby who was also enrolled for care. RISE team provided Prevention of Mother-to-Child Transmission (PMTCT) intervention, (administering nevirapine) to protect the baby from HIV infection. Further,

RISE team members with other stakeholders contributed money to support and nourish the baby. Doris was also supported with the RISE dignity kit, and offered nutritional counselling to improve her and her baby's health and wellbeing.

At 10-months old, the baby tested HIV negative, strong and in good health. Furthermore, Doris is doing well, with suppressed current viral load at 96.8 copies/ml. With the support of RISE Case Manager and her Mentor Mother, who is also her

treatment supporter, Doris was reunited with her husband in a violence-free environment. Sharing her story, Doris noted that 'I am so happy, we all feel better. Most especially, I am more grateful for my son's health. He now feels better and looks healthy. I already thought I was going to lose him.' The family continues to live happily in Bali town.





Designed to Suit: Decentralized Community Pharmacy Refill Services

Mrs. Essien, a 40-year old widow, and mother of four children had been on HIV treatment for nearly nine years. She credits her good health to the consistent care and treatment received through the support of the RISE program. However, when COVID 19 struck, the movement restrictions left Mrs. Essien unable to visit her clinic for a life-saving antiretroviral (ARV) medication refill. A few weeks into the COVID19 pandemic, Mrs. Essien ran out of her ARV, her health started to deteriorate, she became increasingly weak and sick.

She made efforts to continue her sewing business from home but due to her health, she made less money and was unable to fend for her children. RISE Nigeria case manager contacted Mrs. Essien who explained her limitations and immediately a case manager and clinical optimizer visited her at her home and provided her with medications and other clinical care. Her blood samples for viral load analysis were also collected. RISE Nigeria case managers continued to visit and provide the required support.

RISE case managers were able to visit communities through movement permits secured through RISE advocacy and engagement with the state government as part of the permit for essential services. Mrs. Essien resumed her treatment regimen in April 2020 and has stayed on treatment since then. She is particularly thankful to the RISE Nigeria program

which ensured that she has had uninterrupted access to her medicines through the period of the COVID-19 pandemic. She was pleased when her case manager advised that she could pick up her medicines at a nearby pharmacy in the community that did not require transportation fare. She said, “I was happy when they said I could go to the chemist to collect my medicine. I am very grateful”.

RISE optimized the decentralized ARV refill approach to enable clients to pick up ARVs at community pharmacies close to them. Clients are thus presented with the convenient option of collecting multi-month supplies of their ARVs with minimal wait times at pharmacies within proximity to their homes or preferred locations.



Peace: A Story of Hope in Child HIV care and treatment

The RISE project was supported by the U.S. President Emergency Plan for AIDS Relief (PEPFAR), through the U.S. Agency for International Development (USAID). It worked with the Government of Nigeria, state and local governments to scale up client-centered, HIV services across supported facilities. RISE ensured its client on care adhered to treatment and support. Also, RISE provided nutritional support to children in care, because nutritional status has an impact on adherence to ART drug intake which is important for good treatment outcomes and increased life expectancy.

Peace is a three-year old orphan living with HIV. She was diagnosed in early 2023 when her mother accepted index testing out of concern for Peace's often hospitalization, and inability to play with her peers due to her deteriorating condition. At the time of her enrolment in March 2023, Peace weighed 12kg with CD4 of less than 200. Shortly after Peace was diagnosed, her mother died, leaving Peace in the care of her Aunt, who is a recipient of care.

Peace was enrolled into HIV care and treatment at GH Bambur, Taraba state, Nigeria, where she has been receiving treatment. A CFID volunteer constantly carried out home visits to Peace and her household to provide services and ensured adherence to treatment. In April 2023, CFID, with support from RISE project, supported her caregiver to start a small business (income generation) to support her household. Leveraging support from CFID ViiV Positive Action Project, CFID also supported Peace with food items to ensure she was properly nourished. The collaboration with the OVC partner also led to Peace receiving financial support of N20,000 from PHI.

Following treatment, Peace's weight increased from 12kg in March 2023 to 17 kg in July 2024. Her current viral load, based on October 2023 result, is undetectable. Physically, she is stronger and healthier. Her caregiver was full of gratitude noting that, "I thank RISE, that has helped my niece to come out of her sick condition. She is stronger now

and even going to school despite the fact that we almost lost hope on her. God will bless this people that are doing this good work, giving out their time and money to take care of people they don't even know". Peace Caregiver:

"If only we knew and my daughter (Peace Mother) tested for HIV early enough, we wouldn't have lost her. I am glad that my granddaughter is getting stronger, thanks to the organization (RISE) that is doing test for people free of charge and even supporting us with business and food for my granddaughter". Peace's grandmother.



A catalytic approach helps young people living with HIV be active participants in their health

USAID funded RISE project has long been a partner to Federal and State Ministries of Health and other organizations at all levels to identify and support children, adolescents, and youth at risk of HIV, and ensure access to comprehensive HIV prevention, treatment, and care services.

The USAID funded RISE Project was launched in 2020, aimed to reduce new HIV infections and HIV-related morbidity and mortality, while enhancing the quality of life for individuals living with HIV. In Nigeria, RISE worked with over 100 health facilities in Akwa Ibom, Cross River, and Taraba states to implement the Operation Triple Zero (OTZ) program, which empowered more young people to commit to zero missed appointments, zero missed medications, and zero viral load. The OTZ program used the Youth Programming Assessment Tool (YPAT) to support thousands of youth in taking ownership of their health care, be self-reliant, and stay virally suppressed.

Within six months of the start of the OTZ program in 2020, RISE witnessed commendable achievement as 76%% of the 3,000+ young people enrolled had reached viral suppression. Further, to support the young people stay on their treatment, the project, in 2021, invited OTZ-enrolled adolescents to help design the next phase of the program. Using the YPAT, facilitators worked with a core group of youths to promote experiential learning and strengthen communication between participants and health providers. By 2023, 8,484 young people had enrolled in the OTZ program and 96% of them had reached viral suppression.

Joy had been living with HIV since infancy, but



she didn't always feel in control of her HIV-positive status. In 2020, she joined the OTZ program because she previously had challenges being motivated to stay on course with her treatment. She said the program improved her communication skills, helped her gain self-confidence and strengthened her sense of self. Through the OTZ program, Joy improved her medication adherence and now looks forward to a brighter future. "I want to be a banker in the future and that is why I am serious with my medication," she says.

When RISE involved OTZ youth in the feedback process using YPAT, the youths talked about vocational trainings that would

empower them to start small businesses or work in shops. RISE responded with opportunities to learn tailoring, soap making, marketing and public speaking skills.

Miracle, another OTZ participant, said she earns an income with her new dress-making skills and a sewing machine provided by RISE. "I want to be a lawyer, and I know I can do this with the help of my family and RISE's support," she said.

Melody, an adolescent living with HIV had just completed her secondary education. A member of the Operation Triple Zero Club in Federal Medical Center (FMC) Jalingo, she had no means of livelihood and faced challenges in finding sustainable employment opportunities. However, Melody was determined to overcome barriers and support herself while managing her health. Through the RISE OTZ project, Center for Initiative and Development (CFID) organized skill acquisition program for adolescents and young people living with HIV in the state. Melody participated in the program and learnt skills in cosmetics production, including production of liquid soap, shampoo and Vaseline. In the course of the skill acquisition program, Melody saved some money from the transport reimbursement provided to trainees by CFID, and with further financial support from her mother, she produced and sold her own brand of cosmetics. Her business has helped to financially empower her.

RISE support in three states (Akwa Ibom, Cross River and Taraba) to empower OTZ members like Melody helped over 5,000 adolescents and

young people gain skills which have improved their livelihoods and general wellbeing. Melody's business has contributed in easing the burden she faced in getting money to visit the facility to access her treatment. Melody: "I thank CFID and the RISE project for giving me the opportunity to learn skills in producing liquid soap, shampoo, Vaseline, etc. This skill is really helping me to get money for my basic needs like transporting myself, buying my sanitary materials, etc. I no longer face challenges transporting myself to the hospital to get my medication".

Melody, Miracle and Joy are examples of over 100 thousands adolescents and young people living with HIV in Taraba who took control of their health and their lives by reaching viral suppression and completing vocational training courses.

Involving OTZ members in their future planning has shown that this youth development approach supports young people to reach their maximum potential as well as good health. YPAT emphasized their talents and leadership potentials, helping young people become active participants in their health. YPAT is a cost-effective, innovative and participatory way to gain qualitative feedback from young people, service providers, and program implementers. It focused on continuous improvements in provider-youth interactions and expanding opportunities for youth to provide holistic feedback about services, further improving treatment outcomes and environments for young people living with HIV to thrive.



A background image showing a pair of hands in white gloves holding a test tube. The image is faded and serves as a backdrop for the text.

3rd 95

Viral Load Services

Objective 3

To optimize efficient and timely laboratory services including rapid turnaround time for sample analysis and return of results, enabling the project to achieve or exceed a third 95% target of ART clients virally suppressed

Overcoming Stigma and Achieving Viral Suppression: The John Adigor's Story

Fifteen percent (15%) of globally recorded AIDS-related deaths in children and adolescents occur in Nigeria, the total number of AIDS-related deaths among children and adolescents is estimated to be about 16,200 with about 22,000 new infections said to be occurring in children 0-14 years. Despite the successes of HIV treatment programs around the world, children remain under-represented in HIV testing numbers and are denied access to life-saving treatment.

Recognizing this, the United States Agency for International Development (USAID) funded RISE project in Nigeria has made it a priority to identify and support children and adolescents living with HIV (CALHIV). RISE focuses on ensuring timely diagnosis and linkage to life-saving anti-retroviral treatment using a client-centric community-based approach. This includes pediatric ART initiation/delivery, the scale-up multi-mount dispensation (MMD6) for pediatrics and full ARV optimization for both children and adolescents, ensuring these vulnerable groups receive the care they need for better health outcomes.

John Adigor is a 14 years old adolescent from Cross River, Nigeria. John is the first child of three children whose father died when he was only three years old. His mother remarried when he was six years old and unknowingly, has been living with HIV until his family came across a door-to-door health screening service in their neighborhood. In a chat with Simon Agada, the RISE HTS officer in Cross River State, John recounts his journey to overcoming self-stigma.

"HIV is a disease, I was only taught in school as a dreaded disease and has killed so many people as a result of involvement in several sexual partners. This raised great fear and caution within me and just four months ago, I overheard my mum disclose my HIV status to a health worker who visited our residence. For as long as I can remember, I have always taken a particular drug but did not know why. When I found out about my status, I confronted my mum in the presence of the health worker and she confirmed my fears. I cried bitterly upon knowing my status and considered withdrawing from social activities because I believed I was going to die, as was described in school. The health worker who

introduced himself as working with the RISE project as a case manager had a heart-to-heart discussion with me and handed me a refill of my medication (which before now, he probably would have handed to my mum). He encouraged me and counseled me to adhere to my medication and be sure to remain in good health. He went further to introduce me to a club for children and adolescents living with HIV/AIDS".

"The impact the club had on me was great. First of all, my view of the disease changed from a disease that kills, to one that if medication is adhered to, it is assured, the carrier can live for as long as one who isn't infected. Furthermore, my acceptance of myself as a very important member of society grew with time seeing some of my peers who had overcome stigma and were taking up leadership roles within the club".

"During a follow-up call, the health worker, requested from my mum for him to test my siblings, and my mum gave her consent. I was disturbed to realize after testing that my siblings were both HIV positive but I was consoled that there is a lifelong treatment for the disease. My stepfather was also tested but was HIV negative and immediately introduced to a medication that will prevent him from getting infected with HIV. I consider myself lucky to know my status and also on treatment too as well as my siblings. I am now responsible for my health and to crown it all, the last time I went for a check, the doctor told me there was no virus in my blood".

"I am so grateful to the American people for funding the RISE project for, their unfailing support and to the health worker for his competence in handling the situation. Now I know with sustained adherence to ART, I will not die of advanced HIV disease and my family is secured as well and proper education has been given to my mum to prevent future incidents of HIV in my family".

John Adigor, from Cross River state in Nigeria, is just one of the over 7,000 adolescents and young people living with HIV across 3 states (Akwa Ibom, Cross River and Taraba) that RISE Project in Nigeria has impacted to overcome self-inflicted stigma and successfully achieve viral suppression.



Achieving Viral Suppression for Every HIV Positive Child: A Toddler Journey to Good Health

According to UNAIDS estimates globally, children under age 15 account for about five percent of all people living with HIV, nine percent of new HIV infections, and 290 children die of AIDS-related illnesses every day. In developing countries like Nigeria, evidence shows that early initiation of antiretroviral drugs in children with HIV can save lives; yet, treatment failure remains high among them.

Five-year-old Atikatu Isah, a child living with HIV, resides with her parents and sister in Bida town, Niger State. Her entire family, including her parents and sisters, receive anti-retroviral treatment at the Federal Medical Centre, Bida, a RISE project supported facility. Despite her viral suppression Atikatu remained virally unsuppressed with her viral load as high as 75,000 copies.

“She was handed over to me in December 2020 at the Federal Medical centre, Bida. All efforts to get her virally unsuppressed through adherence counseling by the erstwhile case managers had proven abortive”. Recalls Atikatu’s current case manager Oluwatosin Josephine. “Interesting, and at the same time confusing was that the other members of her family taking treatment at the facility; her mother, father, and sister are all virally suppressed” Josephine, who is a trained case manager on the RISE project added.

On taking over the case, Josephine commenced her on a three-month-long session of enhanced advanced adherence counseling (EAC) with her and her parents. Josephine maintained close follow-up with them and constantly reminded them of the need to ensure

Atikatu takes her medication in their presence. She added a motivational dimension to the behavior change process, by promising her a gift, if she takes her medication consistently. In the 3rd month of the EAC, she went for post-EAC Viral load and the result was 70.5copies. Atikatu was virally suppressed! “I called her parents the day they gave me her result and informed them. They were so happy”

Before now, Atiku was an unhappy and grumpy child. But today she is mostly lively and healthy. Her mother ensures she takes her medications regularly such that she has not missed a dose in seven months. She remains virally suppressed and the intention is for little Atikatu is to stay virally suppressed and healthy. Atikatu’s mother can still not contain her excitement “I am very grateful to God and aunty nurse for saving my daughter’s life, she really tried for us”

Atikatu is among 639 children living with HIV supported by the United States Agency for International Development with Lifesaving antiretroviral therapy and other ancillary HIV services through the RISE Project in Niger State in FY22. This proves that even with the most basic technical skill when caring and competent care workers are placed in the care of HIV-positive children, more of them will thrive and survive.



Robust Monitoring, Evaluation and Learning Systems

Objective 4

Leveraging Technologies to Strengthen Health Information Systems.

The National Data Repository (NDR) is the unified database platform that hosts data of all HIV/AIDS implementing partners (IPs) in Nigeria. PEPFAR and the Government of Nigeria (GoN) use the NDR to monitor epidemic trends, track performance, and make informed decisions on activities of implementing partners towards meeting UNAIDS 95-95-95 targets. The NDR currently warehouses the medical records of over one million active patients from over 2,000 health facilities across Nigeria. Like all implementing partners the USAID-funded Reaching Impact Saturation and Epidemic Control (RISE) project, is expected to upload patient-level electronic health records from all its 132 supported health facilities into the NDR platform in real-time. Moreover, an upload rate of >99% is PEPFAR's expectation from implementing partners. However, keeping up this level of data upload amid infrastructural and operational limitations such as erratic power supply, poor internet, software glitches can be challenging. At the beginning of the project, RISE could only maintain an upload rate of between 80-90%.

To address this data upload challenge, RISE ensured that the necessary hardware and infrastructure were made available. Most crucial, the project upgraded the NDR mapping XSD Schema file to the latest version. After the software revamps were done, the data quality module on the electronic medical records system (EMR) was upgraded to analyze gaps, and proactively troubleshoot errors that would make data upload fail on the NDR.

Furthermore, logic checks were implemented at all entry points of the EMR modules to tackle the root cause of these errors. Lastly, the project adopted an innovative process of uploading data from a central server.

This novel approach was piloted in Adamawa State. With this approach, inconsistencies with the generation of data and upload numbers were intelligently regulated in an automated process. This optimization strategy resulted in RISE Nigeria's NDR uploads figure increasing from 90 % in January 2021 to 99.6% by July of the same year. In addition

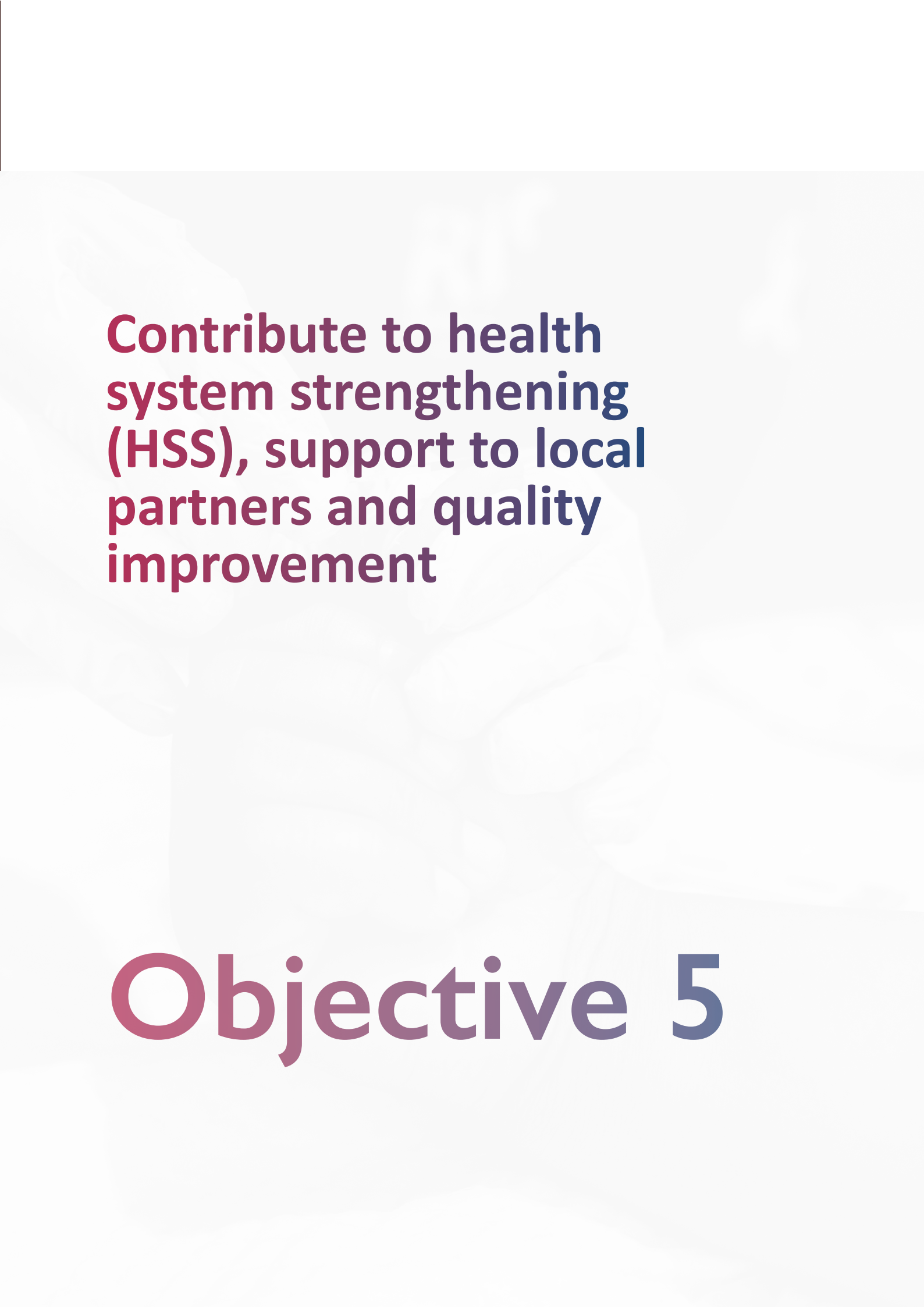
to this win, the NDR uploads enhancement saw RISE Nigeria's biometric capture (BMC) figures experience a substantial increase from 42% in FY 20 to 89% in FY 21. This innovation led to the RISE project receiving eight awards from USAID for strategic information and learning.

The use of Geographic information system (GIS) is one of the most useful techniques in analyzing and mapping AIDS spatial distribution patterns. GIS supported by spatial data infrastructure and vibrant routine health data provides RISE with valuable information for enhanced decision-making to address issues related to HIV/AIDS as part of its focus on robust monitoring, evaluation and planning. Graphical, digital and statistical information and maps are generated using GIS; thereby enabling improved visualization and understanding of analysis and simulations of data.

RISE utilizes GIS in the mapping, analysis and evaluation of HIV occurrence patterns. Some drivers for the adoption of GIS in RISE implementation include strategic information retrieval which can be applied to expedient identification of hotspots and target areas for various measures; topological modelling for analyzing spatial relationships among mapped concepts; identification of existing networks related to health facilities for decisions related to proximity and timing for client-centered strategies.

By incorporating enhanced GIS mapping strategies, RISE is able to understudy communities and provide a ranking system of HIV infection rates by region. Such analyses are applied towards optimizing technical strategies geared to improve the RISE client experience.

The PEPFAR – USAID- funded RISE project remains committed to leveraging cutting-edge technologies to pioneer change and optimize processes to sustainably strengthen health information systems in Nigeria.

A faint, light-colored background image showing a hand holding a human skull. The hand is positioned on the left side, with fingers wrapped around the base of the skull. The skull is oriented towards the right. The overall tone is light and clinical.

**Contribute to health
system strengthening
(HSS), support to local
partners and quality
improvement**

Objective 5

Optimization of GoN Reporting Platform through enhanced partnership and collaborative implementation

In January 2024, the National AIDS & STI Control Program (NASCP) introduced the National Data Reporting System (NDARS) as the designated platform for aggregating health sector responses to HIV, Hepatitis, and STIs. Expected monthly reports from the service delivery points include HIV treatment, PMTCT, HIV testing Services, PREP, PEP, Hepatitis, and other STIs. In March 2024, the Platform was completed and rolled out for reporting with a mandate to all states to conduct backlog Reporting for July 2023 to March 2024. States were also required to ensure Monthly reporting into the platform going forward.

To ensure that the platform received the needed support for sustained reporting, RISE worked with the Taraba state AIDS and STIs Control Programme (SASCP) M&E Officers to build the capacity of the Facility and LGA M&E team who were saddled with the responsibility to report on the platform. In line with RISE sustainability approach in Taraba state, Government of Nigeria (GoN) and Facility-employed M&E/Medical Records staff were prioritized for training and support. Also, the NDARS login Access created were done with the Facility details and shared with the GoN M&E team to enhance their ownership of the platform. To ensure adequate support for the platform, a roll-out training was done for 50 Facility-level and LGA M&E Officers in the state, all 29 Facilities and 15 LGAs had representatives. To further strengthen the gains from the initial training and resolve challenges affecting reporting in the platform, a Refresher training was done for 34 GoN Medical Records and M&E Officers. RISE also supported the backlog reporting by ensuring all the required Monthly Summary Forms (MSFs) and Internet support were made available

to the GoN team to facilitate the entries. This is in addition to working closely with the State-level GoN M&E team to monitor reporting in the platform and provide Technical Assistance to the reporting team.

The roll-out of the NDARS platform was a litmus test of the sustainable M&E systems instituted by RISE in Taraba State. The State was able to leverage the existing robust M&E systems, in addition to the focused activities following the roll-out of the platform to successfully optimize the State's dashboard. With RISE support, the state quickly completed the backlog entries requested by NASCP ensuring that the data were reported with good quality. Moreover, the State consistently improved in reporting rate and data quality in subsequent monthly reporting cycles. Taraba State currently ranks amongst the top 10 states in the Country with regards to reporting rate amongst Comprehensive Health Facilities. Interestingly, the State GoN M&E team is completely responsible for this reporting; Facility M&E trained by RISE make the entries while supervision and monitoring of the reports in the platform is done by the SASCP & TACA M&E Officers. All of this give credence to the fact the GoN team in Taraba State has completely owned the NDARS platform and are well positioned to provide the Technical M&E support required by the health system in State.

Giving Sustainability A New Pathway In Nigeria

Starting a project in any capacity comes with its unique prospects and challenges. The nuances that come alongside community entry, potentials for culture shock, and other blind-siding factors make project implementation difficult, but when sustainability is the endgame, difficulty levels may quickly become extreme. In the last 15 years of implementing HIV/TB programs in Nigeria, PEPFAR through its implementing agencies has increasingly measured program impact through the lens of sustainability through pockets of approaches that focus on the domestication of services and resources. Despite this paradigm shift, the Holy Grail of true sustainability of HIV/TB programming in Nigeria continues to elude funders and implementers alike. Given this, PEPFAR decided to embark on a novel approach towards program implementation by jointly implementing with the Government of Nigeria (GON) through strategic realignment. This is being piloted in Taraba and Abia States. In simple terms, PEPFAR implementing partners will implement HIV/TB program side-by-side GON.

In Taraba State, the Reaching Impact, Saturation, and Epidemic Control (RISE) Project has been mandated to ensure successful implementation of this approach. Taraba is a state in North-Eastern Nigeria, named after the Taraba River which traverses the southern part of the state. Taraba's capital is Jalingo. The inhabitants are mainly the Fulani, Jukun, and the Ichen who are found predominantly in the southern part of the state while Wurkum, Mumuye, and Kona tribes are predominantly located in the northern part of the state. The central region is mainly occupied by the Mambila people. There are over 40 different tribes and their

languages in Taraba State.

Taraba is the 3rd largest State in Nigeria, and also has one of the poorest road networks in the Country. This already presents a critical constraint in terms of access to services. The average distance between facilities is 40km. In terms of health facilities, It has one of the lowest ratios of health facilities per population served. Other constraints of programming in the state include a dysfunctional supply chain system that has resulted in the inadequacy and consistency in the availability of essential supplies such as HIV rapid test kits, drugs, and other consumables. "RISE will collaborate with different stakeholders to improve the capacity of service providers, provide job aids and tools, commence community intervention, PrEP, CECAP, gender, quality improvement, and other activities toward achieving epidemic control and sustainability" Emmanuel Atuma Chief of party of the project explained.

RISE is designated to support 29 health facilities and work with other PEPFAR partners (ICHSSA and Society for Family Health), NEPHWAN, and the Taraba State Government to achieve epidemic control of HIV in the State. We hit the ground with a 3-day scoping visit (alongside USAID, NACA, and other PEPFAR partners) to engage high-level stakeholders i.e. the Commissioner of Health, Commissioner of Women



Affairs, Head of Hospital Board, Taraba State AIDS Control Agency, and community-level stakeholders. This visit helped galvanize GON support for the initiative, identified micro-level gaps, resources, and opportunities for flawless synergy in implementation. High-level advocacy peaked with a 3-day visit of the Deputy U.S Ambassador to a wide range of stakeholders in the state, including the Governor of Taraba State, the Commissioner of Health, Head of Hospital Management Board, and selected implementation sites, where she met their management staff and the next level was the development of a joint implementation plan and budget between RISE and Taraba State Government. Which we quickly followed with two-week data validation and asset verification process. The state government has provided office space and other utilities that will ensure conducive implementation. Within one month of interaction with the state government, the RISE project has worked with the Taraba state government to set up infrastructure for reporting, including training of data entry officers, setting up a command center for high frequency reporting, stabilized the supply-chain infrastructure, and set-up a project coordination framework (cluster coordination meetings) in the State.

It is safe to say that this approach has started on a sound footing. The state government is motivated and committed to ensuring that it works. "Our aim is to form a team that will be ready to learn from the implementing partners and replicate that in the state. Every government entity has its strength when it comes to ART implementation, we will harness this and prepare the team for the task" - DG Taraba State AIDS control Agency. USAID has continued to give immense support to the RISE project through high-level advocacy and strategic interventions when called upon. We are optimistic that the PEPFAR/GON alignment will pave the way for true sustainability not only in HIV/TB program implementation but also in other areas of public health interventions.

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