

**Agency for the
Control of HIV/AIDS**

Adamawa State

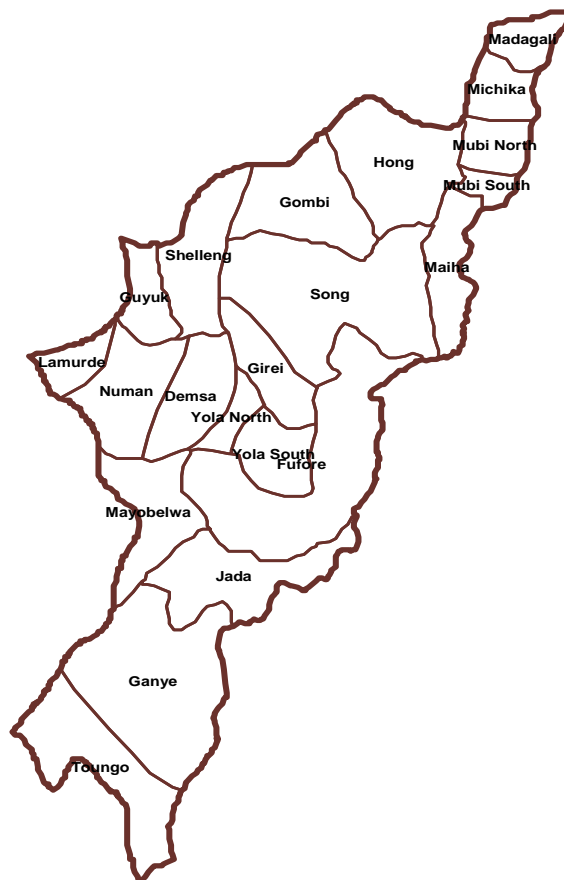
**2015
Annual
Report**

February 2016



**Office of The Executive
Governor**

**Adamawa State Agency for
the Control of HIV/AIDS**



Dr. Stephen John, MPH/ICHD,
Executive Secretary, ADSACA

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Abbreviations

AIDS	Acquired Immuno-deficiency Syndrome
ANC	Ante-Natal Clinics
ARH	Adolescent Reproductive Health
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BCC	Behavior Change Communication
CBOs	Community-Based Organizations
CHBC	Community and Home-Based Care
CIDA	Canadian International Development Agency
CiSHAN	Civil Society Organizations on HIV/AIDS in Nigeria
CSOs	Civil Society Organizations
CSW	Commercial Sex Worker
FBOs	Faith-Based Organizations
FHI	Family Health International
HAF	HIV/AIDS Fund
HBC	Home-Base Care
HIV	Human Immuno-deficiency Virus
IDA	International Development Association
IDU	Intravenous Drug User
IEC	Information, Education and Communication
LACA	Local Government Action Committee on AIDS
LDTDs	Long Distance Transport Drivers
LGA	Local Government Area
M&E	Monitoring and Evaluation
MARPs	Most At Risk Persons
MDGs	Millennium Development Goals
MSM	Men who have Sex with Men
NACA	National Action Committee on AIDS
NEPWHAN	Network of People living With HIV and AIDS in Nigeria
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PLWHAs	People Living With HIV/AIDS
PMTCT	Prevention of Mother-To-Child Transmission
SASCP	State AIDS/STI Control Program
SFH	Society for Family Health
SMOH	State Ministry of Health
STIs	Sexually Transmitted Infections
UNICEF	United Nations Children Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Acknowledgements

The 2015 Annual Report reviews progress made towards achieving our set targets for HIV control. It also evaluates the objectives in the year under review.

Our profound gratitude goes to the State Government for the special attention given to ADSACA which contributed to our achievements in the year 2015. We wish to thank The World Bank and the National Agency for the Control of HIV/AIDS for their continuous support. Our profound gratitude goes to our Implementing Partners, which includes FHI 360, various Community Based Organizations, the 21 Local Government Action Committees on HIV/AIDS and 4 line Ministries (Education, Youth & Sports, Women Affairs and Health) for their enormous contributions towards achieving better control of HIV/AIDS in Adamawa State in the year 2015.

Together, we invested in 2015 and achieved a lot. In our continuous thrust to improve HIV/AIDS coverage and service delivery, together, we would repeat the feat in 2016. Thank you all for your support.

Dr. Stephen John, MPH/ICHD
(Executive Secretary)

Forward

HIV/AIDS is a Multi-Sectoral problem; therefore, the efforts made to achieve proper control of the scourge must also be Multi-Sectoral. A lot has been achieved evidenced by the decline in HIV prevalence from 3.8% in 2010 to 1.9% in 2012; however, the impact of insurgency on the State has slowed down our progress. Our efforts have to be continuous in order to make meaningful impact in our communities. We must do everything possible to work in line with the UNAIDS set target of 90-90-90 in order to end AIDS by 2030. This implies that 90% of people living with HIV will know their status, ensuring that 90% of people found to be HIV positive will have access to sustainable antiretroviral therapy while also making sure 90% of persons on treatment will have the much desired viral suppression.

This report will be an important document for our health strategic planning in Adamawa State. It is therefore my singular honour to present the ADSACA Annual Report for 2015 to all stakeholders.

Dr. Fatima Atiku Abubakar
Honourable Commissioner for Health
Adamawa State

Executive Summary

HIV/AIDS remains a serious public health problem in Adamawa State despite the recorded decline in prevalence compared to 5 years ago. Indicators from the NARHS, 2012 showed a decline to 1.9% among the general population which is lower than the national average of 3.2%. The current prevalence of HIV in Adamawa State for 2015 according to NACA is 2.5%, an increase over the 2012 figure. This may be as a result of the dilution due to influx of displaced persons because of the insurgency that affected the State in 2015. As at the end of 2015, there were 115 functional public and private HIV/AIDS service delivery points in Adamawa State. Of these, 16 were comprehensive HIV/AIDS sites while 30 were PMTCT sites with the remaining being HCT sites.

Based on the current State HIV prevalence, it is estimated that there are over 81,000 Persons Living with HIV/AIDS in Adamawa State. Efforts to control the scourge are not only directed towards improving the quality of life of PLWHAs, but also ensuring that ongoing transmission of HIV is interrupted across Adamawa State. Common risk factors that favour the transmission of HIV include Low risk perception, concurrent multiple sexual partners, high stigma among others. The reporting year saw ADSACA coordinating appropriately all interventions carried out by implementing partners targeting the control of HIV/AIDS in the State. Civil Society Organizations were engaged to work on different groups of persons most at risk of contracting HIV, Technical working groups were strengthened, and LACA and line ministries were engaged and made more functional. In order to reposition ADSACA to take over as key partners were withdrawing due to donor fatigue, the Agency, with support from the lead partner, FHI 360 and key stakeholders, developed the Adamawa State HIV/AIDS Control Sustainability Plan; 2016 to 2018 for the first time. Attention was also focused on prevention as a thematic area with the aim of preventing new HIV infection among the population especially the transmission of HIV from pregnant mothers to their unborn babies.

The challenges identified in the reporting year would form the basis of the planned interventions in 2016. Most important is the issue of human power to deliver the required HIV/AIDS control services and Government Counterpart Contributions which has not been provided since 2011.

We remain confident that addressing these challenges will set the stage for a better control of HIV/AIDS in Adamawa State.

Introduction

Background:

Adamawa State lies in the Northeastern part of Nigeria occupying a land mass of over 42,000 sq. Km, with an estimated population of over 4 million (projected from 2006). It is bounded by Borno State to the North, Gombe and Taraba States to the North/West and South/West respectively, and the Cameroons extending throughout its Eastern border. The State is divided into 21 Local Government Areas (LGA's).

The State is multi-ethnic in composition; Hausa and Fulani are widely spoken. Other languages include Higgi, Marghi, Kilba, Bura, Bachama, Lunguda and Chamba. Farming, fishing and cattle rearing are the main occupation. The literacy level is low especially among women.

Adamawa State has over 1,290 health facilities which includes; 1 Federal Medical Centre, 6 General, 1 Dermatological, and 8 Cottage Hospitals. The remaining are Clinics, Dispensaries, and Health Posts. Over 1,160 facilities are public while 137 are private (12%); 95 Health Facilities delivered HIV/AIDS services in the year under review, of these, 12 delivered comprehensive HIV/AIDS services.

Structure of the ADSACA

The Adamawa State Agency for the Control of HIV/AIDS (ADSACA) operates under the office of the Executive Governor of Adamawa State who serves as its Chairman. ADSACA is responsible for the coordination of all HIV/AIDS interventions in Adamawa State. These interventions are implemented in Health Facilities and communities across the 21 LGAs of Adamawa State.

In order to ensure the Agency meets its mandate as the coordinating organ for HIV/AIDS control in the State, it has a Governing Board and a State Project Team, viz:

ADSACA Governing Board:

The ADSACA Governing Board was dissolved in 2014 following a change in Government in Adamawa State. ADSACA has since been without a board. The ADSACA Governing Board is made up of key stakeholders including representations from line Ministries, Civil Society, NEPWHAN and special youth groups. The Board is chaired by the Executive Governor of Adamawa State. Key functions of the Board include:

1. Providing policy and program direction for the response to HIV/AIDS, and determine priorities and synergy with the National Response
2. Providing oversight function for activities of SACA
3. Assist the SACA in mobilizing and leveraging internal and external financial and other resources.

The Executive Secretary/CEO serves as the secretary of the Governing Board.

State Project Team (SPT):

The SPT is a unit within ADSACA headed by a Project Manager. It is made up of the Monitoring & Evaluation Officer, Community Mobilization Officer and a Procurement Officer. A project accountant and a project auditor are also a part of the SPT but are domiciled at the Project and Financial Management Unit at the Accountant General's (AGs) Office. The SPT works in synergy with the National Project Team within the National Agency for the Control of HIV/AIDS (NACA). HIV Programme Development Project (HPDP) is a World Bank assisted project that was implemented from 2011 to 2015 by the SPT in Adamawa State. The period of implementation of HPDP II elapsed in November, 2015. However, following several meetings between NACA/WB/Federal Ministry of Finance, a 15 month extension was approved from December 2015. HPDP II is implemented by 4 line Ministries (Health, Women Affairs, Youth & Sports, and Education), 21 Local Government Areas (LGAs) through their Local Action Committees on AIDS (LACA) and 20 Community Based Organizations (CBOs). The activities targets Most at Risk Populations for HIV which includes Commercial Sex Workers (CSWs), Uniformed Men, In/Out of school youths, Long Distance Drivers, e.t.c. The implementation of these activities implemented by stakeholders mentioned above (HPDP II) is being coordinated by ADSACA. Details of the implementing partners, target population and type of activity can be seen in the annex.

ADSACA: Our Vision and Goal for Adamawa State

These were developed in line with the current challenges experienced in our multi-Sectoral efforts to control HIV/AIDS in Adamawa State:

Vision: A society without HIV/AIDS

Mission: To eradicate HIV in Adamawa State through a coordinated Multi-Sectoral Response

Value: Team Work, Accountability and Transparency

Goal: To reduce the incidence and prevalence of HIV among the people of Adamawa and improve the quality of life of the populace

Strategies of ADSACA

In order to achieve its Goal, ADSACA employs several strategies among which are the following:

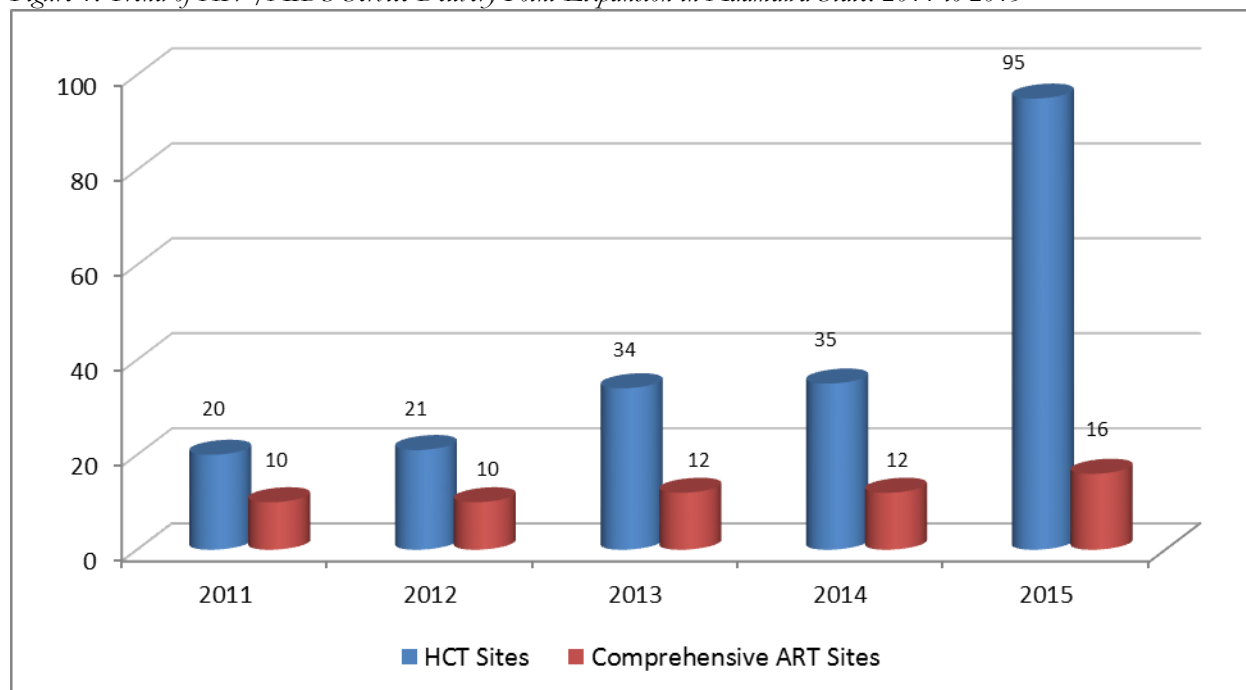
- Promotion of Multi-Sectoral and Multi-Agency mobilization for HIV/AIDS prevention
- Demand Creation through increased awareness and sensitization among the general population and strategically targeted stakeholders
- Promotion of behavioural change among low and high risk populations
- Promotion of the principle that all persons must accept responsibility for prevention of HIV/AIDS transmission
- Promotion of the principle that all Communities must accept responsibility for providing care and support for those infected with HIV/AIDS
- Community empowerment to design & initiate community specific action plans
- Promote the elimination of human resource, financial, cultural and information barriers to HIV/AIDS Prevention
- Support the development of standards and guidelines leading to the institutionalization of best practices in care giving and support to people infected by HIV/AIDS
- Empower people infected and affected by HIV/AIDS to form networks and contribute to HIV/AIDS planning and programming at the National, State, Local Government and the community levels

HIV/AIDS Control Activities

Coverage

ADSACA coordinated a gradual expansion of HIV/AIDS Service Delivery Points (SDPs) in Adamawa State over the past years. However, HF's that were able to deliver uninterrupted HIV/AIDS services were funded by Implementing Partners in the State. These include Family Health International 360 (FHI 360), Management Sciences for Health (MSH), AIDS Relief and Achieving Health Nigeria Initiative (AhNI). At the end of 2015, there were 95 functional HIV/AIDS service delivery points in Adamawa State; 12 of these delivered HIV/AIDS comprehensive services. Figure 1 below displays the gradual build-up of HIV/AIDS SDPs in Adamawa State.

Figure 1: Trend of HIV/AIDS Service Delivery Point Expansion in Adamawa State: 2011 to 2015



Activities implemented

Despite its limitation by inadequate funding from the State Government, ADSACA was able to provide oversight function in line with its mandate of coordinating all HIV/AIDS implementation in the State through the following key activities:

- 15 joint supervisions together with FHI 360 and PHCDA to key HIV/AIDS service delivery points in the State in 2015
- Several lectures on HIV Prevention, Treatment, Care and Support across communities and institutions
- Advocacy and engagement of private health service delivery points in HIV/AIDS control activities
- Advocacy and engagement of religious bodies for collaboration through their organs in HIV/AIDS control in Adamawa State
- Intensified supervision and on-the-job training to health facilities in IDP camps
- Provision of HIV Rapid Test Kits and other vital consumables to key service delivery points for HIV/AIDS control

Funding from the World Bank through the HPDP II project targeted HIV prevention activities among Most at Risk Populations (MARPS) for HIV in 2015. This was implemented by 20 CSOs, 4 Line Ministries and 21 LACAs. See table 1 in the annex for details

TB/HIV collaboration

Tuberculosis is known to kill almost half of Persons Living with HIV/AIDS (PLHIV) while a significant number of TB cases are also co-infected with HIV. TB/HIV collaboration is an important thematic area in the control of HIV/AIDS. ADSACA also supports the Adamawa State TB Control Programme through provision of HIV Rapid Test Kits for timely screening of cough symptomatics and diagnosed TB Patients, and linkage to HIV/AIDS care and support.

In its effort to improve on this collaboration, the National TB and Leprosy Control Programme involved ADSACA in its Training of Trainers for a planned capacity building on TB/HIV Collaboration for HWs across the States.

Furthermore, The Executive Secretary of ADSACA also participated in 2 TB/HIV related international meetings in Bangkok, Thailand and Cape Town, South Africa in the reporting year.

Reports from Directorates of ADSACA

In order to meet its mandate of coordination of HIV/AIDS activities in the State, ADSACA has 6 functional Directorates heading its respective thematic areas. The following is an overview of their respective activities in 2015.

Directorate of Administration and Human Resources

The purpose of this directorate is to provide efficient and effective Human Resources and Office Management System for the Agency and other support that is required for the Agency to fulfill its mission. 2015 was a busy year for this directorate; the following key activities were implemented:

- ✓ Provide support and coordination of all activities implemented by respective departments
- ✓ Coordinated Meetings organized by the Agency. Meetings held in 2015 are as follows:
 - Monthly Monitoring & Evaluation Meeting for Implementing Partners
 - Quarterly Technical Working Group Meetings for key thematic areas of HIV/AIDS Control
 - Meeting for the development of Resource Mobilization (RM) Strategy and Implementation Plan for Adamawa State
 - CSO Quarterly debriefing meeting
 - CSO debriefing meeting
 - Quarterly Coordination Forum Meetings with LACAs, Private Sectors, Monitoring & Evaluation
 - Meeting for capacity assessment of HIV/AIDS services transition to local partners

Note: These meetings were funded by the World Bank through the HPDP II project

- ✓ Generated all memos presented by the Agency
- ✓ Processed and Coordinated Capacity Building of 3 Management Staff by implementing Partners UNDP, EU, Ministry of Health
- ✓ Supported and Participated in the Mapping of CSOs, CBOs and NGOs for engagement in the HPDP 2 World Bank supported project in Adamawa State
- ✓ Coordinated the State's Commemoration of the 2015 World AIDS Day.
- ✓ Participated in Mapping of Faith Based Organizations (FBOs) in the State.
- ✓ Coordinated the Agency's Directors study tour to Kaduna (KADSACA) and Benue (BESACA) States.
- ✓ Participated in the supervision of CSOs implementing HPDP 2 World Bank supported activities in the State

The Directorate in particular and the Agency in general learnt from experiences gathered from these study tours which placed ADSACA in a better position to improve on its performance towards meeting the Agency’s mandate in the coming year.

Directorate of Finance and Supply

Despite considerable progress in addressing HIV/AIDS in Adamawa State, the challenges of raising funds towards improved access to HIV/AIDS services in order to achieve the goal of Zero new Infections remains a major concern for ADSACA.

In the year 2015, the Agency was unable to function as expected because most of its memos did not scale through for the release of funds. The flow of funds from Government to ADSACA is as captured below:

1. The total sum of ₦20,150,000 = was appropriated to the Agency as overhead cost in 2015 financial year; only ₦6,315,755 was accessed by the Agency representing only 31.4% which was inadequate for funding the coordination of HIV/AIDS response for Adamawa State.
2. The sum of ₦25,728,600 = was appropriated as personnel cost in 2015 financial year. ₦24,347,201.76 was paid as staff Salaries representing 94%.

It is hoped that the coming year would witness improvement in domestic funding in order to ensure that HIV/AIDS control activities are sustained in the State

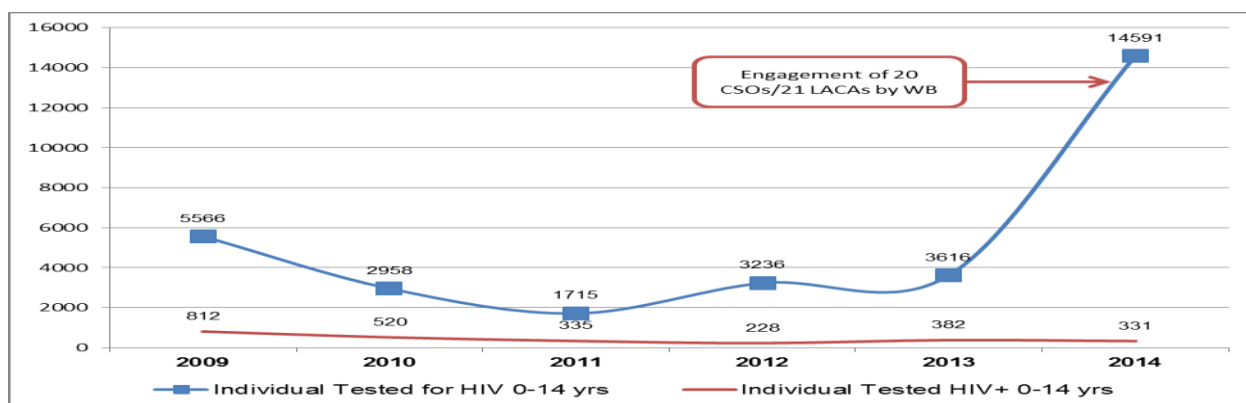
Directorate of Monitoring and Evaluation

The main objective of the department is to collect, collate and analyze data for decision making by the Agency in order to improve the control of HIV/AIDS in Adamawa State. The department is able to achieve this through continuous planning, supervision, monitoring and evaluation of all HIV/AIDS service delivery points while collaborating with all implementing partners in Adamawa State.

HIV Counselling & Testing (HCT):

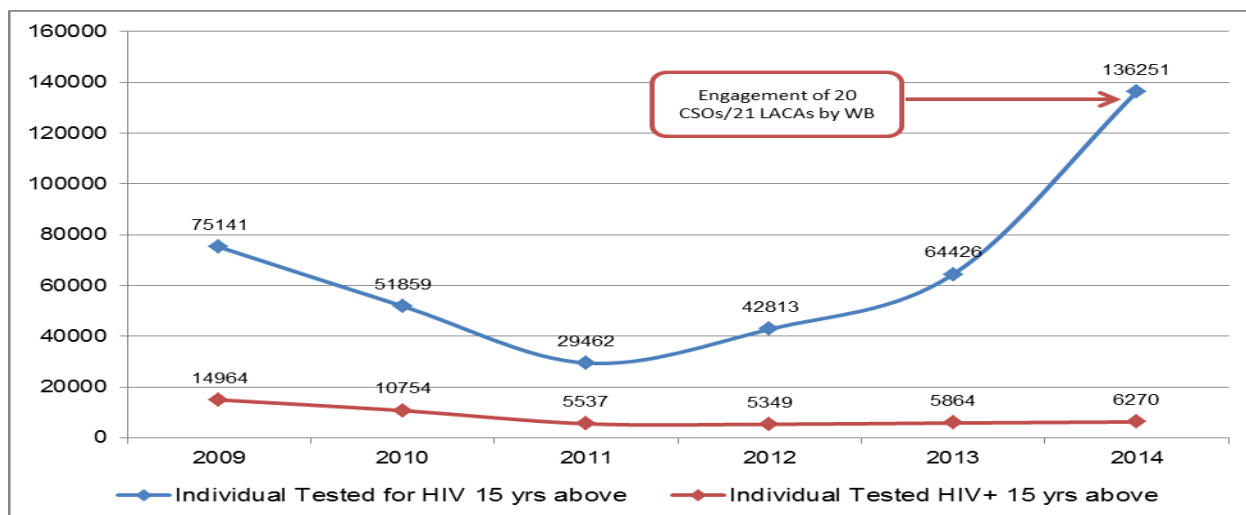
The entry point to HIV treatment, care and support is HCT. ADSACA has coordinated HCT activities in the State since its inception as can be seen in the trends below:

Figure 2: Trends of 0 – 14 years Individual Tested for HIV and Found HIV+ in Adamawa State 2009 -2014



The marked increase in individuals tested observed in 2014 was due to the involvement of implementing partners funded by the World Bank through the HPDP II project from 2014. A similar picture is observed among adults in the same intervention as seen in figure 3 below

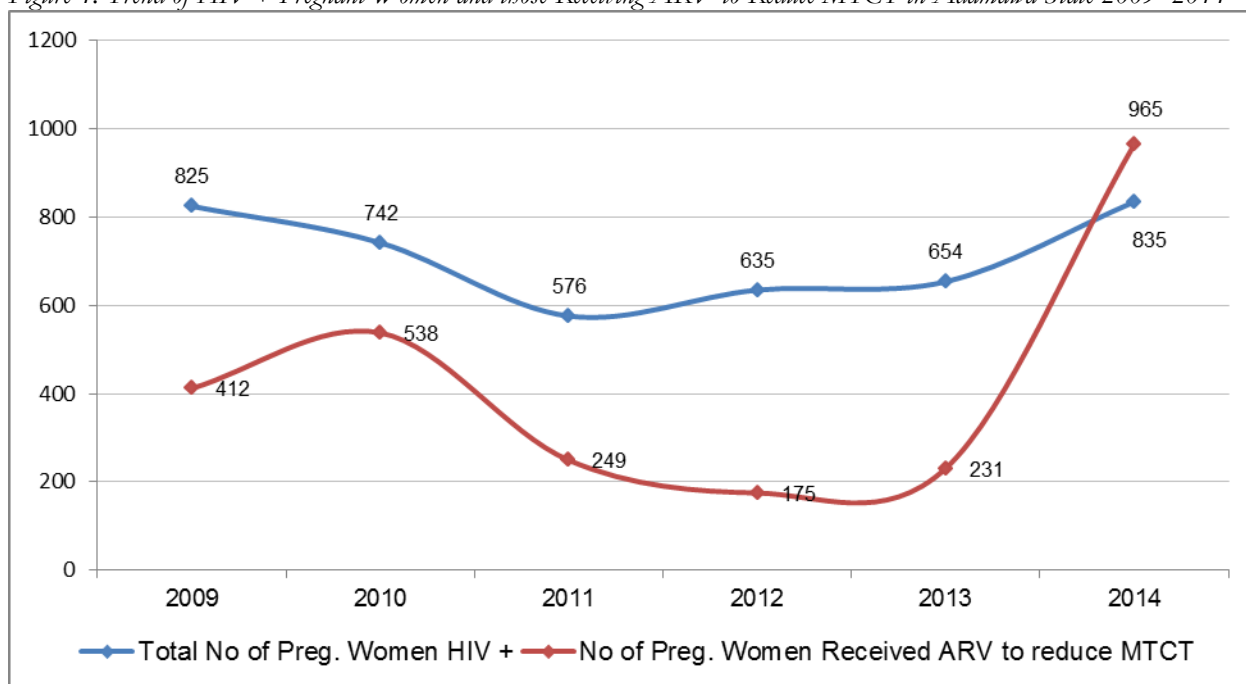
Figure 3: Trends of 15years and above Individual Tested for HIV and Found HIV+ in Adamawa State 2009 -2014



Prevention of Mother to Child Transmission (PMTCT):

This is one of the key interventions in the control of HIV where control efforts target the delivery of HIV free children by HIV infected mothers in the State. The chart below (figure 4) shows results of implementation of this activity over the past few years:

Figure 4: Trend of HIV+ Pregnant Women and those Receiving ARV to Reduce MTCT in Adamawa State 2009 -2014



ADSACA targets all HIV+ pregnant women for this intervention, unfortunately, due to suboptimal coverage in service delivery and inadequate drugs among other factors, this was not achieved from 2009 to 2013. With support from the World Bank through the HPDP II project, more HIV+ pregnant women were reached in 2014. The overshoot in those placed on treatment observed in 2014 was due to spill over of cases that presented for treatment long after they were diagnosed by the programme in the previous years. This could be attributed to improved information dissemination by implementing partners in 2014. Table 3 in the annex shows the result of the combined effort of all implementing partners in 2015 looking at selected variables.

The number of clients who had HCT in 2015 was 129,698 compared to 150,842 in 2014. Shortage of manpower, inadequate quantity of HIV Rapid Test Kits and consumables could have contributed to the reduction in clients who had HCT. Of all clients counselled, 4.7% were found to be HIV+. This could be an early predictor of Adamawa State Prevalence at this important period. The last prevalence in 2012 was 1.9% and the impact of insurgency in the State and other key factors could have changed the situation. Sexually Transmitted Infections (STI) remains a risk factor for the transmission of HIV. From the above table, over 2% of STI clients screened were found to be HIV+.

TB/HIV collaboration is an important thematic area for both diseases. Data obtained in 2015 shows that over 70% of HIV+ clients were found to be presumptive TB cases. They were referred for sputum microscopy in order to confirm if they had active TB. Unfortunately, there is no data on the number actually found to have active TB, neither is there data on those enrolled on TB treatment. The Agency would ensure that this gap is bridged in the coming year.

PMTCT is an important thematic area for HIV/AIDS control. Over 33,000 new ANC clients were tested for HIV in 2015 of which 398 were found to be HIV+. Of this number and those known to be HIV+ in the reporting year, 408 received ARVs for PMTCT. There were 139 live births by pregnant women who were HIV+, out of these 11 children tested within 18 months were found to be HIV+.

Directorate of Government Affairs Coordination and NACA Liaison

The primary function of this department is to facilitate the engagement of State and Local Governments on issues of HIV/AIDS and to coordinate planned and identified multi-sectored HIV/AIDS activities of government as a part of the state response. In 2015, the department carried out the following activities:

- i. Engaged the LACAs and built their capacity to carry out HIV/AIDS activities i.e. identify and engage volunteers to work as counselors in the 21 Local Government Areas.
- ii. Helped the LACAs in concept note writing to facilitate their engagement with HPDP II World Bank Project
- iii. Helped the LACAs develop their Work Plans for HPDP II.
- iv. Identified and engaged 4 Line Ministries (Youth & Sports, Health, Education and Women Affairs) to carry out certain intervention activities in reducing the HIV/AIDS prevalence in the state. The Min. of Women Affairs focused on Orphans and Vulnerable Children, Min. of Youths and Sports focused on Youths and NYSC, Min. of Education focused on Family Life Health Education (FLHE) for School Pupils and Teachers, and Min. of Health focused on scale-up of PMTCT and HCT services, Supportive supervision to newly upgraded sites, Dry Blood Sample transportation, Engagement of Mentor Mothers and Awareness campaign on Safe Waste Disposal. These activities are still on going.
- v. Helped Line Ministries develop their Work Plans
- vi. Coordinated the activities of partners both implementation of development partners.
- vii. Interacted with all partners through forum meetings such as (SACA/LACA Forum, SACA/Line Ministries, SACA/IPs Forum). These meetings helped the agency coordinate and harmonize various activities carried out by the different partners in the state.

- viii. Organized meetings of Policy, Advocacy and Gender Technical Working Group (TWG) to review or propose new policies as it affects HIV/AIDS fight, advocate for new approach method and to mainstream gender involvement.
- ix. Participated in Health system policy review meeting for 2016-2020 (SSP)
- x. Supportive and supervisory roles for all stakeholders engaged in the fight against HIV/AIDS
- xi. Established the State Management Team (SMT)
- xii. Established Resource Mobilization Committee for the state HIV/AIDS response.
- xiii. Developed TORs for the TWGs and forums.
- xiv. Took sensitization visits to the Line Ministries and advocated for their contribution towards the fight against HIV/AIDS in the state. i.e. solicited for at least 1% of monthly running cost of their Ministry to HIV/AIDS reduction.
- xv. To assess our performance and modus operandi, the agency through the department organized a study tour to sister agencies of Kaduna and Benue States.

The activities implemented contributed to the successes registered by ADSACA in the State. Unfortunately, most of the activities were funded by donors and may not be sustainable unless domestic funding is sourced and utilized.

Directorate of Prevention and Behavioural Change Communication

This department represents one of the key thematic areas of HIV/AIDS control; prevention. In the reporting year, the department participated in various activities geared toward improving Adamawa State's response to the HIV/AIDS problem. These activities were implemented across the 21 LGAs of Adamawa State and include:

1. Maternal and Child Health Week (MNCHW) observed across the LGAs of Adamawa State
2. Supportive supervisory visit to IDP Camps (Malkohi, Damare, NYSC Camp and St. Theresa's) with the distribution of 25,000 Test Kits
3. Training of 100 Health Facility Staff on HIV Control with support from UE project through the PHCDA
4. Training of 100 Health Workers on PMTCT under Ministry of Health in collaboration with HPDP II project in ADSACA
5. Training of 50 Health Workers on PMTCT in collaboration with EU, PHCDA and ADSACA
6. Implementation of second MNCH week where a total of 50,000 HIV Test Kits were distributed to participating Health Facilities
7. Supportive supervision to 10 Health Facilities implementing HCT/PMTCT in Yola North/South.
8. A Workshop on Development of Workplan Community Mobilization organized by EU in collaboration with ADSACA
9. A training of trainers workshop on TB/HIV collaboration organized by Federal Ministry of Health

These activities contributed to the improvement in access to HIV/AIDS services across Adamawa State at the end of 2015. We hope the coming year will add to this success.

Directorate of Treatment, Care and Support

This directorate aims to provide coordination to all activities targeting treatment, care and support for persons living with HIV/AIDS in Adamawa State. Activities conducted in 2015 include:

1. Visit to five (5) IDP Camps to provide support to Health Facilities at the Camps for HIV Service Delivery
2. The Directorate collaborated with FHI360 and conducted Hepatitis testing at the IDP Camps
3. The Directorate collaborated with FHI360 and provided 250 pieces of Mosquito Nets to the IDPs at Malkohi Camp
4. Through the World Bank HPDP II project, the Directorate in collaboration with Ministry of Women Affairs trained 100 Care – Givers selected from the 21 Local Governments on Improved Quality Care and Support Services to Orphans and Vulnerable Children.
5. Through the World Bank HPDP II, the Directorate in collaboration with Ministry of Women Affairs enrolled 90 PLHIV into different trades of their choice and empowered them with money to start the trade.
6. The Directorate participated in empowering 90 Care – Givers of Vulnerable Children with Micro – Credit to embark upon Small Scale Business to earn their living
7. The Directorate went on Study Tour to Benue State and obtained more knowledge on Functions and Roles of Treatment, Care and Support services for persons living with HIV/AIDS.
8. The Directorate supported and participated in the training of 1,341 PHC Staff on PMTCT/HCT, 63 PHC Supervisors were also trained

Treatment, Care and Support is a vast thematic area that required additional hands to coordinate. There is need for ADSACA to secure more staff to assist in the implementation of activities in this directorate in the coming year.

Directorate of Civil and Private Sector Organizations

The fundamental functions of this department is to advocate and coordinate for the mainstreaming of HIV/AIDS interventions in to all sectors of the civil societies and private sector organizations and to plan and identify HIV/AIDS activities of the civil societies as well as the private sectors. To facilitate the coordination of the major civil organizations and the commercial private sectors in relation to HIV/AIDS response in the State.

The following activities were conducted in 2015:

Coordinated SACA- PRIVATE sector forums; This forum, as enshrined in the WORL BANK/NACA operational plan, is a forum that bring together faith base organizations (FBOs) and private sector operators in which plans and reviews on HIV/AIDS response are discussed. This forum was scheduled to take place quarterly; however, three of such meetings were conducted successfully in 2015

Coordinated the SACA – JNI and SACA- CAN meetings; this was an identified and planned activity that was meant to facilitate the grass root engagement of the FBOs. The Agency, in an attempt to step down the much talk slogan of ownership and sustainability of programs and projects, decided to give much attention to the faith base organizations in its preparation for mapping of the FBOs and subsequent engagement. Two (2) of such meetings were conducted successfully in 2015

Participated in study tour; In order to improve the performance and efficiency of the principal stake holders of the key departments in the Agency, the departmental heads of ADSACA participated in a study tour at Kaduna and Benue states respectively.

Coordinated and supervised the activities of LACAs in the Southern Senatorial Zone of the State; Local Action Committees on Aids (LACAs) were engaged to conduct/render services across the state in thematic areas of prevention, care and support. This directorate was involved in the joint supervision and monitoring of the LACAs

Mapping and selection of Private Health Facilities for engagement by ADSACA; In order to improve HIV/AIDS control coverage and track activities and contribution of the private health facilities to HIV/AIDS control, private health facilities were mapped, assessed and selected for collaboration

Meetings and workshops;

The directorate participated in the following meetings/workshops in 2015:

Training of LACAs in order to enable them conduct reaches on HCT effectively.

Workshop on Sustainability Road Map Development; Organized by SIDHAS, in which FHI 360 and ADSACA highlighted the contributions and support services for HIV/AIDS interventions in the State. A sustainability road map was developed.

Meeting on Dissemination of findings from the Political Economic Analysis Survey and the Health Facility Assessment of Adamawa state Health System

Knowledge transfer meeting on Institutional and Financial capacity building for stake holders in Adamawa State; It was a meeting organized for stake holders in HIV/AIDS programs by FHI 360 .

Meeting on program for system strengthening and integration of MNCH/HIV-AIDS interventions in Adamawa State organized for media executives

Having engaged private health facilities in delivery of HIV/AIDS services, the directorate with support from ADSACA plans to strengthen supervision and monitoring to ensure strict adherence to National guidelines in HIV/AIDS service delivery

Logistics drug and commodity management

All commodities and supplies for ADSACA are kept in a designated store within the Agency and managed by a store officer who is under the Directorate of Finance and supply. Standard operating procedures with respect to management of commodities are observed. Table 2 in the annex presents the Agency's stock balance as at 31st December, 2015

Key Achievements, Challenges and Recommendations

The following are some of the achievements of the Agency in the reporting year:

- i. Capacity building among Health Workers on HCT and PMTCT
- ii. Improved coverage of HIV/AIDS Service Delivery Points from 35 to 115 through;
 - a. Activation of 50 additional HIV Counselling and Testing sites
 - b. Activation of 10 PMTCT sites
 - c. Activation of 4 additional HIV/AIDS comprehensive sites
 - d. Identification and engagement of 20 private Health Facilities
- iii. Development of supervisory/advocacy tools for use at State and LGA levels by ADSACA and LACA staff
- iv. Sustained quarterly programme planning and implementation
- v. Sustained supervision and monitoring of HIV/AIDS service delivery points including newly activated sites within the Internally Displaced Camps
- vi. Joint planning and implementation of key activities including supervision and monitoring with FHI 360 and PHCDA
- vii. Supply of HIV Rapid Test kits, male and female condoms to health facilities, implementing partners and HIV service delivery points in IDP Camps
- viii. Collaboration with 20 CSOs in the area of HIV/AIDS prevention targeting Most at Risk Populations in Adamawa state

- ix. Inauguration of the State Management Team for resource mobilization and sustainability purposes for the Agency
- x. Sustained quarterly meetings of Technical Working Groups for the key thematic areas of HIV/AIDS control
- xi. Strengthened TB/HIV collaboration with the identification of a focal person in the Agency

The Challenges faced by the Agency include:

- i. Lack of Government Counterpart Funding since 2012
- ii. Inability of ADSACA's amended Law to be concluded and accented by Government
- iii. Inadequate number of HIV/AIDS service delivery points in the State
- iv. Inadequate number of trained Health Workers on HIV/AIDS control in the State
- v. Inadequate number of functional project vehicles in the Agency
- vi. Inadequate quantities of HIV Rapid Test Kits
- vii. Inadequate quantities of ARVs
- viii. Low level of engagement of the private sector including health facilities in HIV/AIDS control

The following recommendations would go a long way in improving the performance of ADSACA:

- i. There is need for the State Government to increase funding to ADSACA in order to demonstrate ownership and sustainability of HIV/AIDS control interventions that have been mainly funded by the World Bank since the inception of ADSACA
- ii. There is need for the Adamawa State House of Assembly to revisit the proposed revision of ADSACA law in order to position the Agency for better performance
- iii. There is need for Local Governments to contribute funds to boost the implementation of HIV/AIDS control activities at the Local Government level in the State
- iv. There is need for the State Government to provide appropriate project vehicles for ADSACA
- v. There is need for ADSACA to scale up its engagement of the private sector including health facilities in the State
- vi. ADSACA should intensify its supportive supervision of all HIV/AIDS service delivery points in the State

Conclusion

A lot of effort was invested in the fight against HIV/AIDS in Adamawa State in 2015 which led to a lot of achievements, however, a lot more needs to be done to impact more on the communities of Adamawa State. The efforts that led to the achievement in the reporting year were mostly funded by donors. This has implications for ownership and sustainability of the programme. In order to make a meaningful impact in the State on HIV/AIDS control, the need to mobilize and deploy resources internally cannot be overemphasized especially now that donor funds have continued to dwindle amidst competing demands globally. The improved focus of the present leadership in Adamawa State Health sector provides an opportunity to achieve more. However, this has to be backed up with the necessary finances required. Together with our stakeholders, with all hands on deck as each plays its required role, we can achieve more in 2016. Thank you all for your support in the year 2015. We look forward to a better 2016.

Annexes:

Table 1: Details of HIV/AIDS activities conducted by Line Ministries, LACAs and the 20 Civil Societies engaged by ADSACA in 2015

S/N	Name of CSO	Intervention LGAs	Target Group
1	Centre for Health & Development for Africa	3	Female Sex Workers, Long Distance Drivers and USM
2	EYN	1	People Living With HIV/AIDS
3	MANA Foundation	2	Youth and USM
4	Child Protection & Peer Learning Initiative	1	Pregnant Women
5	APYIN	1	Youth
6	Peace Development Support Group	1	People Living With HIV/AIDS
7	Centre for Social Change & Economic Development	1	Female Sex Workers
8	MIYA WOMEN	2	Female Sex Workers
9	BEGE House for support of Orphans, Widows Foundation	2	USM, Pregnant Women
10	GOGGOJI Zumunci Development Initiative	2	Female Sex Workers, Long Distance Drivers, Youth
11	PARE	2	People Living With HIV/AIDS
12	Global Health & Social Awareness Foundation	2	Female Sex Workers
13	Community Reach Initiative	1	Youth
14	GRACE AND HOPE for Youth emancipation	1	Pregnant Women
15	Nigeria Aid Group of Islam (JNI)	1	Pregnant Women
16	Center for Islamic Thought	1	Pregnant Women
17	Christian Faithfuls Fight Against AIDS	1	Long Distance Drivers
18	FOMWAN	1	Pregnant Women
19	Optimum Healthcare Initiative	1	Female Sex Workers
20	Center for Leadership and Environmental Development	1	Youth
Line Ministries			Activities Conducted
1	Ministry of Health	21	50 PHCs upgraded to HCT sites, 10 PHCs upgraded to PMTCT sites, Jingles aired (TV &

			RADIO) on waste management, 10 PMTCT Sites providing EID Services (222 samples/22+ve), 2 CD4 Machines (Staff training & CD4 tests, 20 Health care facilities rehabilitated (Labs, HCT & PMTCT offices)
2	Ministry for Youth & Sports	21	55 NYSC trained as Peer Educators and HIV Counselors & Testers, IEC distributed to 21 CDS groups, Outreaches conducted in 15 wards(3 LGA)
3	Ministry of Women Affairs	21	100 Caregivers/Volunteers trained for OVCs and PLHIV, 90 Women LWHA enrolled into skills of their choices, 90 OVC caregivers empowered with micro-credit, 150 Older OVC enrolled in to skill acquisition
4	Ministry of Education	21	The Ministry of Education could not implement their planned activities in the reporting year
Local Government Action Committees on HIV/AIDS			
1	Primary Health Authorities of 21 LGAs	21	420 Community Volunteers trained on HCT, 82,510 persons counseled and tested, 667 persons found positive, 268,080 condoms distributed

Table 2: Stock balance of HIV/AIDS control commodities as at 31st December, 2015

S/N	Description of Goods	Unit	Received	Issued	Balance
1	Why you should know about HIV/AIDS	Copies	15,000	15,000	0
2	Stigma and Discrimination	Copies	10,000	10,000	0
3	Facts about Condoms	Copies	8,000	8,000	0
4	HIV Testing	Copies	7,000	7,000	0
5	Infant Feeding in the context of HIV	Copies	5,000	5,000	0
6	Know Your Status	Copies	5,000	5,000	0
7	Positive Health	Copies	400	400	0
8	Use of condom every time	Copies	250	250	0
9	Talk to patients about HIV Prevention	Copies	250	250	0
10	They call use vulnerable children	Copies	200	200	0
11	CD4 Machine/Consumable	Set	1	1	0
12	Determine	Packets	520	520	0
13	Uni-Gold	Packets	50	50	0
14	Start Pack	Packets	20	20	0
15	Cotton Wool	Roll	200	200	0
16	Menthylated Spirit	Bottles	1,000	1,000	0
17	Sharp Bin	Box	200	200	0
18	Male Condoms	Pcs	150,000	150,000	0
19	Female Condoms	Pcs	5,000	5,000	0
20	Determine	Packets	420	420	0
21	Uni-Gold	Packets	210	210	0
22	Stat Pack	Packets	21	21	0
23	Cotton Wool	Roll	1,000	970	30

24	Menthylated Spirit	Bottles	550	425	125
25	Sharp Bin	Box	210	210	0
26	MaleCondoms	Pcs	300,000	300,000	0
27	Female Condoms	Pcs	3,000	3,000	0
28	Posters	Pcs	3,000	3,000	0
29	Stickers	Pcs	3,000	3,000	0
30	Hand Bills	Pcs	2,000	2,000	0
31	T Shirts	Pcs	250	250	0
32	Face Caps	Pcs	250	250	0
33	Determine	Packets	100	100	0
34	Uni-Gold	Packets	20	20	0
35	Stat Pack	Packets	3	3	0
36	Male Condoms	Pcs	51,520	51,520	0
37	Female Condoms	Pcs	864	864	0
38	Fact Sheet	Sheets	1,000	1,000	0
39	Determine	Pcs	310	310	0
40	Uni-Gold	Pcs	100	100	0
41	Stat Pack	Pcs	10	10	0
42	Male Condoms	Pcs	300,000	300,000	0
43	Toyota Hillux	Number	1	1	0
44	CD4 Machine/Reagents	Set	3	2	1
45	Determine	Packets	400	400	0
46	Uni-Gold	Packets	80	80	0
47	Stat Pack	Packets	5	5	0
48	Client Referral Forms	Booklets	800	680	120
49	Referral Register	Booklets	50	50	0
50	HIV Register	Booklets	200	100	100
51	Client Intake Form	Booklets	200	100	100
52	ARV Prophylaxis Drugs	Tins	3,200	60	3,140
53	Determine	Packets	450	0	450
54	Uni-Gold	Packets	80	0	80
55	Stat Pack	Packets	10	0	10
56	Determine	Packets	50,000	50,000	0
57	Buffer	Bottles	500	500	0
58	Uni-Gold	Packets	2,500	2,500	0
59	Stat Pack	Packets	250	250	0
60	Determine	Packets	975	975	0
61	Capillaries	Pcs	975	975	0
62	Blood Lancets	Pcs	975	975	0
63	Buffer	Pcs	975	975	0
64	Uni Gold	Packets	185	44	141

Table 3: Results of selected variables achieved through combined implementing partners efforts

S/N	Variable	Total	Number achieved		Remarks
			Male	Female	
<i>HIV Counselling & Testing</i>					
1	Number of trained counsellors who provided HCT in 2015	133			Mostly done by SASCP in MOH funded by the WB
2	Number of persons counselled and tested for HIV	129,698	63,594	66,104	Combined effort of LACAs and CSOs funded by the WB
3	Number of persons in (2) who were HIV+	6,164	3,200	2,964	
4	Number of STI Clients tested for HIV	12,258			
5	Number of STI Clients found HIV+	287			
<i>TB/HIV Collaboration</i>					
6	Number of HIV+ clients clinically screened for TB	1,100			This could improve with strengthened TB/HIV collaboration
7	Number of presumptive TB cases identified among (6)	807			
<i>Prevention of Mother to Child Transmission</i>					
8	Number of new ANC Clients	25,468			
9	Number of new ANC clients tested for syphilis	1,887			
10	Number of new ANC clients tested positive for syphilis	1			
11	Number of ANC attendees previously known to be HIV+	241			
12	Number of pregnant women tested for HIV	33,422			
13	Number of pregnant women found to be HIV+	398			
14	Number of pregnant women who received ARVs for PMTCT	408			
15	Number of live births by HIV+ women	139			
16	Number of infants from (15) found HIV+ within 18 months	11			