



ANNUAL REPORT

GHANA, TOGO & NIGERIA COLLABORATHON PROJECT

1 Brief Introduction and Context Analysis

The Ghana – Togo – Nigeria Collaborathon project is a two (2) year innovative intervention that places pediatric HIV Testing at the center of the 90-90-90 global target. The project seeks to ensure that 90% of most at risk children (0-17yrs) living in target townships and localities in Ghana, Togo and Nigeria test for HIV and know their status.

The implementation of the project interventions commenced on the 15th of July, 2019. This annual report thus seeks to highlight the activities implemented over the 12-month period and the results achieved in comparison to targets set for the year. The report is a summary of key activities implemented by the three (3) collaborating partner organizations in Ghana, Togo and Nigeria.

The implementation of the activities specifically targets children of sex workers, HIV Positive Mothers as well as Teen-Mothers. The strategy is focused on catalyzing early infant diagnosis (EID) for HIV-exposed infants through effective targeting whilst also facilitating the testing of all children of adults receiving any HIV service (PMTCT, Care, ART) through facility or home-based index case testing as well as promoting testing of all children and adolescents attending TB clinics, malnutrition services, and/or admitted to the pediatric ward in target clinics/localities.

The interventions are anchored on the C3 strategy which provides a two prong approach to meeting the unmet need for pediatric HIV Testing Services. The Clinic Based Testing (CBT) and Family/Household Level Testing (FLT) have been vigorously implemented.

According to the Joint United Nations Programme on HIV/ AIDS (UNAIDS), an estimated 21.7 million people living with HIV are accessing antiretroviral therapy, a dramatic increase of 2.3 million people since 2016.

This notwithstanding, current progress on preventing new HIV infections and AIDS-related deaths has not been sufficient to achieve ambitious global targets. Evaluation reports are showing declines in high-level political will and funding and alarming spikes in new HIV cases among key groups, including adolescent girls and children in sub-Saharan Africa. Ultimately, while much progress has been made over the past two decades, the fight against HIV is far from over.

Identifying and diagnosing children as HIV-positive is the first step in the continuum of pediatric care and treatment but unfortunately most children at risk of HIV infections have been left behind in the national response to HIV/AIDS Testing in Ghana, Togo & Nigeria. Children continue to face the highest risk of AIDS-related death compared to all other age groups.

Data released by UNICEF indicates wide disparities and inequities in terms of progress towards the achievement of the global goals of AIDS response among children and adolescents living with HIV compared with the adult population. Unfortunately, these children that have been left behind have no voice and cannot protest against this level of inequity.

To reverse this trend and accelerate access to high quality Pediatric HIV Testing Services will require a paradigm shift; a call to embrace ambitious and bold innovative

thinking driven by evidence, experience and collaboration.

This project was thus conceived to address the low pediatric HIV Testing coverage by putting children at the center of the 90-90-90 global target. The project implementation has far accelerated and up-scaled, innovative, bold, and evidence-informed strategic interventions to fast track the process of HIV Testing which yields a positivity rate that is higher than the estimated HIV prevalence among children and adolescents in the target countries and townships with the lowest cost per case newly identified. The bold initiatives implemented by the project team has directly enabled a total of 3732 children and adolescents (0-17) to test for HIV and received their results. Out of this number of children and adolescents tested for HIV, 91 received a positive result representing a positivity rate of 2.4%. All the children who have tested and received a positive result have commenced treatment and are doing better. The collaborathon project implementation has thus far made good progress and is on course to achieve remarkable results.

2 Collaborathon Implementing Partner Organizations

The Ghana - Togo - Nigeria Collaborathon project was conceived during the 2018 International AIDS Conference held in Amsterdam – Netherlands on the theme “Breaking Barriers. Building Bridges.

During a pre-conference event hosted by the Positive Action for Children Fund (PACF), three NGOs from Ghana, Togo and Nigeria pitched a project idea which focused on catalyzing evidence-based interventions that fast tracks HIV testing for most at risk

children and adolescents (0-17yrs) who are born to Sex Workers, Positive Mothers as well as Teen-Mothers.

The Multi-country project is being implemented in Ghana, Togo and Nigeria by a consortium of three local NGO partners namely:

- 1.1. Community Development Alliance (CDA-Ghana) is the lead implementing partner organization known for its innovative track record in fostering family and clinic based HIV Testing targeted at key populations such as sex workers and teen mothers. CDA is directly implementing the Collaborathon project interventions in the Upper West Region of Ghana. The project implementation places pediatric HIV Testing at the center of the 90-90-90 global target. It is aimed at ensuring that 90% of most at risk children (0-17yrs) living in target townships and localities test for HIV and knows their status. It further seeks to ensure that at least 95% of children (0-17years) of adults receiving ARTs in target localities have been counseled, tested and knows their HIV Status at least once by 2021.
- 1.2. Annabelles Bogi Development Initiative (ABDI) is the Collaborathon project partner directly responsible for the implementation of the project interventions. Known for its profound expertise in promoting HIV testing among adolescents, teen-mothers, people living with HIV and sex workers, ABDI is directly implementing outreach

interventions aimed at creating demand and increasing uptake of HIV testing services among children and adolescents aged 0 – 17 years. Annabelles Bogi Development Initiative (ABDI) is implementing the Collaborathon interventions towards reduction to zero among targeted beneficiaries in Ebonyi and Ezza North Local Government Areas (LGAs) of Ebonyi State of Nigeria. The target beneficiaries include primarily children from 0-17 years who are born to sex workers, positive mothers as well as Teen-Mothers. While also targeting the children, efforts will also be made to target pregnant women and other vulnerable women such as sex workers and adolescent mothers. Ebonyi LGA is one of the 13 LGAs in Ebonyi State located in the Northern Senatorial Zone of the State with an 181,617 projected population using 3% projection of 2006 Census. The population disaggregation show that 36,324 are U5 while 39,956 women of child bearing age. There are eleven autonomous communities in the LGA with a total of 13 Political wards and 50 Health Facilities (34 Public; 16 Private (out of the private are 3 Faith-Based secondary level health facilities)). There is also one tertiary The LGA also have 20 Health Wards, however two wards do not have any public health facility located therein. Ezza LGA is one of the 13 LGAs in Ebonyi State located in the Central Senatorial Zone of the State with a 202,821 projected

population using 3% projection of 2006 Census. The population disaggregation show that 40,564 are U5 while 10,151 are pregnant women. There are a total of 14 Political wards and a total of 42 Health Facilities (36 Public; 6 Private).

- 1.3. CRIPS Togo is a reputable NGO based in Togo known for its profound knowledge and experience in HIV/AIDS research as well as working with sex workers and creating demand for increased uptake of PMTCT services by pregnant women particularly HIV positive pregnant women and nursing mothers. CRIPS Togo is directly implementing the Collaborathon project interventions in the Ave health district, which is an area contiguous to the large agglomeration of Lomé. It is a rural district with 17 health facilities. It is crossed by the national road N ° 5 and is located approximately 50 km north-west of Lomé the capital city of Togo. The majority of health facilities (FS) in this district are not readily accessible. CRIPS-TOGO is the only associative structure for the care of PLHIV located in the district which maintains partnerships with the district and the various public health centers. The epidemiological trends in HIV in this district are similar to that in the maritime region. They are marked by a high rate of new infection, a low rate of PLHIV on ART, a low rate of screening of children, a high rate of death of

children born to HIV-positive mothers. For the year 2018, the total number of PLHIV on ARVs monitored is 18 158 including 1 343 (7.39%) children (compared to 14 to 15% according to the literature) in the Ave health district (PNLS 2018). CRIPS-TOGO, aims to change this trend in the Ave health district to allow children with HIV and other vulnerable people to survive like the others through the implementation of this project entitled “*GHANA, TOGO & NIGERIA COLLABORATION PROJECT ON PEDIATRIC HIV TESTING*”

3 Updates on Key Activities Implemented

This section describes the major activities implemented by the collaboration partner organizations within the reporting period (July 2019 – June 2020) with summarized description of the implementation strategy adopted for each activity. The section also highlights the immediate outputs of the activities and implications for the project outcome described below. The broad outcome of the Collaboration Project is to: Increase HIV testing for most at risk children (0-17yrs) who are born to Sex Workers, Positive Mothers as well as Teen-Mothers.

It is important to note that identifying and diagnosing children as HIV-infected is the first step in the continuum of pediatric care and treatment. Yet despite the availability of life-saving treatment, many HIV-exposed infants and children are never offered an HIV diagnostic test.

To address this unmet need of pediatric HIV testing, the Ghana – Togo – Nigeria Collaboration project was conceived. The interventions are strategically focused on catalyzing outreach community interventions to increase uptake of Testing services for all HIV-exposed infants, children and adolescents in target high risks cities and municipalities across Ghana, Togo and Nigeria. Below are some

Activity 1: Organize Project Collaboration partners planning and inception meeting to harmonize project implementation strategies, targets and results.

In line with its commitment to strengthen NGO collaboration within the West Africa Sub-region to fast track HIV testing and linking HIV-Infected Infants, Children, and Adolescents to HIV Care and Treatment facilities, CDA-Ghana organized a virtual Collaboration partners meeting on July, 30th 2019 involving NGO partner representatives from Ghana, Togo and Nigeria.

The meeting discussed the Collaboration project objective, target results, sub-grants modalities as well as harmonize strategies and timelines to deliver on agreed target results. The implementing partner organizations shared information on country specific context on programs to prevent mother-to-child HIV transmission (PMTCT), especially with the implementation of the Option B+ strategy which supports initiating lifelong ART in pregnant women living with HIV. The context and situational analysis showed that despite modest progress made by the respective West African countries, thousands of children under the age of 15 years are living with HIV. Treatment coverage for children living with HIV remains unacceptably low with only three in

ten eligible children receiving antiretroviral therapy (ART).

Based on the discussions, the three Collaborathon partners resolved to implement bold initiatives that increases Testing services for all HIV-exposed infants, children and adolescents in target high risks cities and municipalities across Ghana, Togo and Nigeria.

The partners planning meeting also agreed on specific project indicators, reporting timelines as well as funds transfer mechanisms. The collaborathon partners signed a memorandum of understanding that clearly expresses the joint commitment to strengthen collaboration in the fight against pediatric HIV infections in Ghana, Togo and Nigeria. A copy of the signed memorandum of understanding is attached to the reports.

Activity 2: Conduct a baseline assessment to ascertained pediatric HIV testing situation, gaps and challenges in target high risk settings.

Prior to the implementation of the project interventions, the collaborathon partner organizations carried out desk reviews to assess the state of pediatric HIV testing situation in the target Municipalities and Cities across Ghana, Togo and Nigeria.

The baseline review showed clearly that on average, only about one-fifth (20%) of infants born to HIV-infected mothers received an HIV test in the target municipalities and cities, with some areas reporting infant testing rates below 10%. Children who do receive an HIV test are often tested later than recommended, even though earlier testing is needed in order to facilitate life-saving treatment initiation.

Moreover, provider-initiated HIV testing on inpatient wards and in TB and malnutrition

clinics to improve management of these children is frequently low but is critical to improve the management of children with these comorbidities. When testing at these sites is evaluated, the yield is high, illustrating the urgent need to expand case finding and treatment access to these children already in contact with healthcare services. Beyond infancy, there are long-term survivors who remain unidentified as HIV-infected throughout childhood and into adolescence, often being missed during routine healthcare encounters.

The baseline review concluded that, improved case finding of HIV-infected infants, children, and adolescents through implementation of outreach, systematic HIV testing and counseling (HTC) approaches in these settings is urgently needed to maximize pediatric treatment coverage and reduce rates of infant and child mortality attributable to HIV and AIDS. The community Clinic Collaboration strategy thus became a preferred approach to fast track Pediatric HIV Testing

Activity 3: Mobilize and train 75 volunteer healthcare workers, peer educators, mentor mothers and PLHIV Groups on pediatric HIV Case Finding using the C3 Strategy

As part of efforts to improve pediatric HIV testing and case finding as well as strengthen the responsiveness of community health systems, the collaborathon parthers organized a two-day capacity building training sessions for healthcare workers, peer educators, mentor mothers as well as PLHIV groups.

The main purpose of the training is to sharpen the skills and expertise of these frontline staff and volunteers to fast-track pediatric case finding through enhanced mobilization and demand creation for increased up of Pediatric

HIV testing services in target high risk communities.

The training program prioritized equipping participants with skills to mobilize and create demand for Pediatric HIV testing using strategies which yield a positivity rate that is higher than the estimated HIV prevalence among children and adolescents in the target district, region, or province where the program is located, and strategies with the lowest cost per case newly identified.

At total of 120 community health workers, peer educators, mentor mothers as well as PLHIV groups benefited directly from the training. A post training assessment showed that 96% of the participants indicated that their knowledge and skills have improved after undergoing the training. The interest and enthusiasm of participants in fostering and promoting pediatric HIV testing was also observed to have increased after the training session. Below is table highlighting the number of people trained:

Country/Organization	Sex Disaggregation		Age Disaggregation			Total Reached
	# Males	#Females	25+	20 - 24	09 - 19	
CDA - Ghana	17	25	13	15	14	42
CRIPs - Togo	18	20	11	14	13	38
ABDI - Nigeria	19	21	15	15	10	40
Total						120

The direct beneficiaries of the training who constitute the frontline agents for mobilizing and increasing pediatric case findings, made commitments and developed action plans after the end of the training aimed at catalyzing outreach strategies for Identifying and increasing uptake of pediatric HIV testing and PMTCT services to target children and adolescents at risk of HIV infections. The beneficiaries of the training

also supported efforts at linking HIV- Infected Infants, Children, and Adolescents to HIV Care and Treatment in target local health facilities

The training beneficiaries have been monitored and have been observed to playing a catalytic role in promoting increased uptake of HIV testing and treatment services for children and adolescents at risk of HIV.



Activity 4: Identify and create demand for increase uptake of pediatric HIV testing and counseling services targeted at children of sex workers, teen mothers, orphans and other vulnerable children

During this 12-month reporting period (15th July, 2019 – 25th June 2020), the collaborathon project interventions have fast-tracked HIV testing among children of HIV-infected adults as well as the siblings of HIV-infected children receiving any HIV service. The strategy is focused on improving early case finding for HIV-infected children as

family and improve adherence and retention in HIV clinical care.⁷ Evidence indicates, however, that few children of people living with HIV have been tested for HIV. In Malawi, only 20% of children of adult ART patients had been tested for HIV,¹² and in Uganda 36% of children born to parents known to be HIV-infected had been tested for HIV prior to hospitalization in the pediatric ward.



well as their family members

A total of 6973 people tested for HIV and received their results during the reporting period out of which, 3732 are HIV-exposed infants, children and adolescents. The proportion of HIV-exposed infants, children and adolescents who tested for HIV and received their results represents 53.5% of the total number of individuals who tested and received their results in the across the target high risk communities and municipalities in Ghana, Togo and Nigeria.

Family counseling can also facilitate disclosure and communication within the

Activity 5: Facilitate HIV case-finding among children and siblings (0-17) of clients on ART cohort through facility based and household testing services

The Collaborathon Partner Organizations” as part of their efforts to increase HIV case finding among children and siblings (0-17) of clients on ART also organized facility and household based testing services where children of HIV positive clients are specifically targeted and tested for HIV through an enhanced home based testing campaign. The aim of the activity is to find

HIV positive cases among children and support them to access treatment.

A total of 177 children and siblings (0-17) of clients on ART were directly reached with HIV testing services through the home based testing campaign. Out of the total number of 177 children and siblings (0-17) of clients on ART tested for HIV, 11 received a positive result representing a positivity rate of 6.2% far higher than the national averages in the target countries.

The efforts to increase HIV testing among children and siblings (0-17) of clients on ART was generally successful.

Activity 6: Partnership Review Meeting and Learning

The Collaborathon Partner Organizations during the reporting period also organized a partnership Performance Review meeting held in Accra-Ghana on the 25th and 26th of February 2020. The Collaborathon partner's performance review meeting is part of efforts

to deepen collaboration, learning and sharing of best practice experiences on pediatric HIV case finding in Ghana, Togo and Nigeria.

The Collaborathon partnership review meeting offered a unique opportunity for partners to learn and share best practice experiences, adapt new strategies for Pediatric HIV testing which yield a positivity rate that is higher than the estimated HIV prevalence among children and adolescents in the district, region, or province where the PACF funded interventions are located, and strategies with the lowest cost per case newly identified.

The partnership meeting ended with a commitment from all collaborathon partners to scale-up HIV testing targeted at most at risk children in the three participating countries.

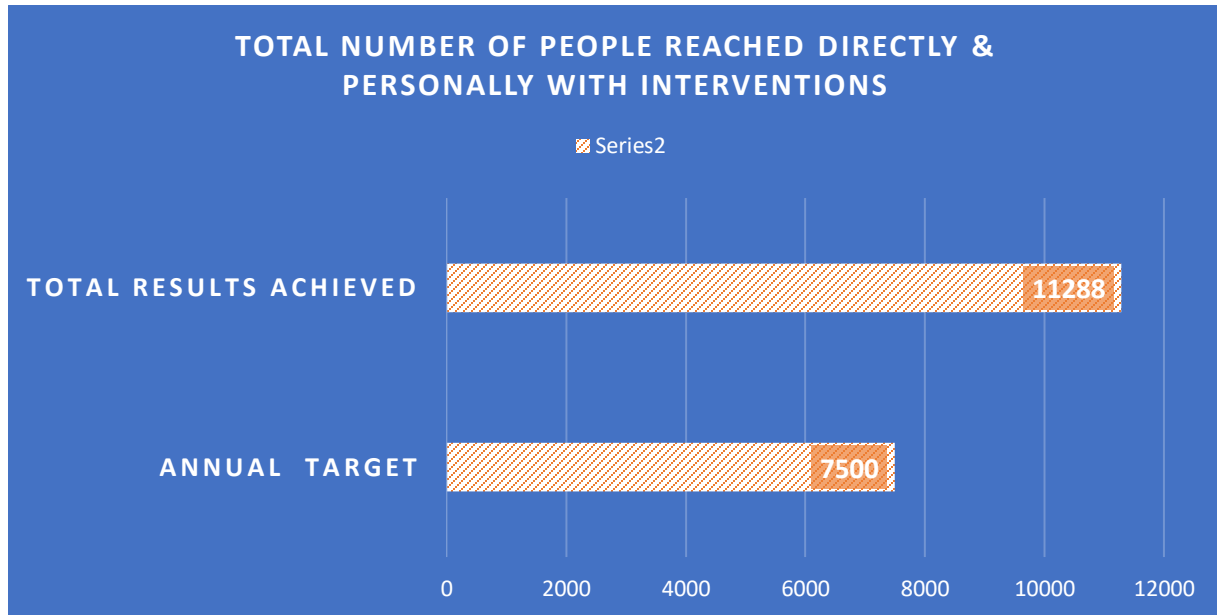
Lessons from the partnership meeting will inform our next interventions as well as the outcomes.

Figure 1 Orphans and Vulnerable Children Test for HIV

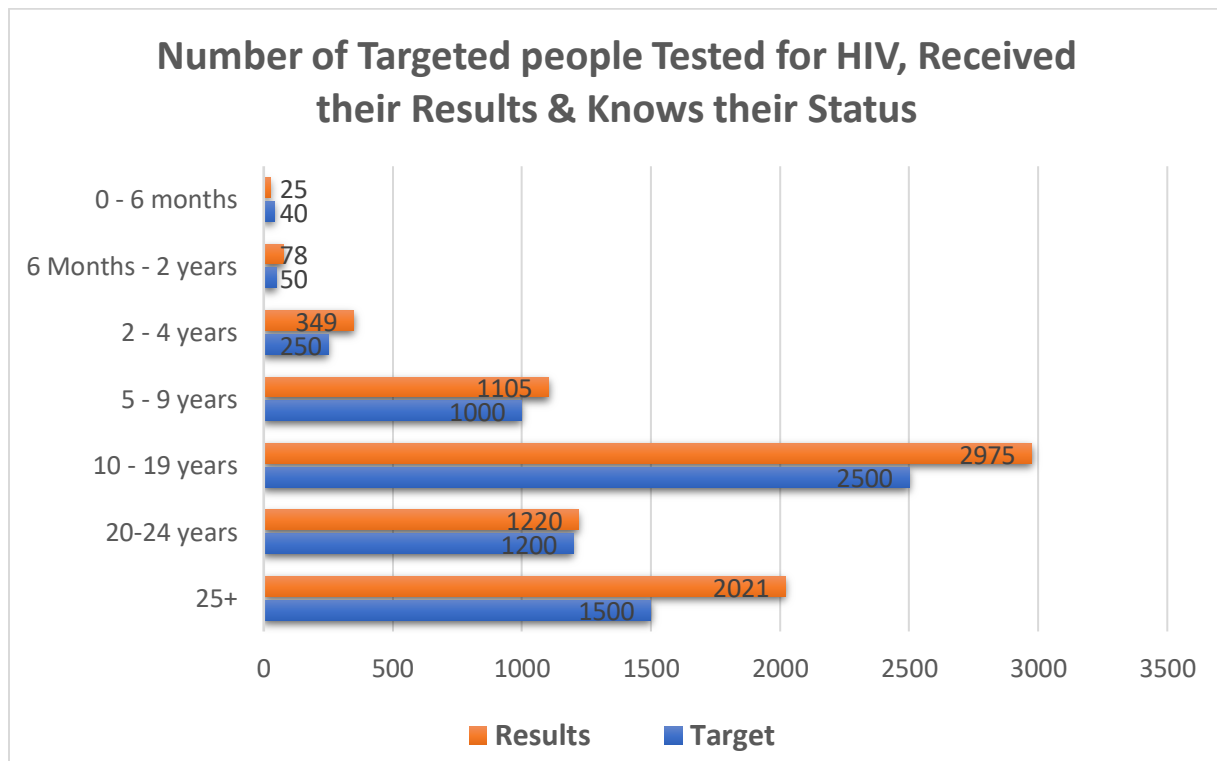


4 Graphical Analysis Key Results

Key results achieved following the implementation of the project interventions are highlighted below using simple charts and graphs.

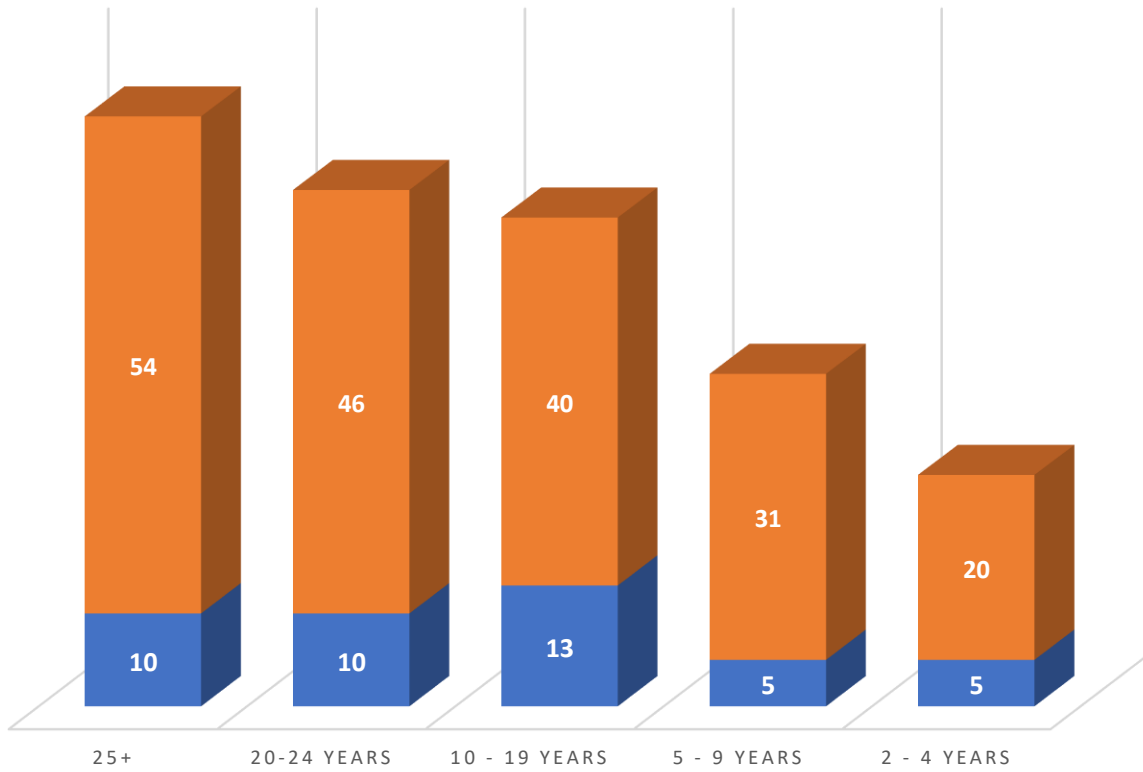


From the above graph, the Collaboration project targeted to directly reach a total of 7500 people with HIV testing, information and treatment services. This target was exceeded



NUMBER OF TARGET PEOPLE WHO TESTED POSITIVE FOR HIV

■ Target ■ Results



5 DETAILED RESULTS MATRIX

PERFORMANCE INDICATORS	Project Targets	RESULTS ACHIEVED IN EACH COUNTRY PER EACH INDICATOR			Total Results Achieved
		Ghana	Togo	Nigeria	
Total number of people who have directly and personally engaged with the project's activities	7500	3551	4357	3380	11288
Total number of people who have indirectly engaged with the project's activities through those who have been engaged directly	5,000	2119	2055	3155	7329
Total number of pregnant women aged 25+ years targeted	1500	501	736	698	1935
Total number of pregnant young women aged 20-24 years targeted	1250	615	140	308	1063
Total number of adolescents aged 10-19 years targeted	2500	715	392	1074	2181
Total number of children aged 5-9 years targeted	1000	405	348	600	1353
Total number of children aged 2-4 years targeted	250	100	129	268	497
Total number of children aged 6 months-2 years targeted	50	25	6	142	173
Number of targeted pregnant women aged 25+ years tested for HIV, who have received their results and know their status	1500	587	736	698	2021
Number of targeted pregnant women aged 20-24 years tested for HIV, who have received their results and know their status	1200	479	433	308	1220
Number of targeted adolescents aged 10-19 years tested for HIV, who have received their results and know their status	2500	1009	792	1174	2975

Number of targeted children aged 5-9 years tested for HIV, who have received their results and know their status	1000	357	148	600	1105
Number of targeted children aged 2-4 years tested for HIV, who have received their results and know their status	250	52	29	268	349
Number of targeted children aged 6 months - 2 years tested for HIV, who have received their results and know their status	50	15	21	42	78
Number of targeted children aged 0 - 6 months tested for HIV, who have received their results and know their status	40	5	9	11	25
Number of targeted adolescents aged 10-19 years re-tested within 1 year	1500	351	89	55	495
Number of targeted children aged 5-9 re-tested within 1 year	500	27	22	11	60
Number of targeted children aged 2-4 years re-tested within 1 year	250	67	5	3	75
Number of targeted adolescents aged 25+ years testing HIV positive	10	10	33	11	54
Number of targeted adolescents aged 20-24 years testing HIV positive	10	13	18	15	46
Number of targeted adolescents aged 10-19 years testing HIV positive	13	11	15	14	40
Number of targeted children aged 5-9 testing HIV positive	5	7	14	10	31
Number of targeted children aged 2-4 years testing HIV positive	5	5	7	8	20
Number of targeted pregnant women aged 25+ years testing HIV negative	750	577	703	687	1967

Number of targeted adolescents aged 20-24 years testing HIV negative	1200	470	415	299	1184
Number of targeted adolescents aged 10-19 years testing HIV negative	1000	702	384	1063	2149
Number of targeted children aged 5-9 testing HIV negative	750	352	34	592	978
Number of targeted children aged 2-4 years testing HIV negative	500	49	25	263	337
Number of targeted children aged 6 months - 2 years testing HIV negative	40	5	8	11	24
Total number of births from targeted pregnant women, young women and girls, total number of babies delivered (in any location)	750	1615	1110	1557	4282
Total number of births from targeted pregnant women, young women and girls, total number of babies delivered in a health facility	600	1271	1009	1057	3337
Total number of births from targeted pregnant women, young women and girls, total number of babies delivered at home	250	31	1	500	532

6 What were the expected results? Were they fully active? What will you say have changed as a result of your activity?

The expected results of the Collaborathon Project interventions are to contribute towards the acceleration of pediatric HIV testing and consolidate the gains made in the context of PMTCT option B+ in the target West African Countries (Ghana, Togo & Nigeria).

Our interventions prioritized the implementation of strategies that yields the lowest cost per newly identified pediatric HIV case finding in target localities.

Again the project is committed to the goal of Testing 100% of HIV-exposed infants, children and adolescents in the target sites/localities by exploring opportunities to test all children and adolescents receiving orphan and vulnerable children (OVC) services. More specifically, the project directly contributed to the achievement of the following results/outcomes in the target project sites/localities:

- 1) 90% of children and adolescents (0-17) living with HIV in target most at risk families/households are tested and know their HIV status
- 2) 3000 teen-mothers and children of sex workers exposed to HIV who previously tested negative gets retested for HIV and knows their status
- 3) At least 95% of children (0-17 years) of adults receiving ARTs in target localities have been contacted, counseled, tested and received their result for HIV at least once by 2021.

4) At least 90% of women 15-49 years in target most at risk localities are aware of the availability of Pediatric HIV Testing and Counselling services and demanding such services in the clinics

5) 90% of HIV positive children and adolescents in target localities are linked to care by 2021.

The Collaborathon partners are on course to achieved these expected results by 2021 when the project ends. The table above shows the progress that has already been made during the 1st year of implementation. We are redoubling efforts to ensure that the project outcomes are achieved.

7 What strategy(ies) did you employ? Which ones worked? Which ones did not work?

The key strategies used by the collaborathon partner organizations in the implementation of the project interventions are:

- ✚ Strengthen early infant diagnosis (EID) for HIV-exposed infants.
- ✚ Facilitate the testing of all children of adults receiving any HIV service (PMTCT, Care, ART) through facility or home-based index case testing.
- ✚ Identify and test all children and adolescents attending TB clinics, malnutrition services, and/or admitted to the pediatric ward.
- ✚ Mobilize and Test all children and adolescents receiving orphan and vulnerable children (OVC) services. In high prevalence settings (>5%), test mothers or infants attending

immunization or under-5 clinics to identify HIV-exposed infants.

All the strategies used were effective and complimentary in achieving the expected results. Our key role is to mobilize and catalyze Community Clinic Collaboration (3C) that enables target groups to regularly access services from the comfort of their homes and designated clinics located within reach in their communities.

What lessons did you learn from this process? What were the challenges and how did you overcome these?

The implementation of the Collaborathon project interventions have indeed generated a lot of lessons that are being used to inform future actions and programme interventions. Some key lessons include:

- ✚ The Collaborathon partnership framework involving Ghana-Togo and Nigeria offered a unique learning opportunity to understand and better appreciate the diversity of the local health systems and response mechanisms to addressing pediatric HIV testing and treatment in the various countries. Whereas in Ghana the implementation of the C3 strategy was focused on public health facilities, the situation in Togo and Nigeria was private healthcare driven. In Ghana HIV testing in public health facilities are free and partnering with public healthcare providers to deliver

HIV testing services comes at a least cost whereas in Togo and Nigeria access to HIV test kits is not readily available and will often come at a cost albeit not expensive. The project has thus enabled the collaborathon partners to better appreciate the complexity and diversity in the health systems in the three West African countries thereby offering opportunity for learning from best practice experiences.

- ✚ Fostering Community Clinic Collaboration (C3) and targeting children and siblings (0-17) of clients on ART through facility and household based testing services have proven to be an effective strategy that yields a positivity rate much higher than the than the national averages in the target countries. The key lesson is thus to target key populations and increase their access to testing services so as to enhance the prospects of finding the positive cases.

- ✚ Last but not the least, the implementation of the multi-country Collaborathon project initiative has broaden our networks, enhanced our abilities to coordinate and fostering collaboration among divers groups to achieve programmatic outcomes.

