NACA

National Agency for the Control of AIDS

REPORT ON THE KP DATA ABSTRACTION EXERCISE

ACROSS ALL SERVICE DELIVERY SITES IN NIGERIA

NACA

March 2026

Acknowledgement

The successful conduct of the 2025 Key Population (KP) Data Abstraction Exercise was made possible through funding from the Global Fund and strategic leadership from the National Agency for the Control of AIDS (NACA), with technical support from the various key Implementing Partners in the national HIV/AIDS response. This exercise, which focused on collecting and validating an essential backlog of KP data across community service delivery points, marks a significant step toward strengthening Nigeria's community-based HIV strategic information system.

I wish to express profound gratitude to all partners and stakeholders who contributed to the planning, implementation, and successful completion of this important national exercise.

I especially recognize the dedication and coordination efforts of the National KP Data Abstraction Planning Team for providing strategic guidance, ensuring smooth stakeholder engagement, and leading the entire process from start to conclusion

My sincere appreciation also extends to the State Agencies for the Control of AIDS (SACAs) and the State KP secretariat for their unwavering support and active participation during the state-level trainings and field data collection activities.

I equally recognize and commend the dedication of the various Implementing Partners (IPs), Civil Society Organizations (CSOs), and staff of the Community Service Coordinating Centres (CSCCs), formerly known as One Stop Shops (OSS), who opened their records and collaborated closely with the data abstraction teams despite the policy and funding changes by the USG.

Special appreciation is extended to the state-level data abstractors and all members of the field validation teams for their diligence, technical expertise, and tireless efforts in ensuring high-quality data retrieval and reconciliation. I also wish to thank the National Strategic Information (SI) Unit, the data management team, and the report writing and editing team for their meticulous work in consolidating, validating, and finalizing this report on time.

This exercise would not have achieved its objectives without the collective commitment and collaboration demonstrated by all stakeholders. Their contributions have significantly enhanced the availability and quality of KP program data for evidence-based decision-making in Nigeria's HIV response.

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Abbreviations

1. NACA - National Agency for the Control of AIDS
2. M&E - Monitoring and Evaluation
3. SACAs - State Agencies for the Control of HIV/AIDS
4. KP - Key Populations
5. HTS - HIV Testing Services
6. MSM - Men who have Sex with Men
7. FSW - Female Sex Workers
8. PWID - People Who Inject Drugs
9. TG - Transgender
10. MSF - Monthly Summary Form
11. eNNRIMS DHIS 2.0 - electronic Nigeria National Response Information Management System (District Health Information Software 2.0)
12. CBO - Community-Based Organization
13. OSS - One Stop Shop
14. CSCCs – Community Service Coordinating Centers
15. SDP - Service Delivery Point
16. IP - Implementing Partner
17. NHS - Non-Health Sector
18. VC- Vulnerable Children
19. GBV- Gender-Based Violence
20. AYP- Adolescent and Young People
21. USG- United State Government
22. COCs- Custodian and Other Closed Settings
23. PrEP- Pre-Exposure Prophylaxis
24. HIV- Human Immunodeficiency Virus

REPORT ON THE KP DATA ABSTRACTION EXERCISE ACROSS ALL THE SERVICE DELIVERY SITES.

CHAPTER ONE

1.0 Background

The National Agency for the Control of AIDS (NACA), in fulfilment of its statutory mandate to coordinate the multisectoral national HIV/AIDS response, has continually invested in strengthening community- and facility-level data systems to ensure the availability of complete, reliable, and timely information for decision-making. As part of these efforts, NACA developed and harmonized national community-based data collection and reporting tools, alongside the customization and hosting of the Nigeria National Response Information Management System (eNNRIMS) DHIS 2.0. This platform supports standardized reporting for Key Populations (KP), Gender-Based Violence (GBV), Vulnerable Children (VC), and Adolescent and Young People (AYP) interventions across all 36 states and the Federal Capital Territory (FCT). Fully deployed in 2023, these tools enabled streamlined and consistent reporting of community HIV services nationwide.

Community-based service data are primarily generated by civil society organizations and other implementers using well-structured tools that track globally and nationally recognized indicators for treatment, prevention, care, and support. Key Population (KP) data—including Female Sex Workers (FSWs), Men who have Sex with Men (MSM), People Who Inject Drugs (PWIDs), and transgender persons—are critical for monitoring service uptake, treatment outcomes, and program coverage gaps, and for informing targeted interventions.

However, in 2025, the US Government stop-work order significantly affected reporting on the eNNRIMS platform, with implementing partners (IPs) largely submitting only aggregated male and female data. This limited the availability of disaggregated KP information, essential for evidence-based decision-making and strategic planning. To address this gap, NACA initiated a focused KP data extraction exercise to ensure complete, accurate, and timely data for vulnerable populations, strengthening targeted HIV interventions and supporting epidemic control efforts.

1.2 Goal/Objectives

1.2.1 Goal

The overall goal of the data abstraction exercise is to strengthen KP program management in Nigeria by improving the availability, quality, and use of routine KP service delivery data. The specific objectives include:

1.2.2 Specific Objectives.

1. To retrieve missing or backlog KP program data (January – December 2025) from all CSCC (formerly OSS) sites affected by the funding freeze

2. To assess data quality, completeness, and consistency across registers and other electronic reporting platforms.
3. To update the national database (eNNRIMS DHIS2) with validated backlog data for the period January – December 2025.
4. To provide feedback and recommendations to the implementing partners and service delivery point staff on data quality improvements.

CHAPTER TWO

2.0 Methodology

This exercise was conducted to strengthen the quality, completeness, and reliability of the Key Population (KP) program data across Nigeria. It aimed to identify gaps in data collection, reporting, and management systems, particularly in states and service delivery points with known reporting challenges. The exercise was built on findings from the 2025 National Joint Data Quality Assessment (JDQA) and aligned with national strategic information priorities led by the National Agency for the Control of AIDS (NACA).

The methodology adopted a coordinated, multi-level approach involving national, state, and site-level stakeholders, including State Agencies for the Control of AIDS (SACAs) and Implementing Partners (IPs). It combined desk review, capacity building, field data abstraction, and validation processes to ensure robust and credible outcomes. The overall goal was to enhance data integrity and support evidence-based decision-making for KP programs.

1. Planning, Coordination, and Stakeholder Engagement

A multi-level coordination mechanism was established to ensure alignment, ownership, and effective implementation of the exercise. At the national level, NACA convened planning meetings with SACAs, relevant Implementing Partners, and other stakeholders.

2. Desk Review and State/Site Prioritization

A desk review was conducted using findings from the **2025 National Joint Data Quality Assessment (JDQA)**. USG policy and routine program data.

This phase included:

- Identification of **priority states**, including the 8 JDQA states, based on data quality performance
- Analysis of **non-reporting or underperforming sites**, with emphasis on KP programs
- Risk stratification of sites based on reporting gaps, inconsistencies, and completeness issues
- Development of a **site visitation plan** based on priority and logistical feasibility

3. Training of Trainers (ToT) for Master Trainers

A national-level Training of Trainers (ToT) was conducted for approximately **25 Master Trainers** drawn from NACA and key Implementing Partners.

The training covered:

- National data collection and reporting tools (including KP program tools)
- Data quality dimensions (accuracy, completeness, timeliness, consistency)
- Use of the **data abstraction tool** and validation techniques
- Supportive supervision and mentoring approaches
- Ethical considerations, including confidentiality and data protection

Master Trainers were equipped to **cascade the training** to state-level teams.

4. State-Level Training of Data Abstractors

A standardized **two-day training/orientation** was conducted at the state level for:

- Data abstractors
- SACA M&E staff
- Implementing Partner M&E teams

Training components included:

- Practical sessions on **data abstraction from source documents**
- Hands-on exercises using real or simulated datasets
- Guidance on **data verification and triangulation**
- Documentation and reporting protocols
- Use of digital tools where applicable

5. Field Deployment and Data Abstraction

State teams were deployed to selected service delivery points for data abstraction and validation.

Key features included:

- Teams worked closely with **State M&E Officers and KP Desk Officers**
- A **6-day fieldwork period** was allocated per state
- Activities included:
    - Extraction of data from **primary source documents** (registers, client forms, etc.)
    - Verification against reported data in national systems
    - Identification of discrepancies and documentation of findings
    - Provision of on-site feedback to facility staff

7. Data Management, Consolidation, and Submission

A structured data management process was followed:

- State teams: Submitted finalized datasets to NACA
- Data were:
    - Uploaded into the **DHIS2 (eNNRIMS DHIS 2.0 platform)**
    - Reviewed by the National Strategic Information (SI) Unit
- The national team conducted:
    - Final **data quality checks**
    - Harmonization and deduplication
    - Generation of summary datasets and preliminary analyses

8. Finalization and review meeting: Organize a 2-day national review meeting to look at the data submitted on the eNNRIMS DHIS 2.0 platform.

CHAPTER THREE

3.0 Summary of Key Findings

This focused on reviewing Key Population (KP) program data for the period **January to December 2025**, with particular attention to data completeness, accuracy, consistency, and reporting within the national platform (eNNRIMS/DHIS2).

The review highlighted significant programmatic and reporting disruptions experienced during the year, largely influenced by external policy directives, including the United States Government (USG) stop-work order, funding transitions, and shifts in implementation modalities. These disruptions affected service delivery across several program areas, particularly prevention, PrEP, and community-based interventions, leading to substantial gaps in routine data reporting.

In addition, the exercise sought to assess the availability and use of standardized national data collection tools, the level of disaggregation of KP data by typology, and the functionality of data management systems at facility and community levels. It also provided an opportunity to retrieve backlog data, reconcile discrepancies between source documents and reported figures, which improved the overall quality and completeness of national HIV program data.

The findings presented below reflect aggregated observations across states and are intended to provide a national perspective on key systemic issues, programmatic gaps, and data management challenges affecting KP programming in 2025.

The findings include:

1. Service Disruptions Due to Policy and Funding Changes

- Widespread interruption of KP-focused services in 2025, largely driven by the **USG stop-work order and funding constraints**.
- Prevention, PrEP, Care & Support, and community outreach services were the most affected program areas.
- Many states reported **partial or complete suspension of services**, with some limited to specific populations.

2. Loss of KP Typology Disaggregation

- A major national trend was the shift from KP typology reporting to general population (male/female) reporting.
- Despite this, source registers often retained typology data, enabling retrospective abstraction.
- This gap significantly limited programmatic analysis and KP-specific performance tracking.

3. Significant Backlog and Reporting Gaps

- Most states had 12-month backlog data (January–December 2025) due to delayed or halted reporting.
- Monthly Summary Forms (MSFs) were often:
    - Not completed
    - Not uploaded
    - Missing for several months
- The data abstraction exercise successfully recovered and uploaded backlog data, improving completeness nationally.

4. Weak Data Quality Systems

Common data quality issues observed nationwide include:

- Discrepancies between registers and MSFs
- Typology misclassification
- Incomplete documentation
- Data transcription errors
- Cases of data mutilation and inconsistency

However:

- Validation exercises helped **reconcile and correct most discrepancies**.

5. Limited Use and Availability of Standardized Tools

- Many sites lacked or did not use nationally approved data collection tools (registers, MSFs).
- Some used parallel reporting tools leading to:
    - Reporting inconsistencies
    - Data misalignment with DHIS2

6. Weak DHIS2/eNNRIMS Reporting and Access

- Inconsistent or delayed data entry into DHIS2/eNNRIMS across states.
- Limited technical M&E capacity

7. Commodity Stock-Outs and Supply Chain Gaps

- Frequent shortages of:
    - HIV test kits

- PrEP commodities
- Condoms and lubricants

- These directly impacted:
  - Service delivery
  - Data availability and completeness

8. Disengagement of CBOs and Reduced Community Programming

- Many CBOs were disengaged following funding cuts or partner transitions.
- This led to:
  - Reduced community-level service delivery
  - Gaps in KP outreach and prevention services
  - Loss of critical community-generated data

9. Weak Data Governance and Coordination

- Poor coordination between:
  - SACAs
  - CBOs
  - Implementing Partners
- Challenges included:
  - Weak data-sharing mechanisms
  - Lack of clear reporting structures
  - Limited documentation of review meetings

10. Capacity Gaps in Data Management

- Limited capacity among facility and community staff in:
  - Data documentation
  - Use of national tools
  - DHIS2 reporting

3.1 National Reporting Rate: Pre- vs Post-Abstraction Exercise

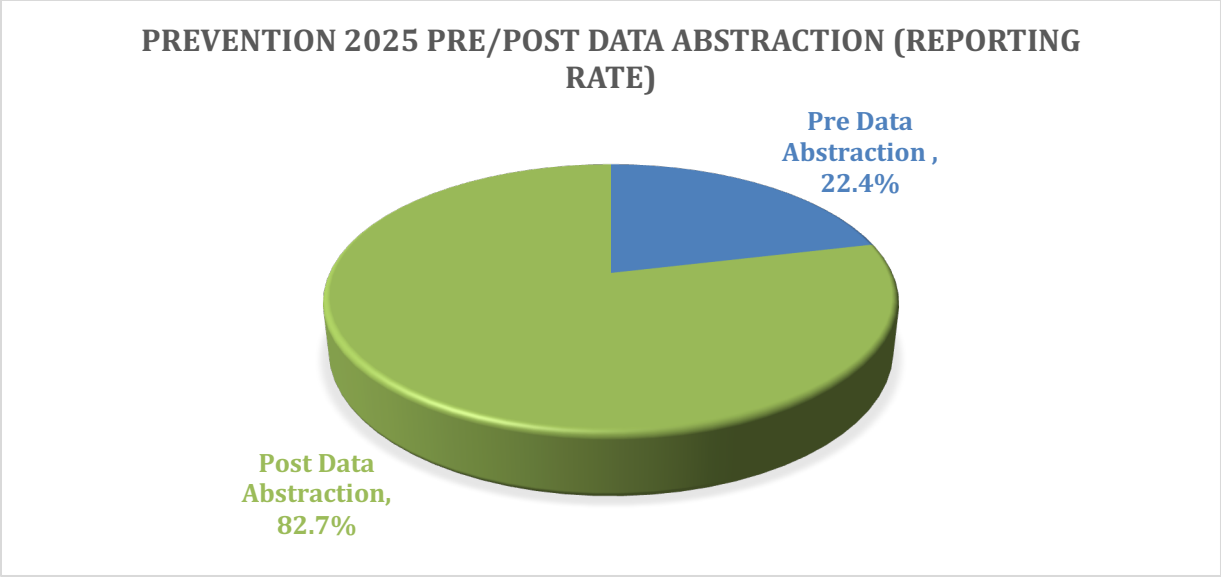


Figure 1 National Prevention Reporting Rate

This figure shows that there is a significant increase from pre to post KP data abstraction (an improvement of 269.2% percentage points). The post-data performance (82.7%) is almost three times the pre-level (22.4%). This suggests that the intervention implemented between the pre and post phases was effective in improving prevention data abstraction.

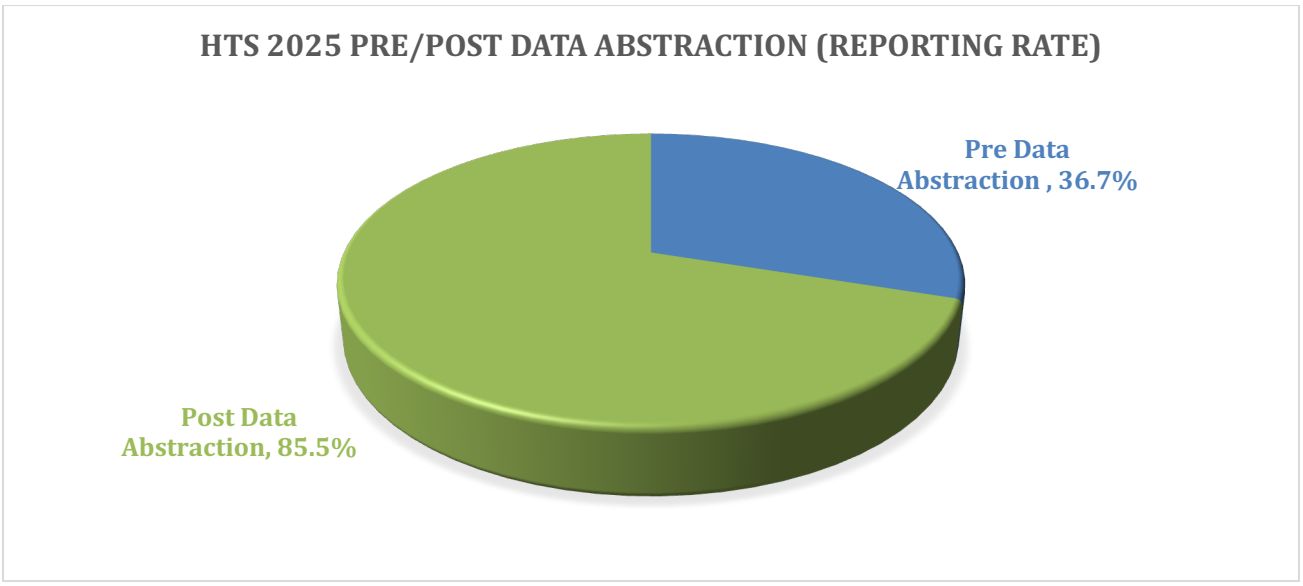


Figure 2 National HTS Reporting Rate

This figure shows that there is a significant increase from pre to post KP data abstraction (an improvement of 133% percentage points). The post-data performance (85.5%) exceeds the pre level (37.6%). This suggests that the intervention implemented between the pre and post phases was effective in improving HTS data abstraction.

However, there are some redundant Organizational unit that need to be deactivated on the eNNRIMS DHIS 2.0 platform.

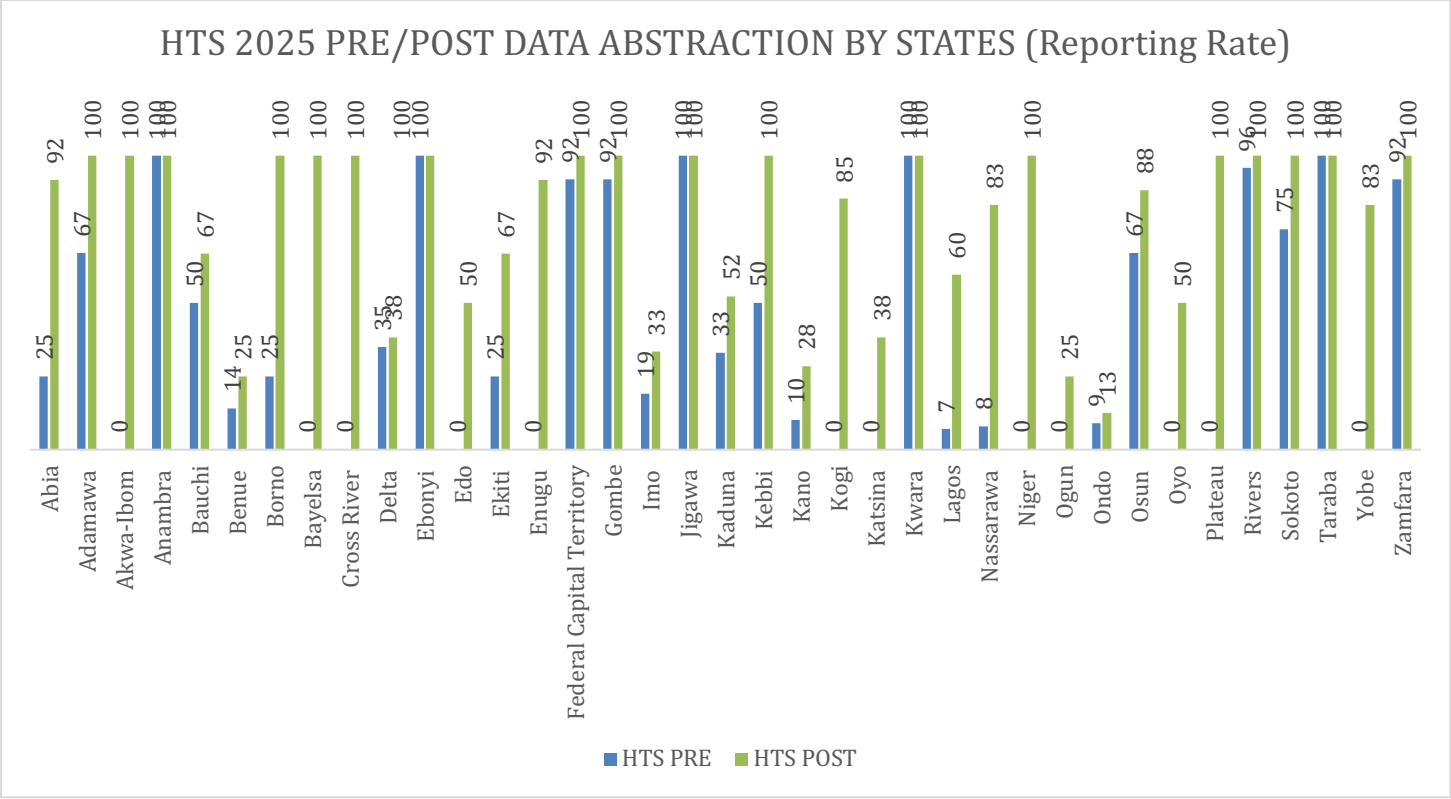


Figure 3 State HTS Reporting Rate

The HTS 2025 pre/post data abstraction results demonstrate substantial improvement across most states, with Akwa Ibom, Bayelsa, Cross River, Plateau, Niger, Ogun, Borno, Kebbi, and Zamfara showing remarkable progress from low or zero baseline to near or complete (100%) post-intervention performance, while already strong states such as Anambra, Ebonyi, Jigawa, Kwara, Rivers, and Taraba maintained optimal performance; however, moderate gains were observed in Abia, Adamawa, Bauchi, Ekiti, Kaduna, Kano, Lagos, Nasarawa, and Osun, indicating the need for targeted support and strengthened supervision to achieve consistent, high-level performance across all states.

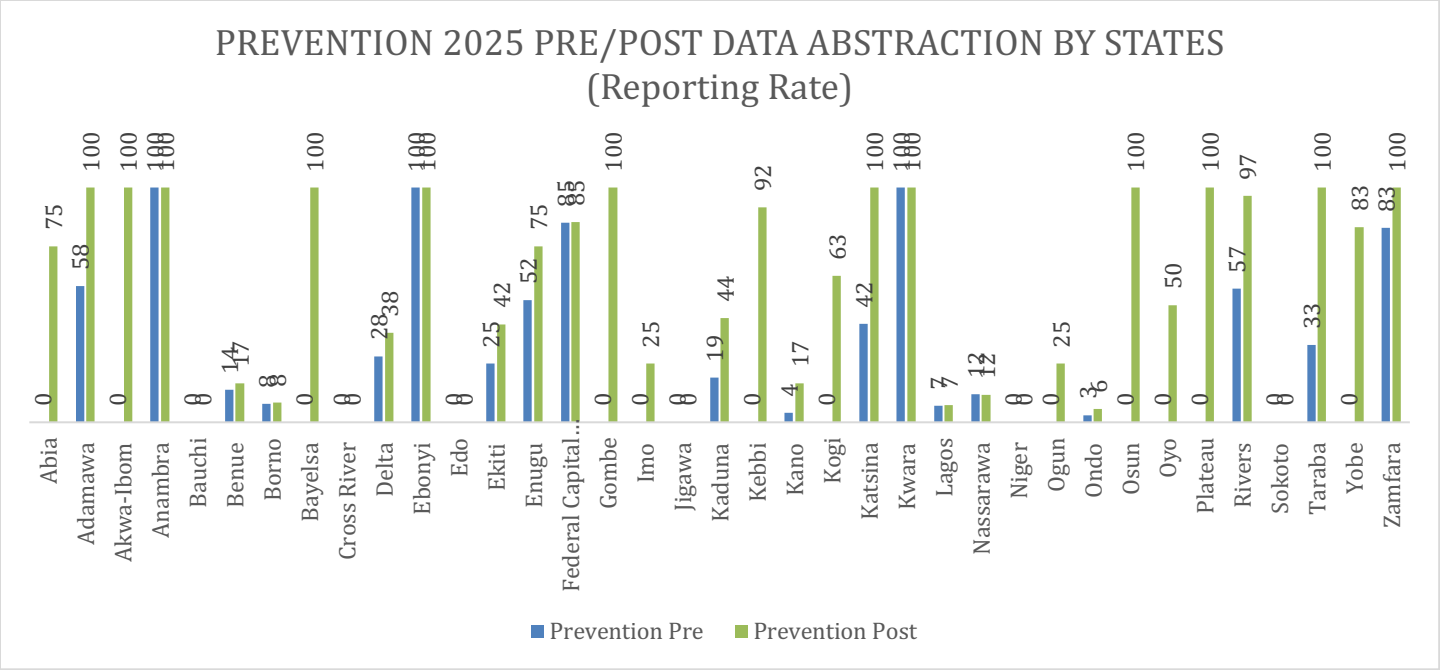
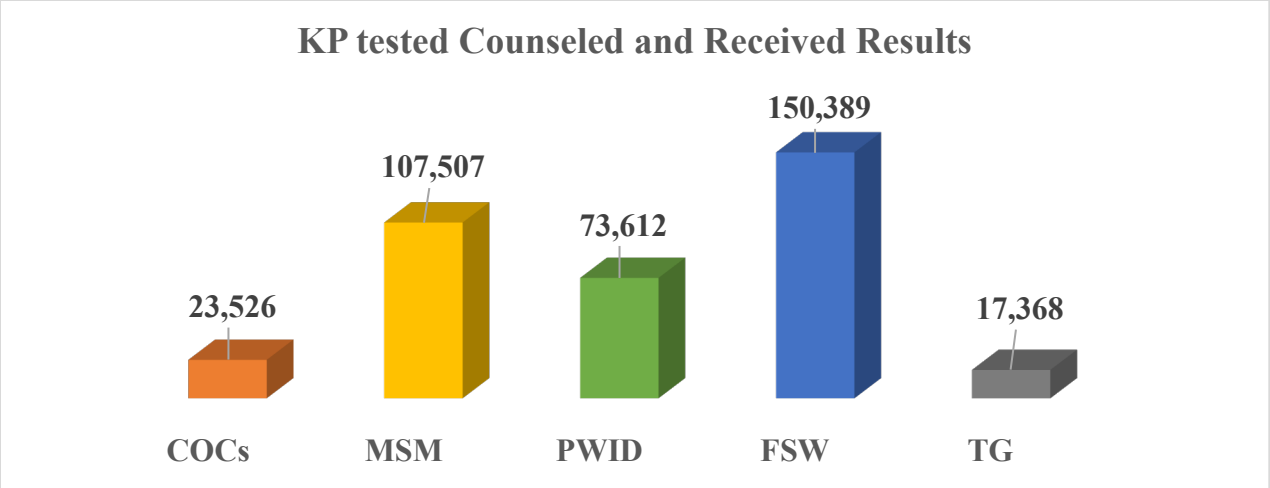


Figure 4 State Prevention Reporting Rate

The Prevention 2025 pre/post data abstraction results show significant improvement across most states, with Akwa Ibom, Bayelsa, Cross River, Plateau, Niger, Osun, Kebbi, and Taraba moving from zero or very low baseline to 100% post-intervention performance, while strong performers such as Anambra, Ebonyi, Kwara, and the Federal Capital Territory maintained optimal results; notable gains were also recorded in Abia, Adamawa, Ekiti, Enugu, Gombe, Katsina, Rivers, Yobe, and Zamfara, whereas moderate improvements in Benue, Borno, Delta, Kaduna, Kano, Kogi, Nasarawa, Ondo, and Oyo indicate the need for targeted support to achieve consistent high performance across all states.

3.2 Service Uptake

The access and utilization of services among key population typologies are essential for ensuring programme effectiveness across service delivery points. To achieve this, it is important to promote widespread service uptake within HIV community testing services, thereby driving improvements in coverage, equity, and overall programme performance at all levels.



The chart above shows that 372,402 key populations accessed HIV testing services, indicating strong overall service uptake and effective programme reach. This high uptake reflects successful engagement strategies and availability of services across service delivery points; however, uptake is likely uneven across key population typologies, with groups such as female sex workers (FSW) typically demonstrating higher utilization due to more structured interventions, while Transgender (TG) populations and People in custodian and Other Closed Settings (COCs) may experience comparatively lower uptake due to barriers such as stigma, accessibility challenges, and limited tailored services.

CHAPTER FOUR

4.0 Key Recommendations and Conclusions

4.1 Recommendations

Based on the national-level findings from the 2025 KP data review, the following recommendations are proposed to strengthen program implementation, data systems, and reporting:

1. Ensure Continuity of KP Services

- Develop contingency plans to sustain essential KP services during policy or funding disruptions.
- Diversify funding sources and strengthen domestic financing to reduce reliance on external donors.

2. **Reinstate and Enforce KP Typology Disaggregation**

- Mandate the consistent use of KP typology (FSW, MSM, PWID, TG) across all reporting platforms.
- Conduct periodic audits to ensure compliance with disaggregation standards.

3. Strengthen Routine Data Reporting Systems.

- Enforce timely completion and submission of Monthly Summary Forms (MSFs).
- Introduce accountability mechanisms for non-reporting by facilities and implementing partners.

4. Improve Data Quality Assurance Mechanisms

- Institutionalize routine data quality assessments (DQAs) at national and subnational levels.
- Provide clear standard operating procedures (SOPs) for data validation and reconciliation.

5. Review of the National reporting tools.

6. Utilization of the National Reporting tool.

- Ensure consistent availability and use of approved national registers and reporting tools across all sites.
- Phase out parallel and non-standard tools to ensure harmonization.

7. Strengthen DHIS2/eNNRIMS Reporting Capacity.

- Expand system access to CBOs and community-level implementers.
- Improve internet infrastructure and provide offline reporting alternatives where necessary.

- Conduct regular training on DHIS2/eNNRIMS data entry and use.

8. Address Commodity Supply Chain Gaps

- Strengthen forecasting, procurement, and distribution systems to prevent stock-outs.
- Integrate commodity tracking with program data systems for real-time monitoring.

9. Strengthen and leverage the existing Government structure

10. Enforce Data Governance policy at the national and sub-national levels

11. Institutionalize regular data review meetings with proper documentation and follow-up actions.

12. Pilot and scale mobile or tablet-based reporting tools for community settings.

State Specific Findings and Recommendations

Category	States	Summary of Findings	Recommendations
Data Completeness Gaps & Backlog	All the PERPAR States exclude the Global Fund states	Data collected on the registers but not entered in the eNNRIMS-DHIS	Institutionalize monthly data reconciliation; conduct quarterly DQAs; strengthen supervision; improve documentation and data use
Service Disruption (Stop-Work Order Impact)	Akwa Ibom, Katsina, Niger, Abia, Ondo, Delta, Jigawa, Kano, Lagos, Yobe, Borno, Enugu	Disruption of prevention, PrEP, and community services; poor typology disaggregation; reduced CBO engagement; incomplete reporting	Develop contingency plans; restore community services; ensure typology reporting; strengthen coordination; maintain continuous data entry
Weak Data Systems & Tools	Ogun, Ekiti, FCT, Oyo, Nasarawa	Duplication and fragmentation; poor DHIS2 usage; weak reporting systems; inadequate training	Integrate the reporting system; train staff on DHIS2; strengthen reporting systems; improve data validation and coordination
Commodity Stock-Outs & Service Limitations	Ekiti, Kogi, Zamfara, Ebonyi, Sokoto	Stock-outs of HIV test kits, PrEP, and prevention commodities; interrupted service delivery	Strengthen supply chain systems; ensure commodity availability; improve forecasting and distribution

Typology Disaggregation Issues	Adamawa, Nasarawa, Jigawa, Rivers, Kano	Data not disaggregated by KP typology; misclassification; difficulty tracking KP services	Strengthen typology reporting; introduce KP identifiers; provide training; align tools with national standards
System Strengthening & Sustainability Needs	Kaduna, Edo	Data collected for donor reports, not for state decision-making. limited government involvement and ownership	Strengthen government ownership; institutionalize data review meetings; integrate systems into national health structures

4.2 Conclusion

The 2025 KP data review highlights significant systemic and programmatic challenges that affected both service delivery and data reporting across the country. Disruptions driven by policy shifts, funding constraints, and implementation transitions led to widespread service gaps, loss of critical KP-specific data, and weakened data systems.

Despite these challenges, the exercise demonstrated that substantial amounts of data remained available at source and could be recovered through structured abstraction and validation efforts. This underscores the resilience of the system and the critical importance of strengthening data use practices, rather than solely focusing on data collection.

Moving forward, there is a clear need for coordinated national action to rebuild and strengthen KP programming, institutionalize robust data governance systems, and ensure the consistent use of standardized tools and reporting platforms.

By addressing the identified gaps and implementing the outlined recommendations, the national HIV response can significantly improve data quality, enhance program performance, and support evidence-based decision- making for better health outcomes.

Annex

HTS 2024 and 2025 PRE/POST DATA ABSTRACTION (Reporting Rate)			
State	**2024**	**2025 PRE**	**2025 POST**
Abia	92%	25%	92%
Adamawa	92%	67	100%
Akwa-Ibom	100%	0%	100%
Anambra	100%	100%	100%
Bauchi	89%	50%	67%
Benue	93%	14%	25%
Borno	100%	25	100%
Bayelsa	100%	0%	100%
Cross River	100%	0%	100%
Delta	100%	35%	38%
Ebonyi	100%	100%	100%
Edo	92%	0%	50%
Ekiti	92%	25%	67%
Enugu	100%	0%	92%
Federal Capital Territory	97%	92%	100%
Gombe	100%	92%	100%
Imo	100%	19%	33%
Jigawa	67%	100%	100%
Kaduna	75%	33%	52%
Kebbi	92%	50%	100%
Kano	100%	10%	28%
Kogi	96%	0%	85%
Katsina	100	0	38
Kwara	100%	100%	100%
Lagos	97%	7%	60%
Nassarawa	43%	8%	83%
Niger	100%	0%	100%
Ogun	83%	0%	25%
Ondo	100%	9%	13%
Osun	100%	67%	88%
Oyo	100%	0%	50%
Plateau	100%	0%	100%
Rivers	100%	75%	90%
Sokoto	83%	75%	100%
Taraba	100%	100%	100%

Yobe	75%	0%	83%
Zamfara	100%	92%	100%

PREVENTION 2024 and 2025 PRE/POST DATA ABSTRACTION (Reporting Rate)			
State	**2024**	**2025 PRE**	**2025 POST**
Abia	92%	0%	92%
Adamawa	100%	58%	100%
Akwa-Ibom	98%	0%	100%
Anambra	92%	100%	100%
Bauchi	38%	0%	67%
Benue	97%	14%	25%
Borno	75%	0%	100%
Bayelsa	100%	0%	100%
Cross River	93%	0%	100%
Delta	100%	28%	38%
Ebonyi	100%	100%	100%
Edo	28%	0%	50%
Ekiti	92%	25%	67%
Enugu	100%	52%	92%
Federal Capital Territory	94%	85%	100%
Gombe	100%	0%	100%
Imo	100%	0%	33%
Jigawa	58%	0%	100%
Kaduna	64%	19%	52%
Kebbi	17%	0%	100%
Kano	100%	4%	28%
Kogi	96%	0%	85%
Katsina	67%	42%	38
Kwara	100%	100	100%
Lagos	56%	7%	60%
Nasarawa	48%	12%	83%
Niger	100%	0%	100%
Ogun	92%	0%	25%
Ondo	100%	4%	13%
Osun	100%	0%	88%
Oyo	71%	0%	50%
Plateau	83%	0%	100%

Rivers	98%	57%	90%
Sokoto	75%	0%	100%
Taraba	75%	0%	100%
Yobe	75%	83%	83%
Zamfara	100%	100%	100%

Data abstraction and validation form							
State	**LGA**			**Name of OSS**			
		Jan-25		**Feb-25**		**Mar-25**	
Indicators	**Typology**	Register	MSF	Register	MSF	Register	MSF
Number of KPs and vulnerable population counselled, tested, and received results							
Number of KPs and the vulnerable population tested positive							
Number of KPs and vulnerable populations receiving prevention services							
Total number of male condoms distributed							
Total number of female condoms distributed							
Total number of lubricants distributed							
Total number of needles and							

syringes distributed							
Number of GBV cases reported MSM							
Indicators	**Typology**	**Apr-25**		**May-25**		**Jun-25**	
		Register	MSF	Register	MSF	Register	MSF
Number of KPs and vulnerable population counselled, tested and received results							
Number of KPs and Vulnerable population tested positive							
Number of KPs and vulnerable populations receiving prevention services							
Total number of male condoms distributed							
Total number of female condoms distributed							
Total number of lubricants distributed							
Total number of needles and syringes distributed							
Number of GBV cases reported							
	Typology	**Jul-25**		**Aug-25**		**Sept-25**	
		Register	**MSF**	**Register**	**MSF**	**Register**	**MSF**

Indicators							
Number of KPs and Vulnerable population tested positive							
Number of KPs and vulnerable populations receiving prevention services							
Total number of male condoms distributed							
Total number of female condoms distributed							
Total number of lubricants distributed							
Total number of needles and syringes distributed							
Number of GBV cases reported							

Indicators	Typology	Oct-25		Nov-25		Dec-25	
		Register	MSF	Register	MSF	Register	MSF
Number of KPs and vulnerable population counselled, tested and received results							
Number of KPs and Vulnerable population tested positive							

Number of KPs and vulnerable populations receiving prevention services							
Total number of male condoms distributed							
Total number of female condoms distributed							
Total number of lubricants distributed							
Total number of needles and syringes distributed							
Number of GBV cases reported							
Data Abstractor Name				Sign/Date			
Verified by National Supervisor Name				Sign/Date			