

Prevention Organizational Systems Aids Care and Treatment Project (ProACT), Nigeria

Quarterly Progress Report, July – September 2011

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Leadership, Management and Sustainability Program, Nigeria

PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT— ProACT

Quarterly Progress Report, July– September 2011



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Photo caption: Health workers are the heart and soul of health systems strengthening initiatives. In this quarter MSH ProACT is proud to showcase on the cover page a healthcare worker (HCW) in GH Bida Niger State providing HIV education and adherence counseling services to a couple.

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ABOUT THE PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT (PROACT)

The MSH's LMS Program is a global five-year USAID funded Cooperative Agreement designed to develop leadership and management skills at all levels of health care organizations and programs to effectively address change and improve health outcomes in the areas of family planning, reproductive health, HIV/AIDS, infectious disease and maternal and child health. In Nigeria, the LMS Program implements the Prevention organizational systems AIDS Care and Treatment Project (LMS ProACT) which is a PEPFAR funded associate award whose goal is to build the capacity of Nigeria's public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment. LMS ProACT began operations in August 2009 taking over from the AIDS care and Treatment (ACT) Project that started in October 2007. The ProACT now supports 6 state governments of Kogi, Niger, Kwara, Kebbi, Adamawa and Taraba to operate 25 comprehensive HIV/AIDS treatment centers. With the main office in Abuja, Nigeria, ProACT is decentralized to the government states level and has established offices in each of the 6 states to bring technical support closer to the areas of greatest need.

USAID/Nigeria QUARTERLY REPORT

PROACT Project Quarterly Progress Report July to September 2011

ACTIVITY SUMMARY
Implementing Partner: Management Sciences for Health
Activity Name: Leadership Management Sustainability – Prevention organizational systems AIDS Care and Treatment Project (ProACT). Management Sciences for Health (MSH)
Activity Objective: To build the capacity of Nigeria’s public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated with the health system <ol style="list-style-type: none">1. To increase demand for HIV/AIDS and TB services and interventions, especially among target groups.2. To increase access to quality HIV/AIDS and TB services, practices, and products in selected states3. To strengthened public, private, and community enabling environments
USAID/Nigeria SO: SO 14
Life of Activity (start and end dates): July 16, 2009 – July 15, 2014
Total Estimated Contract/Agreement Amount: \$60,797,873
Obligations to date: \$26,753,570
Current Pipeline Amount: \$3,682,473
Accrued Expenditures this Quarter: \$2,028,030
Activity Cumulative Accrued Expenditures to Date \$23,071,097
Estimated Expenditures Next Quarter: \$3,484,614
Report Submitted by: <u>Paul Waibale, Project Director</u> Submission Date: <u>Oct 28, 2011</u> Name and Title

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ACRONYMS

AB	Abstinence Be Faithful prevention strategy
ACT	AIDS Care and Treatment (MSH Project that preceded ProACT)
ART	Anti-retroviral Therapy
ARVs	Anti-retroviral drugs
CCT	Comprehensive Care and Treatment
CME	Continuous Medical Education
COP	Condom and Other Prevention Program
CSO	Civil Society Organization
DOTS	Directly Observed Therapy Short Course (for TB)
DQA	Data Quality Assessment
EID	Early Infant Diagnosis (for HIV-Infection)
FBO	Faith-Based Organization
FLHE	Family Life HIV Education
HCT	HIV Counseling and Testing
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
IP	Implementing Partner
LGA	Local Government Area
LMS	Leadership, Management, and Sustainability Program of MSH
LTFU	Loss to Follow Up
MARPS	Most At Risk Populations (for HIV)
MIS	Management Information System
MPP	Minimum Prevention Package (for HIV)
NACA	National Agency for Control of AIDS
NASCP	National AIDS and STI Control Program (of the Ministry of Health)
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NGO	Non-Governmental Organization
NTBLCP/NTD	National Tuberculosis and Leprosy Control Program and Neglected Tropical Diseases
OSY	Out of School Youth
PEPFAR	US President's Emergency Plan for AIDS Relief
PEP	Peer Education Plus
PITC	Provider-Initiated Testing and Counseling
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PMT	Patient management Team
RTKs	Rapid Test Kits (for HIV)
SMOH	State Ministry of Health
SOPs	Standard Operating Procedures
SACA	State Agency for Control of AIDS
USAID	United States Agency for International Development
USG	United States Government

HEALTH SYSTEMS STRENGTHENING

INTRODUCTION

In the quarter under review the HSS unit set out to support the project states and Health facilities in conducting some strategic activities aimed at improving coordination and government stewardship. Of the five key activities planned, only two (Kwara state HIV/AIDS stakeholders forum and HIV/AIDS Operational plan development in Adamawa state) could be successfully executed due to some extraneous factors

. The highlights of the unit's achievements include:

- Kwara stakeholders reviewed implementation of 2011-2012 HIV/AIDS operational plans and highlighted state coordination and HIV/AIDS services delivery as key issues requiring focus.
- MSH in Kwara led other implementing partners and stakeholders to pay advocacy visit to Hon Commissioner of Health to address services gaps in rural North Kwara
- Advocacy efforts resulted in approval and release of three million naira for the procurement of HIV test kits by Kwara state government to support HIV treatment care and support programs in the state.
- HIV/AIDS operational plan developed for all the 21 LGAs in Adamawa state.
- Deployment of HRH to three state owned/managed CCT sites in Kogi State

Promoting state HIV/AIDS response coordination by providing support to Kwara SACA for the conduct of state HIV/AIDS stakeholders forum

To further promote effective coordination of HIV/AIDS response in ProACT project states, the project supported the development of state HIV/AIDS operational plan by stakeholders in March 2011. Three months after the development of the plan, it became necessary to review the progress made on the implementation of the plan by the stakeholders, identify challenges and channel way forward. It is on this basis that Kwara SACA conducted a state HIV/AIDS stakeholders' forum on August 10, 2011 at Royal Shekinah Hotel, Ilorin. The stakeholders' forum which was supported by the ProACT project had in attendance forty-three participants comprising all the major stakeholders in HIV/AIDS work in the state. Participants were drawn from Kwasaca and LACA, Ministry of Health and



Figure 1 Project Director Paul Waibale addressing Kwara State HIV/AIDS stakeholders

seven other line Ministries including Ministry of Women Affairs, Ministry of Information, Ministry of Agriculture and Natural Resources, Ministry of Local Government Affairs. Other participants include Civil Society for HIV/AIDS in Nigeria NEPWHAN, ASWHAN, NYNETHA, Representative of SACA Chairman, all Implementing Partners working in the State (MSH, IHVN, FHI, Hygeia Foundation, Friends in

Global Health), and the media. The ProACT Project Director, Dr. Paul Waibale led the MSH delegation to the meeting. The review of the state operational plan revealed that a number of activities identified on the plan could not be implemented due to some challenges encountered by the stakeholders. Some of these challenges were identified as; human resources for health constraints in the facilities; weak collaboration of HIV/TB activities; inadequate number of PMTCT sites; interruption in the supply of test kits due to stock-out; and poor referral system. At the end of the meeting participants arrived at the following resolutions as way forward:

- Conduct joint advocacy visits to key political stakeholders on inauguration of Kwara SACA Agency Board and the need for establishing State owned and managed CCT sites in underserved areas of the state. This advocacy will be coordinated by a committee comprising of SACA PM, SAPC, 5 IPs, CiSHAN, NEPWHAN and one person representing each of the line Ministries.
- All IPs, Line Ministries and CiSHAN are to submit quarterly reports by second week into the next quarter to SACA
- SACA/SMOH quarterly meeting will subsequently hold in the second month of every quarter.

Ongoing Support to State Institutions to Enhance Ownership and Stewardship of HIV Programs

MSH ProACT continues its effort of ensuring that supported States and Local Governments mount an effective and coordinated response to HIV/TB, successfully develop and cost operational plans for HIV/AIDS/TB, and link plans to state budget cycles. To this end, ProACT in partnership with UNDP technically supported Adamawa SACA during the quarter under review to develop and cost 2011-2012 operational plans for the 21 LACAs in the state in conjunction with key stakeholders. Outputs of the workshop included developed Operational Plan for each of the 21 LGAs of the state which will subsequently be used to develop a state Level Operational plan for ADSACA in due course. The state governor's wife (in her capacity as the Chairperson of the SACA Board) also pledged that ADSACA will provide each LACA office with a Laptop computer to be used by the LACA coordinators and the M&E officers for official correspondence. In the quarter under review, implementing partners in Kwara state (MSH, IHVN, FHI, Hygeia Foundation, Friends in Global Health) as well as SACA and SAPC met in MSH state office to articulate issues and challenges facing HIV/AIDS response in the state. The MSH ProACT Project Director, Dr Paul Waibale, thereafter lead the team on an advocacy visit to the Hon Commissioner for Health to present the major resolutions arrived at during their meeting. Issues articulated and presented to the state Commissioner for health during the advocacy visit were:

- Need for adequate human resources for health in the facilities
- Need for Kwara SMOH to establish CCT site(s) in the northern part of the state to address the gap in HIV/AIDS treatment care and support service in the region of the state
- Request for government to support the procurement of RTKs that would be used in the State.

Following the visit to the Commissioner and several follow-up, the state government approved and released the sum of three million naira for the procurement of HIV test kits on a quarterly basis to support HIV/AIDS response in the state. Further to this, the state Commissioner for Health as well as the Deputy Governor have schedule appointment with the Kwara state Executive Council to push for the establishment of CCT sites in the northern part of state to address treatment gap in the region.

The supportive collaboration between ProACT and Kogi State Ministry of Health to set-up 3 new state-owned Comprehensive HIV/AIDS Care and Treatment centers received a boost in the quarter under review

with the activation of two of facilities (CHC Iyara and GH Koton Karfe) in July 2011. The facilities have since commenced the delivery of services and have enrolled a total of 16 clients by the end of the quarter. It will be recalled that the initiative was conceived during the 9-month Leadership Development Program organized by MSH in January 2010 in which 9 key officers of the Ministry were trained to apply leading and managing practices to improve the outcome and impact of the Ministry's efforts to improve the health status of the citizens of Kogi State. Subsequent to this, State Government procured 3 sets of automated laboratory machines in supported of this initiative following a successfully advocacy process with the State Executive Council. Following the mobilization and re-deployment of health workers to the previously neglected health facilities in Koton Karfe (Kogi LGA), Iyara (Ijumu LGA) and Onyedega (Ibaji LGA), trainings were conducted in April and extensive renovation work was carried out on Laboratories in the 3 hospitals.

Priority Activity for next quarter

1. Conduct joint MSH/SMOH/HMB supervisory visits to ProACT-supported health facilities
2. Development of a 2-year HIV/AIDS operational plan for Adamawa State
3. Support SACA and SMOH in the 6 states to hold quarterly SACA Coordination Forum to assess progress towards implementation of the operational plans.

STRENGTHENING COMMUNITY SYSTEM FOR DELIVERY OF OVC, BASIC CARE AND SUPPORT SERVICES

INTRODUCTION

ProACT has continued to implement community-directed interventions across supported sites in Adamawa, Kebbi, Kogi, Kwara, Niger, & Taraba States. Major achievements recorded this quarter resulted from ProACT's engagement with Government, other development partners through networking and collaboration as well as capacity building / mentoring of service providers and support groups to strengthen their skills/knowledge to provide quality services and improve the economic status and wellbeing of their families respectively. Summaries of achievements made in the quarter under review contributed to the ProACT's result(IR) framework an are highlighted in this report.

ACHIEVEMENTS

- Increased access to PMTCT services across Michika and Song LGA of Adamawa State. A total of 915 pregnant women and 60 nursing mothers were also counseled, tested and received results.
- HCT and OVC targets were met and exceeded.
- Improved synergy, collaboration and networking among key state/LGA donor partners in support of the 3-ones principle for HIV response: A profit of N22, 000 has been made by the support group who got rice huller machine from the World Bank-assisted FADAMA III project. Also partnership with GIZ to build capacity of some selected Support Group (SG) members in identified areas of interest was successfully established.
- Capacity of State and local government leadership structures to mount an effective HIV/AIDS/TB response was strengthened and as such PLHIV across the 5 ProACT supported health facilities in Adamawa State benefitted from cash, food stuff and the fertilizer distribution organized by the first lady.

- Activation of community services to generate demand for HIV/AIDS services at two new CCT sites in collaboration with Kogi State Government.

IR 2: Increased Access to Quality HIV/AIDS and TB Products

HCT for Pregnant Women and Nursing mothers.

In an effort to support the National Plan of Action to scale up PMTCT activities as well as meet targets, MSH organized a PMTCT outreach in local communities to increase access to PMTCT services for pregnant women and nursing mothers. ProACT collaborated with Primary Health Centers (PHCs) workers, LACA coordinators, religious leaders and community volunteers in targeted communities to mount an effective community dialogue and community sensitization/mobilization in about 10 communities across Michika and Song Local Government Areas of Adamawa State. A house-to-house mobilization strategy as well as community based meeting places like churches, mosques and town halls were used as entry points to reach pregnant women. Due to the strike action by the PHCs workers, primary and secondary schools premises were used for the main outreach activities. At the end of the activities, a total of nine hundred and fifteen (915) pregnant women and sixty (60) were counseled, tested and received results. Of this numbers; 9 positive pregnant women with 3 exposed infants were identified and enrolled into care at the General Hospital, Michika. Health care products such as bathing soaps, water guards, condoms, Insecticide treated bed nets, worth N50,000(\$400) were distributed to the PLHIVs. The women were excited to receive these products and looked forward to seeing more of MSH's activities in their communities. More so, the health workers at the PHCs thanked the organization and the American people and went further to desire quick action on decentralization of HIV/AIDS activities to their health facility to increase access for the poor and most vulnerable populations.



Pregnant women queue for HCT during the PMTCT outreach in Sabonlayi community, Michika LGA. in Adamawa State.

During the quarter under review, two new CCT sites (Iyarra & Koton Karfe) were also activated by the Kogi State government with technical and logistic support from MSH-ProACT. Activities that were carried out to support this process included working with the SAPC, facility staff and LACA officers of the two LGA to carry out sensitization visits and orientation to key stakeholders at community level to garner support and promote community ownership of the project. Facility staff also received hands on training on PITC and Adherence counseling support which enabled them to effectively initiate testing at multiple service delivery points and provide adherence counseling services for enrolled clients. Regular mentoring visits were paid to the old feeder and newly activated sites to review what the health workers had done and further strengthen their skills to improve quality of care. At the end of the quarter a total of 16 clients were enrolled in the two newly activated sites and are receiving care and treatment respectively.

In Niger State, the PMTCT scale up activities yielded tangible results; a total of 2230 pregnant women were reached with HCT services within the quarter across all supported sites. 45 women tested positive and were enrolled for the PMTCT program. Consequently in Kwara State, HCT services were provided in 3 faith

homes in Ilorin and Omuaran communities respectively. A total of 97 women were counseled and tested and only 1 tested positive and have been enrolled into care and treatment. The PMTCT outreach also afforded the ProACT team the opportunity to mainstream quality into the health care activities of the Faith home midwives in the communities visited through mentoring and hands on training.

HCT and OVC target achievement

S/N	INDICATORS	TOTAL	TARGET	% ACHIEVED
1	Number of individuals who received testing and counseling services for HIV and received their results (PITC+Lab)	108,501	63,338	171%
2	Number of individuals who received testing and counseling(I&C) services for HIV and received their test results (including PMTCT)	150,721	115,117	131%
3	Number of orphans and vulnerable children (OVC) that received at least one care service.	5,621	5,482	103%

The table above highlights FY 11 data which shows significant target achievement in HCT and OVC program areas. Some of the strategies employed which contributed to this huge success were;

- Community mobilization and sensitization which increased uptake of services
- Periodic community outreaches which increased access.
- Ongoing mentoring and supportive supervision of service providers which assured quality of services
- Constant supply of commodities to service delivery points
- Volunteer counselor support to CCT and high volume PHCs to reduce human resource challenges that face service delivery.
- Intensified C&T at Service delivery point with emphasis at antenatal clinics

IR 3.1.4 Improved synergy, collaboration and networking among key state/LGA donor partners in support of the 3-ones principle for HIV response

ProACT has continued to network and collaborate with international and local organizations to leverage resources to strengthen Support Groups across targeted communities to take ownership of their activities and be self reliant. In line with this, a proposal was written to **GIZ**; an International organization based in Abuja to solicit for partnership to help build the capacity of SG members in different areas for effective transition. The organization acknowledged the proposal and later sent a delegation to MSH office in Minna to discuss and agree on possible areas of partnership. According to the four-member team from **GIZ** led by Sylvia Hoster, they have expertise in financial literacy and would be willing to train/build the capacity of selected members of our support groups with some level of cost share between MSH and GIZ. At the end of the meeting, the partnership was instituted with a maiden program plan to train 25 support group members before the end of the year.

Similarly at the grass root level, ProACT has continued to engage with community leadership structures through advocacy visits. Worthy of note is the advocacy visit paid by the MSH staff in Niger to the Etsu Nupe (Emir of Bida) and the Honourable Chairman of Bida LG Council to solicit their support to take ownership of supporting PLHIV and OVC within their jurisdiction. The Emir was very pleased with the development and promised to buy into the program. The LG chairman also made very positive promises. The MSH team will continue to follow up with the Emirate and the council to ensure that they take ownership of providing support to OVC and PLHIV as a stepping stone to sustaining USAID supported programmes in their communities.



An MSH staff making a speech to LG Chairman and his council during the advocacy visit.

Also, during the quarter under review, early results following the grant received from the FADAMA III World Bank supported project by the support group in Michika, Adamawa State showed that the purchased machines have now been installed and presently been utilized.. The group is making progress and has been able to record a profit of twenty-two thousand naira (N22, 000) from the activities at the plant.



The President and Secretary of Living with Hope support group at the centre. The rice huller machine was installed in Michika LGA

IR 3.1: Capacity of State and Local Government leadership structures to mount an effective HIV/AIDS/TB response strengthened.

ProACT has continued to engage Government to mount effective response to HIV/AIDS and related issues. One of those efforts yielded fruits in the quarter under review as Her Excellency Dr. Halima Nyako (The First Lady of the Executive Governor of Adamawa State) accompanied by Hon. Commissioners of Agriculture, Local Government Affairs and of Health distributed fertilizers and a sum of #20,000.00 naira to each PLHIV in all the 21 LGA's in July 2011. Her Excellency urged the support group members to encourage their partners to know their status. Pregnant women were also encouraged to always go for testing to prevent the transmission of the virus to their unborn babies. As a follow-up to a promise made last quarter, Dr. Halima addressed food security issues by distributing 63 bags of rice, 63 bags of beans, 42 bags of maize, 63 cartons of sugar, 42 cartons of turkey oil, 21 bags of spaghetti, and 21 cartons of condom to PLHIVs in all the 21 LGA's of the State. PLHIV from the 4 ProACT supported LGA also benefitted from this gesture. Subsequently in Kwara State, leveraging efforts yielded results as the support group in Ilorin and Omuaran received 2 bags of rice, 2 cartons of Indomie noodles, exercise books and some clothes from FOMWAN in Ilorin to support the PLHIV and OVC as part of Ramadan activities in the States. These food items were distributed to indigent families with food and nutritional needs



Distribution of Fertilizers at ADSACA office and at Cottage Hospital Song (ProACT supported site) to the PLHIVs in Adamawa State

IR.3.2.3 Selected CBOs and PLHIV groups institutional capacity enhanced

The empowerment and sustainability of the support groups in the State continues to be a major focus of ProACT's community systems strengthening effort. In the light of this, the support group collaborated with the centre for women health initiative who during the quarter trained 25 women from the support group on various vocational skills including tie and dye, soap and cream making. 4 of the economic interest group have been registered with the state ministry of commerce, so as to enable the members access the loan support from FADAMA World Bank assisted project. This economic empowerment agenda is religiously pursued as a major strategy of ensuring sustainable care and support for orphans and vulnerable children in targeted communities.

I.R 1.1.3: Increased uptake of HIV/AIDS services by communities in catchment areas

In order to increase uptake of HIV services in ProACT's supported communities mostly hindered by misconceptions, stigma and socio- cultural factors, the Taraba State team collaborated with Gashaka Charity foundation (Community Based Organization) and carried out a series of sensitization program for religious leaders in Serti community of Gashaka LGA, Taraba State. 27 religious leaders were sensitized on HIV and related issues and encouraged to participate in the fight against HIV by continuously mobilizing their members to access HIV services at the comprehensive AIDS care & treatment centers and two feeder sites in Serti. As a result of increased knowledge gathered from this sensitization program, the leaders of 2 religious groups i.e. Christian Reform Church of Nigeria (CRCN) and the Catholic Church followed up this activity. They mobilized their members and immediately organized a community sensitization program and a youth rally to address issues around stigma, misconceptions and where to access HIV services in their community. This sensitization/ community mobilization program contributed to the high numbers of pregnant women who turned out for HCT during the just conducted PMTCT scale up activities in the State.

IR 3.2 Capacity of community leadership structures to mount effective HIV/AIDS/TB response strengthened

In Donga community, the Favour of God Support group now actively participates in providing OVC and adherence support services after undergoing an OVC care and support training organized by MSH. They enroll and serve the enrolled OVC based on the identified needs. They also support in providing adherence counseling at the CCT facility on Mondays, Wednesdays and Fridays, after being trained by MSH in June. They have strengthened psychosocial support to new client through status disclosure and active referral to support group meetings during adherence counseling. This resulted in a massive turn out in the support group meeting held in July recording about 40 new members in attendance. Following their sustainability strategy to keep their organization running, the group purchased a motor bike for commercial use to generate income for the group. Currently they have generated about Thirty thousand naira for the organization. Similarly, the support group has been empowered to support OVC services and adherence counseling through home visits in targeted communities in Gashaka LGA. As part of strengthening their institutional capacity, they have also been supported to embark on renovation of their newly secured office. Construction of shelves for record keeping is also in progress. The group has also come up with by-laws for their meetings to guide their operations. Consequently, the Kogi State team has continued to mentor the support groups to work toward improving the welfare of its members in a more sustainable manner. 15 women from Ojo Achenyo Support group in Dekina were supported to approach the hospital management so they can plant a garden on an unused plot in the hospital premises. They were granted this request and they have planted a vegetable garden on the plot through cooperative efforts. The hospital also got the benefit of having the area cleaned and free from weeds. The proceeds from this garden would be used to meet food and nutritional needs of their families including OVC. Excesses from the harvest shall also be sold to raise money for their savings and loans association.

IR3 Strengthened public/CSO and community enabling environments.

During the period under review the 5 CBOs engaged to implement CHBC and OVC service delivery at community level in Taraba and Kogi State successfully completed activities on their grant work plan and met their targets. These CBOs within their year of engagement acquired knowledge and skills through ProACT capacity building program and are mobilizing resources through proposals to both local and international funding agencies to enable them sustain their community health improvement programs. In addition, the CBOs are providing support in the facilities and continuously mobilizing their communities to access HIV services in the CCT facility nearest to them. ProACT has begun the process of engaging qualified CBOs to implement the second phase of the grant program.

Support groups system strengthening: Results from Niger.

Lapai SG have registered with CiSHAN Niger State branch in order to position itself to compete for the Global Fund to Fight AIDS, TB and Malaria Round 9 resources. They have also registered with the Ministry of Commerce and Cooperatives in Niger state and gotten their certificate. The women wing in Lapai SG also registered with Association of Women Living with HIV/AIDS in Nigeria (ASWHAN) within the quarter under review. The Nassara Support Group in Tunga Magajia, registered with Niger state Ministry of Commerce and Cooperative in preparation for FADAMA III project support. This group also collectively mobilized resources and purchased fifteen wooden benches for use during their SG meetings and clinic days as her members always face the challenges of seats as they wait to access care.

SG in New Bussa has taken the initiative to address food security problems of OVC in their group. In this quarter, they leveraged a bag of rice and eight thousands naira from community members and staff of general hospital New Bussa to support her members and children nutritionally.

IR1. Sub. IR1.1.3. Increased uptake of HIV/AIDS services by communities in catchment areas.

Within the quarter, in Niger State for instance, onsite technical support, mentoring and supportive supervision were provided to all community volunteers and staff in ProACT intervention communities to enable them provide ongoing quality HIV/AIDS services to clients. Some of the specific actions carried out include;

- Two trained volunteers one each from General hospital Kagara and Rural hospital Lapai were deployed to provide HCT services to all pregnant women attending ANC at Rural Hospital Wushishi and MCH Minna respectively. This strategic step has increased the uptake of HCT in ANC from 39% in July to 86% and 102% in August and September respectively.
- Community volunteers supporting services in Mokwa had refresher sessions on couples counseling within the period to be able to provide adequate and correct information's about HCT to couples who wish to test for HIV together.
- Laboratory staff in general hospital Mokwa and New Bussa had refresher onsite training on pre/post test counseling. Their skills were strengthened to provide correct and adequate information to all blood donors and other clients seeking HCT in the laboratory.



The benches procured by the support group themselves

ECONOMIC EMPOWERMENT DRIVE; the Story of Nasara Support Group in Tunga Magajia, Niger State.

The executive members of Nasara SG in Tunga Magajia within the quarter under review conducted a series of advocacy and resource mobilization visits to some stakeholders to solicit for support towards empowering their members economically and sustaining the health programs kick started by MSH. One of the persons visited was the Hon. Chairman of Rjiau Local Government council, who promised to support the Nasara Support Group in Tunga Magajia with an amount of N100, 000naira. He instantly gave the SG executives N50, 000 and promised to redeem the balance in the month of October 2011. The group followed up to other members of the community where the Muslim group and other people gave them various donations. Over N80, 000.00 and some bags of grains were realized from this resource mobilization drive. The grains and other food stuff bought by the support group were distributed among the SG members during their meetings towards supporting their members and children nutritionally.

With mentoring and supportive supervision from the ProACT team in Niger, The executives of Nasara Support Group in Tunga Magajia gave small loans of N10,000.00 each to their members after grouping them in different thematic trading areas of interest with more women benefitting than the men. The trading groups include the following; Farmers (male), Weaving, knitting and sewing (females), Palm oil trading (Female), Grains sellers (males), Ground nuts oil and kulikuli producers (females), Rice millers (females), Black smiths

(males) and Fish sellers (Females) etc. Rice Millers Women Groups displayed their products and shared with members during meeting how much profit they make and what it's been used for. Some women said they make between N1500 to N2000 on each market. This money helps to pay their children's school levies, transportation to hospital and purchase of drugs, as well as buying food to feed the families. Other weaving, knitting and sewing groups also displayed their products.

The Tomato and pepper farmers group in their farm as shown below



Next steps/ Recommendations

- Strengthen OVC and HCT services delivery across ProACT supported sites.
- Follow up leveraging efforts initiated with WORLD BANK/FADAMA Projects across the six supported States.
- Continue to provide support to service points at facility levels especially as it relates to adherence support and patients retention in care and treatment.
- Support the PMTCT scale up plan
- Review registration of PLHIV groups with relevant ministries and bodies
- Initiate the ProACT phase two grants renewal process.
- Conduct referral network meetings and community dialogues across selected communities.

HIV PREVENTION PROGRAM

INTRODUCTION

During the quarter under review, a number of activities were carried out in various intervention communities across the project states to reach the target populations with HIV prevention interventions that promote the reduction of risky sexual behavior and adoption of positive behavior among the target audience- In School Youth (ISY), Out of School Youth (OSY) and Most at Risk Population (MARPs). The quarter also witnessed the rounding off of the year one grants cycle of the HIV Prevention interventions implemented through the HIV Prevention CBOs across the six project States. The implementing CBOs for the community prevention programs attained and surpassed their set target for both the AB and COP program areas as stated in their grants agreement. In order to ensure behavior maintenance of persons reached with MPPI, ownership and sustainability of the prevention program, Community Based Organizations (CBOs) which evolved out of peer educator groups of OSYs and MARPs and Health Clubs which evolved from In-School PEs were formally

inaugurated in some project States. Program Management Committees (PMC) were also formed to oversee the implementation and integration of the FLHE program across the model schools.

Highlight of activities/achievements/Results

- Reached 33940 (20004M, 13936F) beneficiaries with Minimum Package of Prevention Intervention under the AB and COP program areas.
- Established 200 condoms service outlets across the new sites (12 LGAs) in the project states.

ABSTINENCE AND BE FAITHFUL

Results/Success Stories

HIV prevention services and products were delivered across the LMS PROACT States with the mindset of quality prevention intervention, outcomes/results by the CBO sub grantees. At least three interventions were carried out with the targets groups to comply with the standards of MPPI. Multiple reinforcement channels were adopted to yield the expected behavior change and reduction in risky behavior. Peer education still remains the projects fulcrum strategy that cuts across all the LMS PROACT prevention States. This strategy has been yielding positive results and having a multiplier effect amongst the targets and their environs.

Adopted strategies:

1. **Peer Education Model:** age peers approach was used for the trained In School Youth and Out of School Youth peer educator to reach out to their selected age peers
2. **School-based Approach:** Both the curriculum and non curriculum based approach were relied upon as schools resumed in the later part of the quarter.
3. **Community Awareness:** Small group discussions, use of role models and drama were relied upon to reinforce on topics treated during the peer session. These reinforcement medium varied according to the environment and the CBO preferences. It also served as catalyst for messages internalization to yield the expected behavior change amongst the In – Schools youths.
4. **Vulnerability Issues:** focus was on use of essential life skills as a tool of empowerment for the youths and overcoming peer pressure. It is believed that the use of essential life skills will help in promoting the principles of abstinence amongst the In – Schools youths.

(NOTE: Across all the six States uniform strategies was adopted but the activities varied, some States adopted more than one activity per strategy to ensure quality in the MPPI services rendered to the in and out of school youths and it also eased internalization which activates behavior change.



ISY PEs @ Government Science College in Kagara after the review meeting



In – School Youth @ FCS holiday school Wukari, Taraba state using drama to reach their peers with MPPI

CONDOM & OTHER PREVENTION

Results/Success Stories

Activities of the PEs trained under the COP program area targeting the MARPs and OSYs continued during the quarter under review with greater impact in the communities across the project states. Several strategies were adopted by the PEs to reach their cohort with Minimum Package of Prevention Intervention in order to promote the adoption of positive Sexual and Reproductive Health Behaviors amongst the beneficiaries.

Strategies used include:

- Community Awareness: where the following activities were used to reach the cohort group – SGD, balanced ABC messages, condoms distributions and promotion of counseling and testing (referrals were made to the MSH facility sites for people who want to know their HIV status).
- Peer Education Plus Model: activities used included folklore, dance and use of role models
- Peer Education Model: Peer sessions were between the Peer Educators among the different target groups and their cohort members as means of educating their peers on issues around HIV prevention, care and treatment.
- Vulnerability Strategy: using essential life skills and addressing gender issues, some of the PEs also used these activities to reach the target audience.
- Work place Strategy: condom messages was used under this strategy (some of the target audience e.g. FSW, Transport workers etc.)



Peer Education session with Transport Workers, (New Bussa, Niger State)



Direct intervention with FSWs (Jebba, Kwara State)

Condom Services Outlets and Services

200 condom service outlets were established during the period under review in strategic locations across the new sites in order to increase the availability and accessibility of the community members to HIV/AIDS and TB products while the already existing condom outlets were equally serviced in order to ensure constant supply and access to safer sex products. The outlets are equally being used to educate the beneficiaries on the benefits of correct and consistent condom use in relation to HIV prevention, its dual protection role, teenage pregnancy, family planning etc. In order to ensure gender is mainstreamed into the prevention program, one of the strategies adopted is the creation of female managed condom outlets across the new prevention sites as this will increase female access to ascertain accessibility to safer sex products.



Correct Condom use demonstration in a female managed outlet, (Adamawa)

Monitoring/Supervision and Peer Review Meeting

During the quarter under review, activities of the Peer Educators were monitored across the old and new sites alongside with the CBO partners. Through the monitoring, identified gaps were addressed and feedbacks were provided to the CBO program staff and PEs to improve the quality of services rendered. Also, the review meetings were held across the states within the quarter and this served as avenue for experience sharing among the PEs, addressing challenges encountered during intervention and data collation.

CHALLENGES/LESSONS LEARNED

- Need to ensure that the FLHE/ SMoE focal persons in the States, leads and accelerates the adaptation and actual implementation of FLHE curriculum which synergizes with AB intervention.
- Non availability of community/mobile HCT services to meet the demand created by the HIV prevention intervention as most of the beneficiaries of the intervention have started adopting better health seeking behavior and interested in knowing their HIV status.
- Condom stock out experienced in some of the project States

NEXT QUARTER PLANS

- Review the HIV Prevention CBOs program progress and start the process of renewing the contract
- Start process of grants award with HIV Prevention CBOs
- Inaugurate the FLHE Program Management committees across project States, this is very important as it will further enhance the sustainability of the systems already put in place.
- Support the team to plan and commemorate the WAD across the sites with the CBOs, Health Clubs, LACA and SMoE HIV/AIDS desk officer taking the lead in all the project states.
- Supply project states with condoms and penile models.
- Prepare for the scale up of the prevention program to new sites.
- Continue to provide guidance and direction to the prevention team across the states in line with new guidelines.

SUPPLY CHAIN MANAGEMENT SYSTEM (SCMS)

INTRODUCTION

Axios Foundation is a commodities logistics partner on the ProACT Project. Her key mandate as the supply chain management partner in the LMS-ProACT project is ensuring reliable availability of diagnostics, ARVs, and drugs for prevention and treatment as well as other consumables at designated health facilities in the six states being supported by the project. The organization is also responsible for strengthening of Pharmaceutical care, Pharmacy Best Practice (PBP) and development of a pull of locally based Health Facilities Leaders and Managers with capacity and capability to become recognized in their own fields and be able to mobilize stakeholders from across the health community to ensure local ownership, create sustainable health solutions, maintain high responsibilities standards and better respond to changing needs and challenges to help advance the quality and impact of program implementation. Key achievements during the quarter under review are highlighted below: The AXIOS/LMS ProACT partnership recorded some keys successes during the quarter under review. Some of these successes include:

- Through sustained advocacy effort, the Niger State Government through the state TWG on logistics made funds available for renewal of subscription for the V-Sat powering the SPD. This is to enable continued real time management of SCM data in the state.
- AXIOS/MSH provided the Niger State MOH with technical support in the training and actual de-junking of the state CMS. This is to ensure that lessons learnt at the model warehouse are applied across all medical stores in the state.
- The Niger State Ministry of Health also formally handed over a set of Desktop computers for use at the state CMS in support of the electronic data management at the establishment.
- Dispensing of ARVs has been fully integrated at the Taraba State Specialist Hospital Jalingo. This is in line with the integration effort of all HIV services at all supported facilities
- In pursuance of the state ownership of programs, two comprehensive care and treatment centers were activated by the Kogi State Government with technical support from AXIOS/MSH. Some Laboratory equipments were also installed at with support from Axios/MSH. Basic inventory management training was given onsite for healthcare providers at the sites.
- The AXIOS/MSH teams across the various states provided onsite orientation and hand on training for members of the youth service corps posted to the various supported facilities.

In the course of implementing programs, AXIOS/MSH encountered some challenges. These include:

- Poor documentation by staff providing services at various service delivery points in supported facilities.
- Inadequate fixtures such as pallets and air conditioners in some sites, especially Taraba State Specialist Hospital, Jalingo.
- Inadequate space is still a challenge in some facilities. Many facilities lack space to store damaged or expired commodities thereby hindering proper quarantine of such commodities.

Next Steps:

- AXIOS/MSH will continue to partner with SMOH, HSMB and facility management to ensure that officers designated to service delivery points promptly and accurately document such activities to ease data management.

- AXIOS will work with responsible officers at the MSH state and central offices to ensure provision of necessary fixtures in the facility and CMS for proper storage of commodities.
- AXIOS/MSH will continue to advocate to facility management and state officials on the need to provide adequate space for smooth service delivery.

CLINICAL SERVICES

INTRODCUTION

The clinical unit activities this quarter essentially built on last quarter's achievements to improve quality and increase access to service uptake by strengthening system in the supported facilities. These activities contribute towards the attainment of intermediate results (IR) 2 which is to strengthen capacity of supported tertiary secondary and PHCs to provide quality prevention, care and treatment services and IR 3 of the ProACT Results Management Framework (RMF). Specific activities carried out include sustaining efforts towards the lead PMTCT IP concept in five focus states, follow up on the implementation of pediatric, ART, PMTCT improvement plans drawn up after the central training as well as intensifying efforts to identify patients failing on first line ART regimen through reevaluation and appropriate clinical intervention. The sessions below highlight further key strategies adopted and specific achievement during the reporting period.

Adult Antiretroviral Therapy

Increased access to ART services in Kogi state through collaborations with state government

During the quarter, the Kogi state government with technical support from MSH ProACT activated comprehensive care and treatment services in 2 health facilities (GH Koton Karfe & CHC Iyara). The government supported services by procuring 2 sets of lab equipment and some infrastructural renovation while ProACT provided technical support such as training of facility staff in the management of HIV and building the capacity of a state supervisory team to provide technical and supervisory support to the health facilities. Logistic support in form of ARV's and laboratory reagents were also provided by ProACT and staffs have also been trained in supply chain management. The capacity building is geared towards ensuring that the services are sustained beyond the lifespan of the project. Since the activation, two site support visits have been jointly conducted to each of the sites in the company of the SMOH supervisory team. About 20 clients have been enrolled in both sites and 8 have been initiated on ART including 2 children. The activation of these CCT sites has also provided a platform for clients to access care and treatment at facilities closer to or within their communities and the option of transfer is being offered to clients in the older facilities who reside closer to the newly activated CCT's. The infrastructural, issues power generation and human resource challenges are being addressed through advocacy to the LGAs, traditional institutions, the Ministry of Works and the office of the Executive Governor.

Increased access through Decentralization of ART services to PHC's in Jalingo, Taraba State

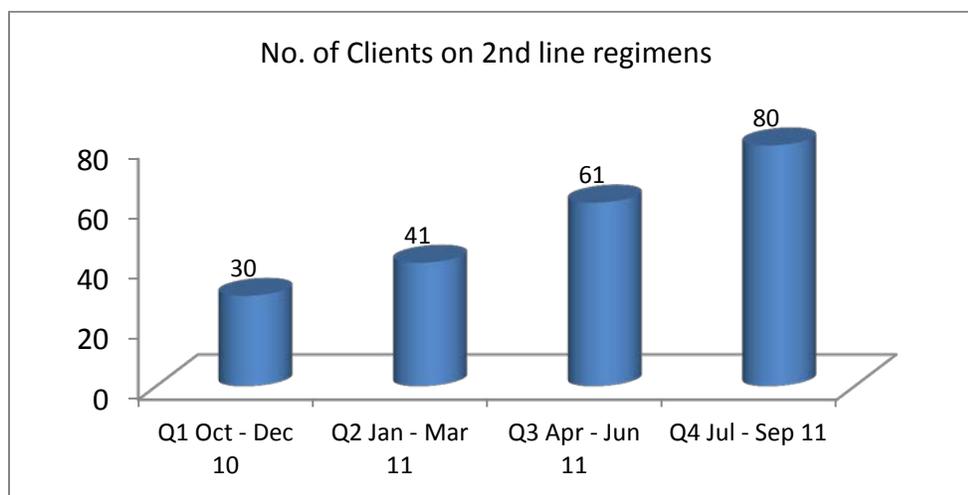
As part of the commitment to achieving IR2 (increased access to quality HIV/AIDS and TB services and products), ProACT supported Taraba SMOH to commence the decentralization of ART services in PHC's within Jalingo. As a result of consistent advocacy and collaboration between ProACT and the SMOH, the state government demonstrated a commendable level of ownership by setting up a state action committee on

decentralization of ART services and procured the required basic lab equipment for the 6 PHC's. 2 NYSC Physicians were deployed by the Local Government to provide services at the PHC's and a supervisory team comprising of Doctors, Pharmacists and Lab Scientists from State Specialist Hospital Jalingo was constituted and trained to provide technical assistance and monitor quality of services at the selected PHC's.

A major challenge encountered was the 6 month industrial action in Taraba state which delayed the commencement of services. Implementation however commenced within the quarter with the decentralization of eligible clients to PHC Turaki for ART refill services. Plans to scale up services to 5 other PHC's that were previously earmarked for ART decentralization services are ongoing.

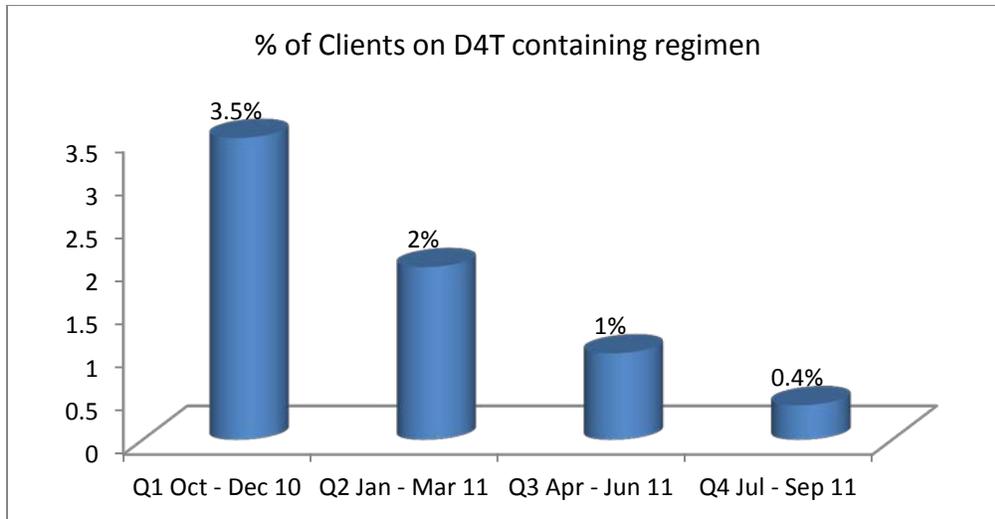
Improved treatment failure identification and regimen switch

As part of efforts to ensure patients receive the appropriate regimen, ProACT strengthened clinicians' ability to identify cases of treatment failure, prepare patients and switch to appropriate regimens. Over the last 6 months, the program has steadily increased the number of clients on 2nd line therapy with numbers of clients on 2nd line rising from 30 at the start of the year to 80 at the end of the last quarter. Processes have been put in place to ensure that clients switching to 2nd line regimens receive a comprehensive treatment preparation with laboratory evaluation and adherence counseling/education. Below is a chart showing the changes in numbers of patients on 2nd line over the last year.



Successful phased transitioning of patients on Stavudine (D4T) containing regimens

In compliance with National guidelines which advocate for phase out of D4T, the clinical and supply chain management systems teams have successfully instituted a systematic phase out of D4T. The goal at the start of the year was to ensure that less than 1% of adult clients would be retained on D4T containing regimens with the assumption that there would be a small cohort of patients that may have contraindications to other common NRTI's. Within the year in review, the percentage of adult clients receiving D4T as a first line regimen has dipped from 3.5% at the start of the year to 0.4% at the end of the reporting period. Below is a chart showing progress over the year in the D4T transitioning process.



A systematic shift towards balancing AZT and TDF containing regimens has resulted in a steady increase in number of patients commencing regimens with Tenofovir backbone. At the start of the year 72% of clients were on AZT containing regimens. However the ratio of clients on AZT as compared to TDF containing regimens has gradually declined and is presently 65% to 35% across the program.

PAEDIATRICS services

Capacity Building

In order to strengthen capacity of supported tertiary, secondary and PHC facilities to provide prevention and AIDS care and treatment services IR2.2, ProACT followed up the Pediatric ART training conducted in the previous quarter with CMEs and step down trainings. This has helped in building the capacity of staff in the area of Pediatric ART management. ProACT supported the training of one facility staff in Infant and Young Child nutrition under the federal government Infant and Young Child nutrition Project in collaboration with USAID. The purpose of the project is to create an integrated facility IYCN program that would support positive behavior change in the facility staff mothers/ care givers in the area of Nutrition. The forum was also used to finalize the development of the national curriculum on Child Nutrition. As a follow up on this, ProACT will support step down training and Extended CMEs at the facility level.

EID services

Following continued effort to decentralize EID services from the Laboratory to various units at the comprehensive sites, EID services were further extended to Primary Health care facilities offering PMTCT in a PMTCT site validation exercise for Primary health Facilities. This is in line with increasing access to increase access to quality HIV/AIDS and TB services and products IR 2. Nurses and CHEWs were given hands on training on collection and packaging of DBS. One of such facilities was able to track back 4 exposed infants and had their DBS taken and sent to the reference lab with 80% accuracy on their first attempt. Other Primary Health facilities have started tracking exposed infants that have defaulted.

INDICATORS	Summary of Early infant Diagnosis services over the past year				Total
	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	July-Sep 2011	
No. of exposed infants born by HIV +ve preg. women	148	70	109	225	552
No. of Samples collected for EID	127	86	201	190	604
No. of samples tested for EID	84	59	143	93	379
Number EID positive	8	4	15	12	39

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)

Community Sensitization and Outreach for Pregnant women

In order to increase demand for HIV/AIDS and TB services IR 1, ProACT identified communities that had no form of support or intervention for pregnant women. Working with community volunteers, community leaders, ward heads and local primary health facility staff, we were able to provide sensitization and education to communities targeting pregnant women. Building on the demand created as a result of the education received, the pregnant women were mobilized and given access to free services. Services were provided that helped increase access to quality HIV/AIDS and TB services and products IR 2. Services provided at each of these clinics included the following

- General health education with emphasis on importance of ANC, family planning, sanitation and hygiene, malaria prevention and nutrition.
- HIV counseling and testing (pregnant women and breast feeding mothers)
- Distribution of long lasting insecticide treated nets (LLTNs)
- Provision of ARV and co-trimoxazole prophylaxis for eligible clients
- Distribution of free haematinics
- Free medical consultation for pregnant women, caregivers and partners
- Client enrollment into care
- Initial clinical evaluation
- Laboratory baseline investigations
- Adherence counseling
- On site hands-on training on;
 - Specific modifications of obstetric care, breast care and care of the perineum, for HIV positive pregnant women.
 - Gestational age (GA) estimation
 - Importance of confidentiality
 - How to dispense Nevirapine suspension for the new born.

A total of **21** health facilities were reached through these activities and **2,108** pregnant women and nursing mothers were counseled and tested of which **49** were found to be positive and provided with appropriate PMTCT interventions. As a result of the outreach, the primary health care facilities that were used experienced an increase in the uptake of MCH services after the outreach. Also, community outreach has significantly increased our reach in terms of the number of pregnant women offered PMTCT: This quarters' community outreach efforts when compared to the whole country's data for the previous quarter, is equivalent to 20% of C and T and 24% (a quarter) of positive women identified. Moreover, over 95% of positive eligible women received intervention.

PMTCT Community outreach teams

In order to increase access to quality HIV/AIDS and TB services and products, ProACT has instituted facility mobile outreach teams as a follow up of the just concluded community PMTCT outreach. This is a multidisciplinary team made up of state based facility staff who participated in the outreach and received hands on training on PMTCT using the 2010 WHO PMTCT guidelines. They are to serve as facility champions in general ART care and treatment including PMTCT and will receive continuous formal training soon as well as hands on mentoring from the MSH state team. Their responsibility includes: to oversee and ensure the smooth running of general ART activities in the facility and community, facilitate linkages between the community and facility for clients, provide monthly mentoring and TA to the outreach PHCs, provide monthly logistics for drug refill for the positive clients at the PHCs, stepping down training to other staff thereby getting them involved, integrating other services and units as they get moved to other departments and finally strengthening the health system using the skills built from leadership trainings they will be given.

Job Aids production and dissemination.

To further increase access to quality services, quality job aids were developed by the clinical team and distribution to facilities has commenced. The job aids include: Neviparine dosing chart, PMTCT drug chart, PMTCT Job aid all based on WHO 2010 recommendation, Pediatric milestones and Eligibility criteria in children.

PMTCT Site Validation

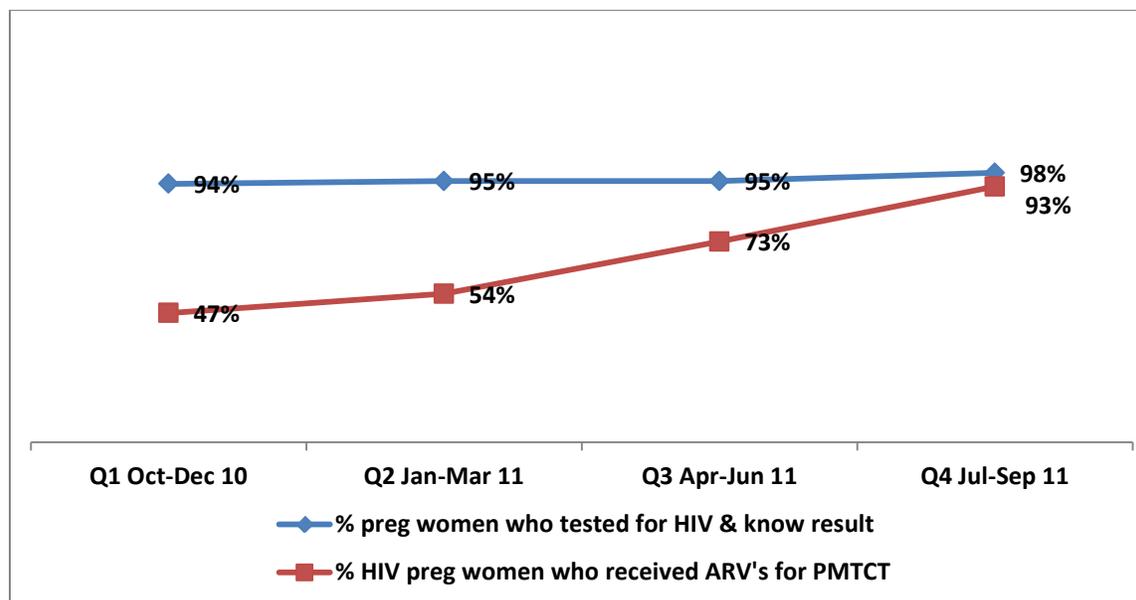
ProACT is committed to providing increased access to quality HIV/AIDS and TB services and products IR 2. As a result, a site validation exercise commenced this quarter to ensure that all primary and secondary supported sites offering PMTCT are providing the minimum package of care recommended. Standards of care have been set to further ensure quality. 30% of all sites have been reached so far with all of them providing the services. These services include:

- Counseling and testing for pregnant women - >95% SOC
- ARV prophylaxis to prevent MTCT - > 80% SOC
- Counseling and support for safe infant feeding practices - > 80%
- Family planning counseling or referral - > 80% SOC

Capacity building of medical workers through CME

Restructured CMEs using new generation indicators have continued to reap benefits to the health system. During this quarter, facility staffs have continued to take ownership of the process with less support from the state team. A topic of interest for the CME has been the WHO 2010 PMTCT recommendation. This has

resulted in some facilities which did poorly in the past on placing positive women on prophylaxis, now experiencing 100% uptake. Also, the CMEs have resulted in increased interest and participation by the facility staff in the PMTCT program. The result of this can be clearly demonstrated in the uptake of prophylaxis compared with other quarters below.



Challenges

- There is poor linkage between immunization and MCH services in some local governments due to the location of the immunization units at the local government secretariat. This has further affected EID and other related PMTCT activities at 6 weeks as this is a key period in immunization on the National program that brings the child to the facility.
- Prolonged strike action in some state has continued to paralyze activities across health facilities. This has led to a good number of women formerly accessing ANC to drop out and opt for home delivery thereby eroding the gains previously achieved.
- The turnaround time for DBS samples is still a challenge.

Next Steps

- Continue with advocacy efforts to the State Ministry of Health to improve linkage between immunization and MCH by shifting the services to the ANC units of supported facilities.
- Complete validation exercise of the PMTCT facilities. This would provide information for mapping and coding of PMTCT supported facilities.
- Explore options that would lead to increase uptake of HCT and prophylaxis by extending HCT at the ANC to other non supported sites and modifying the work of community volunteers to support ANC testing days.
- Organize one step down training and one extended CME for Infant and Young Child Nutrition in the facility.
- Following up with SMS printer from CHAI for supported sites.
- Follow up with ITN from donor and FGN for our supported site.

TB HIV/Care and Support

Improved TB HIV case detection and management (IR2)

Cases of TB HIV co infection treated increased from 3.8% in Q1 to 6.2% in Q2 2011 with a corresponding increase in clients screened at baseline from 81% in Q1 to 91% in Q2 2011. This feat followed ProACT relentless support to all 25 CCT facilities in identification and management of TB HIV co infected cases. Activities supported during the period included; Ongoing orientation/mentoring of staff on clinical TB screening, strengthened 2 way referral and escort services, client education on TB HIV co morbidity and the need to remind clinicians to screen them routinely for TB. Others include strengthened HR as seen at Kogi state Specialist hospital, Lokoja (KSSH) where 3 additional staffs were trained to offer TB DOTS services following advocacy to the hospital management and the state TB and leprosy control officer (TB LCO).

Strengthening TB Infection Control (IR2)

During the reporting period, ProACT supported the management of cottage hospital, Hong to address a TB infection control challenge that hindered staffs commitment to duty and productivity at the laboratory. Following series of advocacy visits to the hospital management and the HOD of the laboratory, a new and befitting Acid fast bacilli (AFB) sample staining room and work bench were provided that addressed TB infection control challenge at the unit. Previously, staining for AFB was done in a toilet attached to the laboratory in an unkempt environment with poor ventilation and laboratory staffs were not too eager to conduct the tests. However laboratory staffs are presently more committed as they are reassured of their safety and this has resulted in an improved turnaround time for AFB from between 3 – 7 days to within 12 hrs of collection of samples.

Collaboration with Government and Other partners (TB HIV) (IR3)

ProACT participated in the central TB HIV TWG meeting at Abuja and also at the state level at meetings that held in Kebbi and Kwara states. Highlights of these meetings include the need to quickly scale up Isoniazide preventive therapy (IPT) and improve TB HIV case identification. It was agreed at the central meeting that an IPT stakeholders meeting be convened for sensitization on benefit of IPT to PLWHA, this will among other things address the challenge posed by refusal of health workers to embrace the program which was cited as the major factor hindering the scale up. Repeat TB screening and TB HIV case identification were noted to be low across the country and partners were encouraged to put extra efforts to improve on these; notable challenges highlighted are difficulty in capturing cases of repeat TB screening in the current national Pre ART and ART registers as provisions were not made and the delay in roll out of the national TB HIV 2 way referral form that would have facilitated linkages between ART and TB units, the NTBLCP is to work with partners and address these challenges as soon as possible. ProACT also supported The Kwara state TB HIV TWG to review and update the state TB HIV service directory, soft copies were shared among partners.

Increase in number of facilities with functional Adherence office (IR2)

ProACT supported additional 3 facilities to establish functional adherence offices, bringing to 13 the number of facilities with such offices. Lack of adherence office was cited as a common challenge that hindered successful adherence counseling, during the adherence counseling training conducted in July 2011. ProACT will support the remaining facilities to provide adherence counseling offices subsequently. The establishment

of adherence offices together with other strategies to improve adherence is expected to have a desirable effect on adherence and client retention; this will become obvious during the next adherence and client retention survey to be conducted hopefully in Q4 2011.

Continuous Quality Improvement

As part of ProACT's drive towards achieving SR2 of IR2 (Increased access to quality HIV/AIDS and TB services and products) the program has built the capacity of site based CQI teams to select Quality Improvement projects based on available data, plan and implement interventions to improve the performance of the selected indicators which had performed poorly prior to the interventions. The teams were also charged with performance monitoring of the selected indicators on a monthly basis and sharing the results with the patient care teams. At the end of a 6 month cycle, the facility CQI teams were supported by ProACT field staff to carry out a comprehensive review of all patient level quality indicators to objectively assess progress achieved from the baseline. This report focuses on selected indicators from 4 facilities in two ProACT supported states (Kwara & Niger) that conducted baseline and review assessments in the last 6 months. Added emphasis is laid on strengthening TB case finding and 3 important pediatric and exposed infant indicators that performed poorly at the baseline assessment.

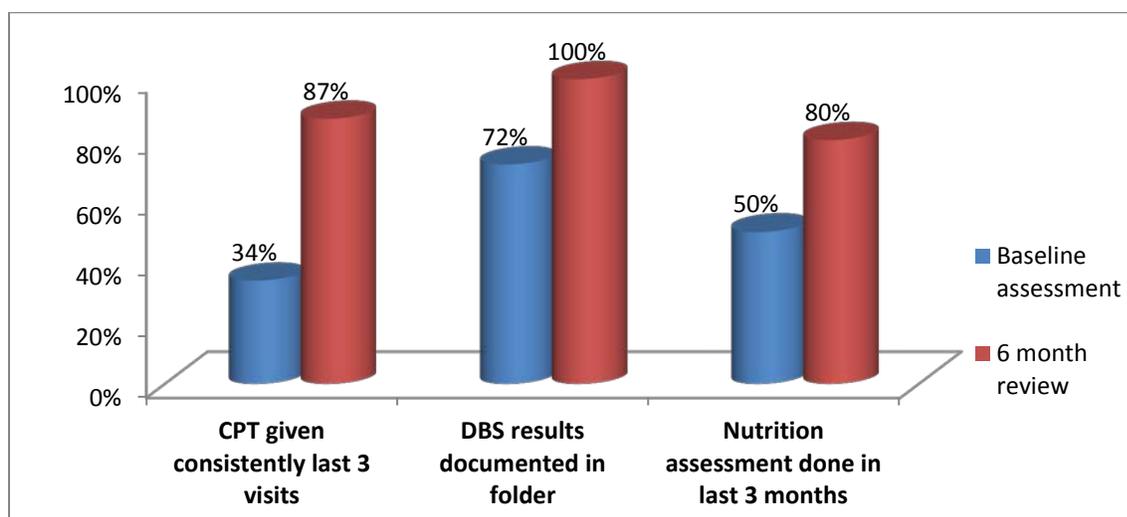


Chart showing selected exposed infant & pediatric quality indicators at baseline & at 12 months

The chart above shows assessments over a 6 month interval in 3 pediatric facilities. ALL exposed infants and positive pediatric clients were assessed for these indicators and appreciable improvements were noted in all sections following an implementation of strategies that were generated by the facility CQI teams with guidance from ProACT central CQI team. The team carried out sensitization of Physicians and on-site training of triage nurses in nutrition assessments as well as advocacy to Hospital management committee's to ensure availability of measuring tapes and weighing scales.

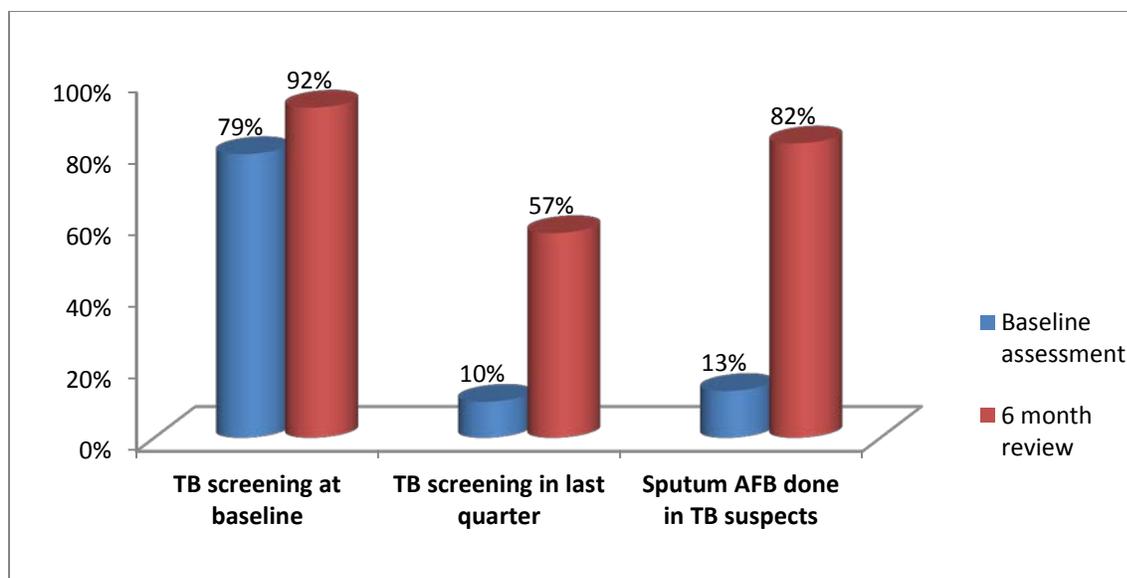


Chart showing selected TB/HIV indicators

In the chart that above, CQI projects focused on improving selected TB/HIV services indicators at ProACT supported facilities. Interventions were put in place to ensure that all patients were screened at enrollment and re-screened with the TB symptom checklist at least once in every quarter. Linkages were also strengthened to ensure that all identified TB suspects' submitted sputum for AFB and commenced anti-koch's therapy were necessary. Strategies included renewed staff sensitization on the process & patient education as well as use of data clerks to ensure that all folders had the TB symptom checklists. A remarkable improvement is noted in follow up service quality indicators such as quarterly clinical screening and sputum AFB in TB suspects.

Challenges

- Resignation of the CQI focal person in one of the facilities resulted in poor results
- CQI teams required constant mentoring and where this could not be provided, monthly assessments were not completed
- Busy schedules prevented the proposed scale up of facility driven model of CQI to all 6 ProACT supported states

Next Steps

- Hold one day feedback meeting to share results with facility CQI teams as part of capacity building process to ensure teams take ownership of the process
- Scale up facility driven model to facilities and states that are yet to implement CQI projects

LABORATORY SERVICES

INTRODUCTION

The period under review witnessed a lot of program re-alignment and internal re-structuring. Key program realignment was targeted at achieving results for prevention of mother to child transmission (PMTCT).

Internal restructuring focused on roles definition for new staff as well as delineating responsibility for efficiency and for results communication.

Achievements

Increased Access to Quality HIV/AIDS Services

Equipments procured by the Kogi State Government were successfully installed at the three state owned CCT sites with support from MSH. The MSH team supported Kogi State Ministry of Health in successfully activating services at General Hospital Koton karfe and Comprehensive Health Center Iyara. Onsite training of Laboratory personnel on the use of automated equipments, documentation, quality system, and efficient use of inventory tools for forecasting was conducted. Services have since commenced at these sites. Continuous coaching and mentoring will be provided by the State Team to both end users and MoH staff in monitoring of Laboratory related activities. Post activation follow up visits have also commenced and will be sustained to maintain site presence towards strengthening the capacity of the facilities to effectively deliver quality laboratory services.

External Quality Assurance Program

In line with IR2, 2.2.4.9, eight ProACT sites have been linked to the National External Quality Assessment Scheme. Three successful trails have been conducted thus far for HIV serology and CD4 panels. Proficiency testing panels in the participating sites were treated routine samples and the results generated were scanned and sent to the Quality Assurance officer for onward delivery to the National Laboratory External Quality Assurance Scheme. This proficiency testing program among other things aims at evaluating laboratory staff ability to transport, receive, store, process, and test samples, as well as document and report results accurately and in a timely manner.

Equipment repairs and Maintenance Services

Planned preventive maintenance services for Reflotron Plus chemistry analyzers, Sysmex hematology analyzer and QBC was carried out in the period under review. Repairs of QBC hematology analyzers were carried out. Following the successful conduct of preventive maintenance for Reflotron chemistry analyzer, we have witnessed no breakdown in the quarter under review.

Capacity Building

A. MSH/AIDSTAR 1 Injection Safety and Waste Management Training

Collaboration with The AIDSTAR- One project has continued to yield results with more health staff benefitting from the injection safety and waste management training across the six States. Funded by the United States Agency for International Development (USAID), the training targets all cadres of health workers with the aim of improving infection control, sanitation and hygiene and to minimize pre-exposures.

B. Mainstreaming Bio-safety and Bio-security in Laboratory Programs

The National TB and Leprosy Control Program and the Federal Ministry of Health in collaboration with Centers for Disease Control and American Society for Microbiology organized a workshop on TB Laboratory Biological Safety. This workshop was aimed at developing the capacity of biosafety officers working in

various biosafety levels unique to emerging infectious diseases and to institute a culture that help participants identify safe and unsafe work practices. Effort will be made to cascade this training to all State Laboratory Systems Specialists during the next quarter.

C. Invitational Malaria Microscopy Training

As part of effort to improve diagnostic capacities for malaria, MSH provided support to four (4) Medical Laboratory Scientist from four selected health facilities to participate at the invitational malaria microscopy training organized by the US Department of Defence and the Nigerian Ministry of Defence in collaboration with the malaria diagnostic center of excellence, center for clinical research, Kenya medical research institute and Walter reed project, Kenya. The training which lasted for two weeks will establish competence in quality assurance/quality control among participating institutions. Knowledge acquired by these personnel will be stepped down to other facility staffs and is expected to result in improved diagnosis of malaria cases at the CCT sites.

D. Visibility/Strategic Engagement of Stakeholders in Lab Program

MSH has continued to increase its visibility through strategic engagement of practitioners of Laboratory sciences in Nigeria. At its annual scientific conference in Makurdi, Benue State of Nigeria, MSH amplified the successes in laboratory response to HIV/AIDS as impacting on life expectancy using the framework for people centered health systems strengthen in demonstrating laboratory response. Participation at this conference has opened opportunity for greater collaboration with practitioners of Laboratory sciences across the federation towards increased ownership.

E. Approval/obligation to commence implementation of additional Laboratory Scope of Work and COP12 Narratives

In the period under review, a readjustment of the detailed implementation plan and budget for the additional lab scope of work was undertaken. To this end MSH received approval and obligation to commence the implementation of the additional Lab scope of work. Similarly, the lab unit participated in the development of COP12 narratives.

F. Success story

With support from the lab systems Specialist, One of the laboratory staff at the Specialist Hospital Lokoja, Kogi State had his abstract accepted for poster presentation at the forth coming ICASA conference taking place in Ethiopia. The laboratory Specialist will be working with other Laboratory staff in other facilities in the coming months to encourage them to inculcate a research mindset in everything they do so as to be able to showcase USAID support through MSH in strengthening health systems and service delivery.

G. Other Activities

Other routine activities continued during the reporting period. These include sample logging, review of worksheets and registers, supply of working tools, quality improvement activities to ensure quality results and services delivery. Sorting and distribution of Project cure materials to health facilities and the subsequent

commissioning by the Honorable commissioner for Health, Kogi state and MSH Country Director supported by Associates Director Clinical were highlight of major event that took place at the States.

Challenges

- Acute shortage of Test kits, reagents and other laboratory consumables which affected services at the facility and the state level
- Delay in procurement of UPS also affects service delivery and increase turnaround time
- Inconsistency in following SOPs by staffs
- Power Challenge at G H Abejukolo and G H Kabba still a challenge and sourcing for alternative means of fuelling the generator at Abejukolo still not fruitful

NEXT QUARTER PLANS

- Support the forth coming preventive maintenance of the BD FASC Count machine across the site
- Support the Installation of Automated equipments and onsite training for laboratory staff of Zonal Hospital Dekina to strengthen their capacity to deliver quality HIV/ AIDS services
- Ongoing strengthening and capacity building of laboratory staffs of the new state owned CCT sites
- Strengthen the Quality Assurance system across the site to improve better quality service delivery
- Support the hospitals to improve referrals and linkages between the lab and the clinic and M&E unit
- Build capacity of staffs to effectively prepare the EOM

MONITORING AND EVALUATION

INTRODUCTION

This quarter marked the end of the Fiscal Year (FY11) reporting period. During the quarter the M&E unit continued to focus on routine data documentation, reporting and quality checks activities while also providing ongoing supportive mentoring and supervision of project activities at community and facility. New activities to improve the M&E systems, promoting ownership and sustainability in the states where we have site presence were also conducted. The M&E unit is working hard to ensure that data for Annual Program Report is prepared and ready for expected time submission in the new DHIS 2.0 database platform at the agreed deadline. This report is divided into 2 sections the M&E programmatic achievements and the MSH data for the Annual Program Review (APR) achievement for the FY 11 October 2010 – September 2011 reporting period. Below is a summary of the key achievements:

- Advocacy visit to the Director of Research, Statistics and Planning, Kebbi State Ministry of Health to advocate for deployment of more staff to the medical records units
- Sites activation of 2 sites in Kogi state to increase access to HIV care and treatment services
- Monitoring & Evaluation Strategic Planning Meeting to improve MSH's M&E systems and set the direction for the project new results focus
- DHIS Training to facilitate reporting of the Annual Program Report for FY 11
- Retrospective Data Collection to improve the quality of the data MSH reports to USG

M&E PROGRAMMATIC ACHIEVEMENTS

Routine M&E Activities:

Building the capacity of records staff to collect data and use information for improving service delivery

During the quarter the M&E team continued to ensure that activities to strengthen all comprehensive, feeder sites and CBOs M&E system in collecting and reporting data accurately was conducted. At the health facilities and CBO levels, data reports were reviewed and submitted timely.

Targeted Activities:

Advocacy visit to the Director of Research, Statistics and Planning, Kebbi State Ministry of Health

The M&E Specialist, Clinical care Specialist and the acting SLT visited the Director of Research, Statistics and Planning, Kebbi State Ministry of Health to advocate to these key stakeholders to seek and fully adopt an integrated HIV medical records unit into the main stream medical record systems in the comprehensive sites, also on the agenda discussed was the need to address the shortage of Human Resources for Health (HRH) by recruiting more staffs into the medical records unit by possible absorption of MSH volunteer data clerks, into the State workforce. The team did not get clear response to these demands but seek to continue advocating till they receive a positive response.

Sites activation

ProACT in strengthening state government's ownership of HIV care and treatment services supported the Kogi State government in upgrading and activating General Hospital Koton Karfe and Comprehensive Health Centre Iyara respectively from a facilities that conducts HCT and referral services to a facility now equipped to provide comprehensive HIV care and treatment services. The M&E unit supported the process by deploying the national forms and registers and training the service providers for the various thematic units on data documentation. The M&E unit will continue to support the facilities to ensure that data documentation is of the highest quality according to national and international standards.

Monitoring & Evaluation Strategic Planning Meeting

In strengthening the project's M&E systems, the M&E team met for one week in Lokoja Kogi State in August 2011 to discuss and plan for strategies to improve the project, facility and government's M&E systems and also to review the recently conducted DQA results conducted by USAID in the bid to identify gaps and design strategies to improve. Some highlights of the activities carried out included assigning key tasks to each team member to champion; Reviewing the past and discussing the next direction; Strategies to strategically implement all M&E related activities in work plan within 6 months September 2011 to March 2012, Overview of the DQA process and results; Addressing the gaps identified; Reviewing all MSH indicators; capacity building for 1.Facility, 2.State, 3.Program level on data use for informed decision making and impact; ProACT's operations research strategy; Identifying, documenting & communicating results; Improving capacity building of SACA/SMOH, and facility staff through supportive mentoring and supervision; planning for implementing a sustainable M&E system at the facility and state level; including other activities were discussed and deliberated. We plan to begin to implement these activities as soon as possible.

DHIS Training

The United State Government's PEPFAR program in supporting the Government of Nigeria roll out and implement the National HMIS reporting platform organized a training for key M&E staff from all their

implementing agencies on the newer District Health Information System (DHIS) version 2.0 databases which has been adopted as the national data reporting platform. The M&E team attended the training in September 2011 which was facilitated by NMEMS II project, the main objective of the training was

- To Build the capacity of participants in entering data into DHIS, basic data processing, basic data management and to validate data entered into DHIS 2.0
- To acquire skills and knowledge to enable participants to conduct step down trainings to other relevant staffs

This initiative will ensure that national capacity is built and ownership is strengthened thereby placing all facilities on a pathway to sustainable national HMIS which will be replicated to other service areas other than HIV/AIDS, it will also ensure a uniform data flow, improved timeliness in data reporting and readily available data for informed and evidenced based decision making from all facilities irrespective of the implementing partner supporting the facility. The DHIS 2.0 will also be used to report the 2011 Annual Program Report (APR) for the October 2010 to September 2011 reporting period. ProACT will build on the skills learnt from the training to build the capacity of the facility service providers in reporting their service statistic data through the DHIS 2.0 platform.

Retrospective Data Collection

As a follow up to the M&E review meeting in Lokoja, the M&E team agreed to retrospectively collect data for some key indicators to enable us recalculate and report accurately data for some selected indicators. In ensuring that all states database were up to date in preparation for the fiscal year Annual Progress Report (APR), the team successfully extracted retrospective data from inception of the project to September 2011 for selected indicators enabling us update the State database. Selected indicators included records for Deaths, Transfer and LTFU for clients on ART and care, Exposed babies and PMTCT.

CHALLENGES

1. Delay in disbursement of funds from the World Bank is resulting in the delay of major activities in NGSACA
2. Human resource and staff alteration experienced at the facilities is increasing work burden for the remaining staffs.

NEXT STEPS

1. Planning to implement the next Data Quality Audit in November 2011
2. Planning to introduce the LAMIS software in SSH Jalingo December 2011
3. Planning to conduct a training on Data use for Decision making in November 2011
4. Planning to transit MSH database into the new DHIS 2.0 by the end of this COP 12 year

ANNUAL PROGRAM RESULTS (APR) PERFORMANCE DATA REVIEW

OCTOBER 2010 – SEPTEMBER 2011

The Annual program Review (ARP) for Fiscal Year 11 began in October 2010 and ended in September 2011. The data below presents the final data computed for the APR period when compared with USAID allocated targets, the summary demonstrates that ProACT project achieved most of the community based indicators but did not achieve most of the clinical based indicators which could be mainly attributed to health systems challenges, strike actions embarked on by the health workers in some states for as long as 6 months election and post election violence which could have affected uptake of service delivery across the MSH supported health facilities. A breakdown of key performance monitoring indicators below shows the following results thus far: *Please note that indicators in red did not meet the expected 100% APR targets achievement while indicators in black exceeded the 100% targets.*

No of Sites

In the months of July – September 2011, 2 sites were activated in Kogi state increasing MSH comprehensive and feeder site number from 25 to 26 and 31 to 32 respectively.

MSH continued to strengthen the capacity of 21 CBOs in six states: 8 in Taraba and 5 in Kogi States and 2 each in the remaining 4 MSH states providing community home based care, prevention and OVC-related HIV services.

PREVENTION AND COMMUNITY SERVICES

Prevention

During the FY11 APR reporting period (October 2010 – September 2011) the prevention unit achieved over 100% of all indicators except Prevention with Positives and Post Exposure Prophylaxis services where only **55% of the 11,063 and 12% of the 297 targets** was achieved respectively. The possible reasons that can be attributed to not attaining these targets include late start in the development of systems to provide and document these services, late development and deployment of registers to document service delivery and health workers not reporting post exposure to HIV after needle pricks.

HIV Counseling and Testing

During the APR reporting period all HCT targets were met despite the strike actions in Taraba and other states. We were able to C&T **149,806 (130% of the targets)** these include individuals from all C&T points including PMTCT while **109,616 (173% of the targets)** which excludes PMTCT.

Umbrella Care Services

The M&E team made efforts to review and compile the indicators that make up the umbrella care indicators; this improved the quality of data that we now report for the umbrella care indicators. The umbrella care indicator is made up of 3 main indicators which include the number of HIV+ clients who received at least

one clinical care service, number of OVCs who received at least one service and number of PABAs reached. Each indicator that makes up the umbrella care and their achievements are detailed below

For the number of people who received at least one clinical service **17,118 (116% of the target)** were reached, for the number of OVCs who received at least one service for the APR period **5,621 (103% of the 5,482 target)** were reached while the number of PABA reached **12,005 (42% of the targets)**.

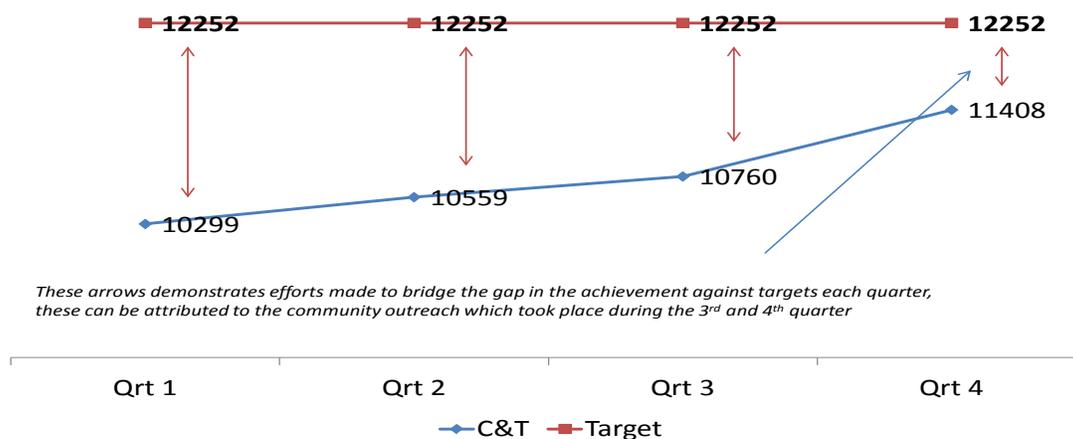
HIV CARE AND TREATMENT

PMTCT

During the APR period under review **42,999** pregnant women (**88% of the 49,007 target**) were C&T and received their results in an MSH-supported PMTCT service site **174** of them were known positive while **42,825** were unknown. The positivity rate still remains at **2% (797 positives)**. The data also demonstrates that within MSH sites, only 4% of the new pregnant women who newly booked opted out and did not receive C&T for HIV.

A total of **649 HIV+** pregnant women (**which represents 26% of the 2,450 target**) received anti retroviral to reduce risk of MTCT a far cry from the expected APR target. **51% (328)** of these women who received prophylaxis were on treatment for their disease while **25% (160)** of the women were on triple therapies and **12%** were both each on single and double therapy respectively. Despite the fact that we were only able to achieve 26% of the number of HIV+ pregnant women given prophylaxis we were able to place 81% of the identified HIV+s on prophylaxis, the implication of this programmatically is that we would need to significantly increase the number of pregnant women C&T to enable us identify more HIV+ considering the MSH state pregnant women prevalence of 2%.

Number of pregnant women C&T October 2010 – September 2011



Exposed Infants Data

During, APR reporting period **604** exposed infants had their blood samples collected for DBS test. **379(63%)** of those samples were test for HIV and **39(10%)** were confirmed HIV positive.

HIV Care Services

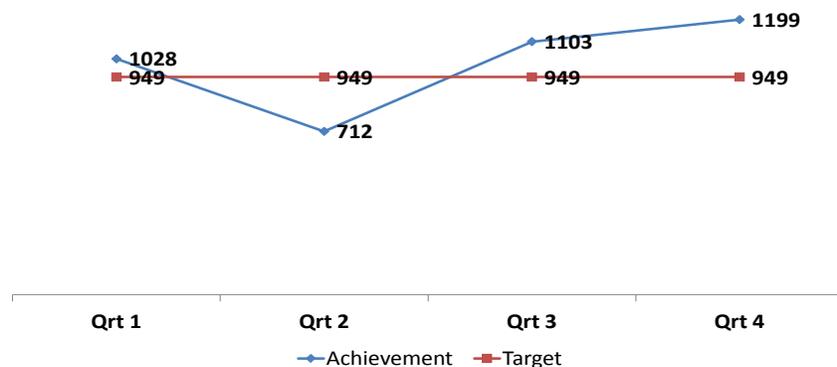
Between October 2010 and September 2011 **6,380 new HIV+ patients enrolled into care** with a cumulative **23,389 have enrolled** into care from inception September 2011 while **13,084** are currently enrolled into the program which represents **56% of the number enrolled into care**. Of the **23,389 HIV+** enrolled into care 5,890 (25%) were from Niger, 3,977 (17%) were from Kogi, 6,158(26%) were from Taraba, 4,568 (20%) were from Adamawa, 1,456 (6%) were from Kebbi and 1,340 (6%) were from Kwara State. Currently 9,541 of the total patients enrolled on ART are currently on ART this represents 73% of the patients of the total number currently enrolled into care, programmatically we would have to enroll more HIV+ patients to enable us initiate more patients on ART when we are given new targets

HIV Treatment Services

4,042 new patients initiated ART representing **107% of the 3,795** of the FY 11 target. Cumulatively by the end of September 2011 a total of 12,902 have ever initiated ART treatment while **9,541 (74% compared to total ever enrolled)** of them are currently on ART far above the 6,770 APR target. The 12 months survival for the October 2010 to September 2011 ART cohort stands at **62% (Niger 56%; Taraba 58%, Kogi 82%, Kwara 55%; Adamawa 68%; Kebbi 53%)**.

of patients initiating ART

October 2010 – September 2011



TB/HIV Services

A total of **6,380 new HIV+ patients enrolled into care**; out of these, 5,352 (84%) were screened for tuberculosis upon enrollment into HIV care and treatment at MSH-supported sites. Thus far, 5,352 new HIV positive clients have being screened for TB 40% of our expected targets of 13,275.

Of the 5352, 1899 (35%) were suspected to have TB while 297 patients confirmed TB+ initiated TB treatment at these facilities during the APR reporting period. 2,576 individuals received C&T for HIV and received their test results at a USG support TB services outlet (including suspect) which represents 91% of the 2,832 FY 11 Targets.

Laboratory

During the APR reporting period of the 6,308 newly enrolled into care 4,666 (73%) had a baseline CD4 test done upon enrollment into HIV care and treatment at MSH-supported sites.

	Indicators	Qrt 1	Qrt 2	Qrt 3	Qrt 4	Total	Target	% Achieved
	<u>PMTCT</u>							
1	<u>Indicator #P1.1.D:</u> Output: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	10,299	10,559	10,760	11,408	42,999	49,007	88%
2	<u>Indicator P1.1.N:</u> Outcome: Percent of pregnant women who were tested for HIV and know their results.	94%	96%	95%	98%	96%	95%	96%
3	<u>Indicator #P1.2.D:</u> Output: Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	124	115	177	233	649	2,450	26%
4	<u>Indicator #1.2.N:</u> Outcome: Percent of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT	47%	59%	74%	93%	68%	65%	68%
	<u>Prevention</u>							
5	<u>Indicator #P8.1.D:</u> Output: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	11,349	11,154	28,462	16,855	67,820	49,091	138%
6	<u>Indicator #P8.2.D:</u>							

	Output: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are <u>primarily focused on abstinence and/or being faithful</u> , and are based on evidence and/or meet the minimum standards required	11,349	8,681	27,605	13,546	61,181	32,727	187%
7	<u>Indicator #P8.1.D:</u> Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,693	8,961	26,729	17,145	63,528	30,000	212%
8	<u>Output:</u> Number of individuals who received testing and counseling services for HIV and received their test results (PICT+LAB)	27,746	23,528	29,642	28,700	109,616	63,338	173%
9	Number of individuals who received testing and counseling (T&C) services for HIV and received their test results (including PMTCT)	35,001	34,108	40,541	40,156	149,806	115,177	130%
10	<u>Indicator # P7.1D:</u> Number of people Living with HIV/AIDS (PLHIV) reached a minimum package of PwP intervention	19	299	2,782	3,037	6,137	11,063	55%
11	<u>Indicator #P.6.1.D:</u> No of person provided with Post exposure prophylaxis	2	18	8	7	35	297	12%
	<u>Umbrella Care Services including OVC</u>							
11	<u>Indicator #C1.1.D:</u> Output: Number of eligible adults and children provided with a minimum of one care service	15,624	16,498	20,370	23,394	34,744	49,001	71%

12	No of Clients who received at least one clinical care service	12,336	13,551	15,255	17,118	17,118	14,750	116%
13	No of PABAs reached	3,094	2,284	3,192	3,435	12,005	28,768	42%
14	Number of orphans & vulnerable children (OVC) that received at least one OVC care services	194	663	1,923	2,841	5,621	5,482	103%
16	<u>Indicator #C5.1.D:</u> Output: Number of eligible adults and children who received food and/or other nutrition services		466	1,498	3,433	5,397	8,850	61%
17	Number of HIV positive persons receiving cotrimoxazole prophylaxis	933	609	868	1,563	3,973	8,406	47%
	<u>TB/HIV Services</u>							
18	<u>Indicator #C3.1.D:</u> Output: Number of TB patients who had an HIV test result recorded in the TB register	340	214	410	320	1,284		
19	No of individuals who received C&T for HIV and received their test results at a USG support TB services outlet (including suspect)	598	353	821	804	2,576	2,832	91%
20	Number of HIV+ patients screened for TBHIV Care or Treatment setting	1,290	981	1,542	1,539	5,352	13,275	40%
21	# of HIV+ patients in HIV Care or Treatment (pre-ART or ART) who started TB treatment	74	45	76	76	271	876	31%
22	<u>Indicator # C2.5.D:</u>							

	Output: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	5%	4%	4%	4%	17%	6%	4%
	<i>OVC Services</i>							
23	# of HIV+ children (0-17)years provided with clinical care services (including those on ART)	115	100	266	133	614		
	<i>ARV Treatment</i>							
24	Number of adults and children with advanced HIV infection newly enrolled on ART	1,028	712	1,103	1,199	4,042	3,795	107%
25	<i>Indicator #T1.2.D:</i> Output: Number of adults and children with advanced HIV infection receiving ART therapy	7,784	8,310	9,225	8,652	8,652	6,770	128%
	<i>Total Adult</i>	7,405	7,905	8,779	8,165	8,165	5,278	155%
	<i>Total Children</i>	379	405	446	487	487	492	99%
	<i>Health Systems Strengthening</i>							
26	# of community health care workers who successfully complete an in service training	71	2,517	134	-	2,722	1,011	269%

ProACT Project Facilitates “Project Cure” Equipment Donation in Six Nigerian States



Minna, Niger State

September 27, 2011. The **Prevention Organizational Systems AIDS Care and Treatment (ProACT)** project implemented by **Management Sciences for Health (MSH)** in Nigeria, officially handed over medical equipment and supplies donated by the humanitarian organization “Project Cure,” to the Niger State government in Minna, recently. The event was the first in a series of medical supplies worth \$380,000 in all from Project Cure, a humanitarian organization specializing in collecting donated medical equipment from health institutions especially in the United States, for distribution to areas of need in Africa, Asia and the Caribbean. The donation was facilitated by MSH Headquarters in Boston, USA, which transported the supplies to Nigeria in collaboration with MSH Country and Field Offices. It exemplified ProACT’s commitment to ensuring sustainable HIV service delivery within functional health systems in partner states.



ProACT Project Deputy Director Dr. Ndulue presents equipment to Niger Commissioner for Health, Yahaya Dan Sallau

The Niger State Commissioner for Health Yahaya Dan Sallau, who received the medical supplies, commended the good work being done by MSH in strengthening health leadership capacities in the State. He praised Project Cure for its generous donation and commended MSH for its support, assuring that the equipment would be handled with the care it deserves. Responding, ProACT Deputy Director, Dr. Nwokedi Ndulue expressed his delight in presenting the donated equipment stating: *“Management Sciences for Health will work continuously with the Niger state government to explore ways to meet with Project Cure and seek generous donations beyond what has been received today.”*

Another four (of a total of six planned handovers) were held within a two week time-frame – all enjoying high-level representation from Commissioner to Executive levels. The second launch - in Kogi State - was attended by the State Commissioner of Health, Dr. Dorcas Onuminya on September 29. The Commissioner who received the donated medical equipment from MSH Country Director Dr. Barry Smith, applauded MSH efforts and promised increased collaboration between the State Ministry of Health and MSH. The third handover was held in Jalingo, Taraba State, on October 5 with the Taraba State Executive Governor Danbaba Suntai, personally in attendance. The Governor who received the donated equipment from ProACT Associate Director Community HIV/AIDS Services, Mrs. Ekundayo Aigbomian, was astonished at the volume of equipment and supplies donated. He expressed deep appreciation of MSH work in strengthening the Taraba State HIV response.

Adamawa was the next of such states to witness the handover - on October 6, 2011 - followed shortly afterwards by Kwara, where the equipment was received by the State Commissioner for Health, Alhaji Kayode Issa. The Yola, Adamawa ceremony was attended by Dr. Halima Nyako, wife of the State Governor, who received the donated equipment on behalf of the Government. A medical doctor with a keen interest in health issues, she thanked MSH for setting the pace and promised to keep the flag flying. She also promised the people of Adamawa that they would not need to wait for MSH to keep procuring such items for them. In her words, “we do not have to go through MSH but MSH can assist us.”



Adamawa State's Dr. Halima Nyako receives equipment from MSH representatives