

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

Quarterly Progress Report, January – March 2012

Author: Med Makumbi, Project Director

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Center for Leadership and Management
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org/lms



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Leadership, Management and Sustainability Program, Nigeria

PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT— ProACT

Quarterly Progress Report, January– March 2012



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Photo caption: Health workers are the heart and soul of HIV service delivery. In this quarter MSH ProACT is proud to showcase on the cover page healthcare workers (HCW) in General Hospital Bida, Niger state.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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MANAGEMENT SCIENCES FOR HEALTH

MSH/LMS Program

Address: Block B, Plot 564/565 Independence Avenue,
Airport Road, Central Business District, Abuja, Nigeria.
Nigeria

Telephone: +234 (0) 8077099631

Website: www.msh.org

E-mail Address: c/o Project Director, Med Makumbi (mmakumbi@msh.org)



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

January to March 2012

ACTIVITY SUMMARY
Implementing Partner: Management Sciences for Health
Activity Name: Leadership Management Sustainability – Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT). 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 groups2. 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: \$34,896,477
Current Pipeline Amount: \$7,535,371
Accrued Expenditures this Quarter: \$2,487,926
Activity Cumulative Accrued Expenditures to Date: \$27,263,240
Estimated Expenditures Next Quarter: \$2,695,487
Report Submitted by: <u>Makumbi Med, Project Director</u> Submission Date: <u>April 30, 2012</u> Name and Title

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ACRONYMS

AB	Abstinence Be Faithful prevention strategy
AMLSCN	Association of medical Laboratory science council of Nigeria
ANC	Ante-Natal Care
ART	Anti-retroviral Therapy
ARVs	Anti-retroviral drugs
CBO	Community Based Organization
CCT	Comprehensive Care and Treatment site
CISHAN	Civil Society on HIV and AIDS Nigeria
CME	Continuous Medical Education
COP	Condom and Other Prevention Program
CPI	Combination prevention intervention
CSO	Civil Society Organization
DHIS	District Health information system
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
FMOH	Federal Ministry of Health
FSW	Female Sex Worker
GH	General Hospital
GIZ	German technical Cooperation
HCT	HIV Counseling and Testing
HCW	Health care worker
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMB	Hospital management Board
HMC	Hospital management committee
HRH	Human resources for health
HSMB	Hospital Service Management Board
HSS	Health system strengthening
IHVN	Institutes of human virology Nigeria
IP	Implementing Partner
IPC	Inter-personal Communication
LACAs	Local action committee on AIDS
LGA	Local Government Area
LMS	Leadership, Management, and Sustainability Program of MSH
LTFU	Loss to Follow Up
M&E	Monitoring and Evaluation
MARPS	Most At Risk Populations (for HIV)
MLSCN	Medical Laboratory Science Council of Nigeria
MPPI	Minimum Prevention Package Intervention(for HIV)
MSH	Management Sciences for Health
MSM	Men who have sex with men

NACA	National Agency for Control of AIDS
NAFDAC	National Agency for Food and Drugs Control
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
NHOCAT	National Harmonized organizational capacity assessment tool
NTBLCP	National Tuberculosis and leprosy control officer
OSY	Out of School Youth
OVCs	Orphans and vulnerable children
PADEF	Partnership assessment and development framework
PE	Peer Educators
PEP	Post Exposure Prophylaxis
PEPFAR	US President's Emergency Plan for AIDS Relief
PHDP	Positive Health dignity prevention
PITC	Provider-Initiated Testing and Counseling
PLHIV	People Living With HIV/AIDS
PMT	Patient management Team
PMTCT	Prevention of Mother-to-Child Transmission of HIV
Pro-ACT	Prevention and organization system AIDS care and Treatment
QI	Quality Improvement
RTKs	Rapid Test Kits (for HIV)
SACA	State Agency for Control of AIDS
SG	Support Group
SMOH	State Ministry of Health
SMoWACD	State ministry of woman affairs and Child development
SOPs	Standard Operating Procedures
STBLCO	State Tuberculosis and Leprosy Control Officer
STI	Sexually Transmitted Infection
TB	Tuberculosis
TWGs	Technical working Groups
URC	University Research Council
USAID	United States Agency for International Development
USG	United States Government

EXECUTIVE SUMMARY

In the quarter January-March 2012, the MSH ProACT project funded by USAID continued to support the government of Nigeria in the provision and scale up of HIV care and treatment services in the six focus States of Adamawa, Taraba, Niger, Kogi, Kebbi and Kwara. Twenty-five comprehensive HIV/AIDS care and treatment centers, and an additional 16 PMTCT and 28 HCT sites continued to provide services to clients. The project supported health-facility and community service linkages through the support groups strategy, community volunteers, and targeted community outreaches. In the period under review the following achievements were attained:

- Overall, **40,385** (males **14,914** & females **25,471**) people, including those receiving services from PMTCT settings, were counseled, tested and received their test results.
- **27,797** (males 14,225 & females 13,572) people were counseled, tested and received their test results from HCT sites only, while 966 (Males 587 & females 379) people were counseled, tested and received their test results at TB DOTS sites.
- **Cumulatively 48,416** clients received umbrella care services, which include preventive, supportive and clinical care services.
- **1,313** (668 males and 645 females) OVCs were served with a minimum of one OVC care service while **2,761** eligible adults and children received food and/or other nutrition services.
- **1,148** new patients were initiated on ART (**402 males & 746 females**).
- **11,512** (**78** known positives at entry & **11,434** unknown) pregnant women received HIV counseling and testing and received their test results in an MSH-supported PMTCT service site; **184 (2%)** of these tested positive for HIV.

Empowerment of People Living with HIV/AIDS through activities of the facility-based as well as community-based support groups yielded positive energy for the program. The ProACT project collaborated with the German Technical Cooperation (GIZ) to organize a financial literacy training workshop for PLHIVs as part of the economic strengthening activities for households. This training has empowered PLHIV who now have hope to live and have begun engaging in income generating activities (IGA) as well as community development efforts, in addition to adhering to their treatment.

Also in this quarter, the project held its annual performance and work plan review meeting in January with the main objective of identifying and laying out new strategies to ramp up services and focus on those HSS activities that have direct bearing to achieving project targets. The project continued to build the capacity of the State Ministries of Health (SMOH) and Hospital Management Boards (HMB) to support hospital management committees (HMC) to systematically assess the flow and quality of services being offered at their facilities and develop short-term plans to address them. These plans are being used to attract resources from the community, health facility and SMOH.

"Since I came back from that Financial Literacy training organized by MSH and GIZ things are not the same; I was challenged, I started going to one Hausa man to collect Ice fish for sale and return the cost price at the end of the day while the profit is what I have been using to feed my family. I'm no more begging any longer".

Mary Babalola—a widow/fish Vendor and beneficiary of a \$32 loan

MSH ProACT is always looking for ways to communicate with the wider international community to ensure that the information we are gathering and the lessons we are learning about building leadership capacities, effective disease treatment and prevention are shared with those who are in positions of influence. In this quarter the project received the good news of the acceptance of MSH ProACT submission for publication in the second edition of the **'Case Study for Global Health series'**- an initiative of the Alliance for Global Health.

The major challenges this quarter were the nationwide fuel subsidy protest and escalating civil unrest in most parts of the country with the resultant impact on work plan implementation. Severe HRH gaps continue to pose a challenge to effective program implementation. The project plans to sustain ongoing efforts to ramp up service delivery in the next quarter to meet annual FY12 targets. Below is the detailed report for the quarter.

HEALTH SYSTEMS STRENGTHENING

INTRODUCTION

The HSS unit activities contribute mainly towards attainment of ProACT intermediate result (IR-3) which is to strengthen the capacity of state and local Government leadership structures to mount an effective HIV/AIDS/TB response. The first quarter of the year 2012 (January - March) recorded a number of Health System Strengthening programming activities both at the country office and in the 6 Project states. These activities focused essentially on improving HIV/AIDS coordination at the state level by SACAs, program sustainability and government stewardship. A number of unplanned activities considered to be critical to the success of the project were implemented in addition to the planned ones.

The highlights of the unit's achievements include:

- Coordinated joint MSH/SMOH/Hospital Management Boards (HMB) supervisory visits to ProACT project facilities to strengthen health facility systems and Hospital Management Committee (HMC) capacity to coordinate and deliver quality health care services
- Supported SACAs to convene quarterly HIV/AIDS Stakeholders forum
- Development of database for MSH supported CBOs, support groups and community structure
- Supported the commencement of processes for CME Training Institution Grants
- Collaborated with NACA and other IPs to facilitate the development of a national organizational capacity assessment tool.



Figure 1 Med Makumbi MSH ProACT Project Director addressing participants at the stakeholders meeting in Kwara

I. Promoting the Quality of State Health Coordination in Pro-ACT Project states through the conduct of Joint MSH/SMOH/HMB Supervisory visits to Health facilities

Keeping to the principles for quality HIV/AIDS programming, the Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT) project in the quarter under review continued to pursue greater host-government ownership, effective coordination, sustainability planning alongside service integration into existing health facility-based operations. The first round of this initiative was carried out last quarter between October and December 2011 in 15 a state-wide industrial strike action for the larger part of the period. In the quarter under review, the project implemented this strategy in 3 additional CCT sites in Niger state. In implementing the strategy, all stakeholders were adequately communicated (through letters and advocacy visits) to brief them on the initiative, its objectives and to solicit for their buy-in and commitment. Teams that conducted the supportive supervisory visit were constituted and they were comprised of representatives from SMOH, HMB (at Director Level) and MSH staff. The team in each state administered pre-developed monitoring and supervisory tool guide at each facility visited, discussed identified challenges with the HMC and jointly developed 6-month improvement plans to address the challenges. Feedback sessions were held with either the State Commissioner for Health or Permanent Secretary for Ministry of Health at the end of the exercise in each state. At the end of the feedback meetings, the need for SMOH to routinely carry out similar exercise was communicated to the respective state commissioner for Health/SMOH Permanent Secretary and they promised to look into it.

II. Technical support to SACA in Pro-ACT Project states to promote effective and efficient HIV/AIDS Coordination at the state level.

Several studies and reviews have identified lack of adequate coordination of health programmes by public health sector agencies as key challenges for the effective and efficient control of epidemics such as HIV/AIDS, TB and Malaria. The Pro-ACT project, in addressing this, provides both technical and hands-on mentoring support to SACAs across project states with a view to engendering effective and efficient coordination of state HIV/AIDS multi-sectoral responses. In the quarter under review, the project provided technical support to Kwara SACA and Taraba SACA in the conduct of SACA stakeholders' meeting. The stakeholders meetings were held in each state on January 31 and March 15, 2012 in Taraba and Kwara states respectively.

The stakeholders meeting in Taraba was attended by 40 stakeholders including representatives of IPs working in the state. The meeting reviewed stakeholders' achievement for the previous quarter, identified areas of improvement, gaps and challenges in coordinating HIV/AIDS response in the state.

In Kwara, a total of 45 stakeholders attended the meeting including representatives from FHI360, Friends in Global Health, IHVN, CiSHAN, LACAs and line ministries. The meeting provided opportunity for the project to introduce the new Project Director (Med Makumbi) after which he interacted with the stakeholders.

The Kwara meeting, like in Taraba state, reviewed stakeholders' performance on the implementation of the statewide HIV/AIDS/TB operational plan for previous quarter. Out of the 36 activities highlighted in the state HIV/AIDS operational plan for last quarter, 27 were successfully implemented. Funding scarcity was blamed for not being able to achieve all the 36 activities for the quarter.

Notable achievements recorded for the quarter by Kwara SACA were:

- Facilitated regular monthly M&E meeting
- Procured and distributed 16 Motorcycles for 16 LACA Managers for data gathering
- Produced and distributed KWARA SACA quarterly Newsletters

- Released 8 Million Naira to 16 LACAs and 4 Million Naira to SMOH for implementation of HIV/AIDS/TB programmes

III. Strengthening the Capacity of Project Communities to support HIV/AIDS Prevention, Treatment Care and support services

In the quarter under review, the Pro-ACT project gave more attention to strengthening the capacity of project communities in supporting HIV/AIDS programmes. A pre- award survey of CSOs for prevention grants was conducted in project communities. In addition, CSOs capacity assessment tools were reviewed and a database of Pro-ACT CBOs and support groups was developed.

The pre-award survey was conducted in Kwara state in February 2012 using a structured questionnaire. The survey focused on organizational management and administrative capacity as well as financial management and control of organizations. At the end of the survey, feedback was given to each organization and a total of 18 CBOs were selected across the Pro-ACT project states for training on proposal writing. In the same vein, some of the widely used assessment tools: Management Organizational Sustainability Tool (MOST), Partnership Assessment and Development Framework (PADEF) and the National Harmonized Organizational Capacity Assessment Tool (NHOCAT) were reviewed. The review committee (comprised of the 3 MSH Nigeria projects – ProACT, CUBs and PLAN - Health) resolved that MSH Nigeria projects will adopt NHOCAT for all her client organizational assessment components (see section V. below).

The Pro-ACT project also developed the database of Pro-ACT CBOs and support groups with a view to effectively supporting the high-quality institutional capacity building for grantee CSOs, CBOs and Support groups in project states.

IV.MSH Institutional Grant to Enhance HRH Capacity for HIV/TB Service Delivery

The efforts of development partners especially PEPFAR, working on HIV/AIDS, TB, Malaria and others areas have contributed in no small way in improving health outcomes by impacting specialized skills and facilitating redeployment of HRH to supported facilities. This approach, however, has limitations considering the vast resources that are continually invested in conducting capacity building trainings for the few health workers at a project's supported health facilities. Furthermore, some of the trained HRH eventually get transferred; retire or resign from public service, thus creating a fresh HRH gap despite the investment that goes into their training.

Pro-ACT came up with an approach that attempts to address these gaps in HRH by institutionalizing specialized trainings for HRH of all cadres into the existing state health systems. The key element of this approach is that building the capacity of health workers through continuous medical education (CME) will be coordinated by the health ministry in collaboration with all health professional associations - this will make the process more sustainable and also be able to cover more health workers with less resources.

The implementation of the training grants was launched by MSH HSS unit in February 2012 in Kogi and Niger states with a series of activities which included consultative meetings as well as stakeholders' forums; identification, assessment and selection of state owned Health Institutions with potential for administration of the grants. Presently, the two states have constituted a board that will oversee the implementation of the initiative on behalf of SMOH. In the coming quarter, Pro-ACT HSS unit intends to work with the selected institutions to commence grant making processes and subsequently provide grants and strengthen their administrative and grant management capacity.

V. Collaboration with NACA and Other IPs to Develop a National Organizational Capacity Assessment Tool

For a measurable institutional capacity support to be provided for any growing organization, it is necessary for such an organization to be assessed and the findings documented as a benchmark to be developed upon. There are, however, too many in-country tools available for organizational assessment with different assessment objectives. This situation calls for harmonized assessment tool for effective standardization and coordination of organizational capacity support in the country.

In addressing this issue, the Pro-ACT project in January 2012 collaborated with NACA technically to review existing organizational capacity assessment tools in use by various IPs in the country. The review meeting with stakeholders was carried out over a 3-day period in Abuja. The meeting was facilitated by an international consultant with vast experience in organizational capacity assessment and two local consultants, including Pro-ACT Project HSS Director. Some of the tools reviewed at the meeting included: The Partnership Assessment and Development Framework (PADEF) and the Management Organizational Sustainability Tool (MOST). The output of the meeting was a draft national tool for organizational assessment referred to as National Harmonized Organizational Capacity Assessment Tool (NHOCAT).

Next Quarter Plans

- Conduct Local Action Committee on AIDS (LACA) Stakeholders Forum in 3 Pro-ACT Project states to improve access to HIV/AIDS/TB services
- Support SMOH to effectively coordinate state centrally coordinated CME and provide Grants to the Administrative Institution
- Support the capacity assessment of the 3 LACAs, project CBOs and support groups.
- Provide technical support to SACA/SMOH/Stakeholders forum on HIV/AIDS/TB across project states.
- Strengthen the leading and managing capabilities of selected HMBs and middle level managers of health care service provision.
- Provide technical support to NACA and SACAs in the 6 Pro-ACT Project states for effective implementation of World Bank HIV/AIDS funds (HAF).

HIV PREVENTION PROGRAM

INTRODUCTION

The ProACT sexual prevention Unit in conformity with the organizational focus of increasing access and demand for HIV/AIDS and TB services relied on direct MPPI strategy to reach out to specific MARPS target and other general populations across the six ProACT states. Minimum Prevention packages of interventions continued during the quarter with significant effort being made towards adoption of combination approaches geared towards reduction of new HIV infection and an increased drive for individual propelled positive health seeking behavior

among the project's target groups. In order to enhance ownership and sustainability of the prevention intervention, capacity building of CBOs that formed out of MSH prevention interventions continued. Stakeholders both at community and state levels are participating actively in providing direction and supervision of prevention activities. This is in line with the Project's intermediate result 3 in the project framework.



Figure 2 In-school Peer education Model plus session Students of GSS Yauri (Kebbi) using the 'tug-of-war' to demonstrate how HIV battles the immune System .

Highlight of activities/achievements/Results

- Successfully hosted a three-day sexual transmission prevention meeting that was organized by USAID for IPs implementing HIV Prevention programs. The main objective was to discuss the global trend in HIV issues and how to move forward in qualitative and quantitative HIV sexual transmission prevention interventions across the board. Different focus areas were discussed, in addition to the prevention indicator tracking tools.
- Capacity building interventions targeting MARPs like men who have sex with men (MSM) were carried out. Thirty one MSM coordinators and actors were trained as peer educators in Taraba and Adamawa states.
- Pre-award assessments of potential CSOs were embarked on this quarter as part of the sub granting process to cover CSOs in the six states. A total of 41 CSOs were assessed and selected and are now awaiting news of selection for the subgrants.
- Successfully hosted two day technical meeting for MSH ProACT HIV Prevention leads to draw up specific activities that will address the Positive Health dignity prevention (PHDP and Combination prevention interventions (CPI) trend, develop an implementation framework for the Family Life HIV Education (FLHE) tertiary institution interventions, draw up plan for community entry and adopt an assessment tool to be used in conducting community appraisal before takeoff of interventions at the new sites.

ABSTINENCE AND BE FAITHFUL

Results/Success Stories

In order to ensure quality HIV prevention intervention outcomes/results, HIV prevention services and products were diligently delivered across the six LMS ProACT States through project volunteers. Emphasis was placed on the use of multiple strategies and mix of activities ranging from but not limited to Peer Education Model (the fulcrum strategy), Community Awareness, Vulnerability Issues and Non-Curricula School based approach, the Peer Educators (PEs) continued implementation of prevention interventions in their various schools under close supervision of the FLHE teachers. The PEs were able to reach a total of 2,817 (1,492 males & 1,325 females) in-schools youths with MPPI equipping them with the necessary knowledge and skills required to promote adoption of abstinence and positive health seeking behavior that will lead to reduction of new infections in this group.



Figure 3 FLHE Committee members at GDSS Gombi Adamawa state

In line with the Pro-ACT drive to increase government stewardship at all levels, the HIV Prevention Specialist and the HIV/AIDS desk officer in the State Ministry of Education conducted supervisory visits and inauguration of FLHE committees in four secondary schools in two LGAs in Adamawa State. In addition, the school-based FLHE programme got a boost with the inauguration of four FLHE committees and three health clubs in Gombi and Hong LGAs within the quarter. The inauguration was presided over by the HIV/AIDS Desk officer who represented the Hon. Commissioner for Education for Adamawa state.

Adopted strategies:

Behavioral options: In order to reach the in school youths (ISY) with quality prevention interventions the following strategies and specific activities were carried out:

- **Community Awareness:** Carried out through rallies and IPC sessions.
- **Peer Education Plus Model:** focus was on use of sport activities to communicate behavior change messages, drama and use of role models.
- **Peer Education Model:** Peer education as our fulcrum strategy, witnessed series of peer sessions activities across board.

Structural options: Under this option the following activities reflected as a uniform application across all the intervention boards by the peer educators in the six ProACT states.

- **School based approach:** non-curriculum based approach was relied upon and this is evidenced in the functional health clubs activities across all the states. Fifty two health clubs have been so far established.

- **Vulnerability Issues:** Activities on essential life skills were adopted (like use of role play in disseminating the advantages and need for life surviving skills).
- **Specific population awareness campaign (SPAC): SGD** –this activity is used to ensure internalization of topics discussed during peer sessions. Micro topics from topics covered during peer sessions are given to cohorts of not more than 5 members per group to discuss on, the group leaders facilitate the discussions.

Biomedical options: Provision of STI Management;

- **STI education** is the main activity focus for the in-school interventions.

CONDOM & OTHER PREVENTION

Results/Success Stories

As part of the sustainability focus, the emergent twenty-one CBOs from HIV prevention intervention across the old sites continued with the implementation of Behavior Maintenance strategies in addition to scaling up of intervention to new MARPs and other vulnerable groups by use of combined approach in their communities.

In compliance to quality and quantitative achievements, a total of 5,267 (3,117 males & 2,150 females) MARPs targets were reached with MPPI interventions using the following combined prevention intervention strategy options:

Behavioral options-in other to boost quality assured interventions to the MARPs and other vulnerable target groups, the following strategies and specific activities were carried out:

- **Community Awareness:** For the specific MARPS, the following specific activities were relied upon: Interpersonal communication (IPC), balanced ABC messages, 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:** focus was on use of role models
- **Peer Education Model:** peer sessions were held by peer educators and their Cohort as means of educating their peers on issues around HIV prevention, care and treatment.

Structural options: Under this option the following activities reflected as a uniform application across all the intervention boards by the peer educators in the six ProACT states.

- **Workplace interventions:** Condoms messages were rendered.
- **Vulnerability Issues:** Issues surrounding poverty, essential life skills and other gender issues were addressed.
- **Specific population awareness campaign (SPAC): IPC** -due to the specific nature of the target group reached during this reporting period, IPC was adopted as a proven effective method of raising the target group risks perception level promoting individual driven positive health seeking behavior and ultimately leading to a reduction of new HIV infections.
- **Community Outreach:** HCT, condoms distributions and messages were the activities carried out under this strategy. Female Sex Workers (FSWs) and MSM targets were the main beneficiaries of this activity.

Biomedical options: PSTImgt (Provision of STI Management):

- **STI education**, referral for STI assessment and enrolment of positive MARPs to MSH comprehensive sites for clinical care and treatment initiation, were the specific activities carried out in the quarter specifically with the MSM and FSW target groups.

Condom Services Outlets and Services

For the quarter under review, no new condom service outlet was created because of condoms being out of stock and unavailability of penile models; a requisition, though, has been placed for the penile models. A total of 730 (619 males & 111 females) persons accessed 2,192 pieces of condoms from already existing outlets across the states contributing to Sub Result 1.1.3 (Increased uptake of HIV/AIDS services by communities in catchment areas). The beneficiaries were shown how to use the condoms correctly and also informed about their dual benefits.

M&E

MONITORING/SUPERVISION AND PEER REVIEW MEETING

Consistent monitoring of the PEs during their peer sessions was carried out across the six PRoACT states by the HPS and Ex – PETs (Volunteers). The ultimate aim of this exercise is to mentor the PEs to ensure they reach their peers with quality HIV prevention intervention.

CHALLENGES

- Non availability of community/mobile HCT services to meet the demand created by the PEs and CBOs targeting the MARPs and other vulnerable groups.
- Attrition amongst PEs and FLHE teachers due to transfer.
- Limited availability of penile models to establish standard condom distribution outlets.
- Limited availability of IEC materials to reinforce prevention interventions in the communities.

NEXT QUARTER PLANS

- Conduct community mapping and entry for the new prevention sites using the 'four knows'.
- Support the FLHE Program Management committee across the States to hold quarterly meetings, in order to enhance the sustainability of the systems already put in place.
- Enhance steps to ensure the takeoff of CSO grants; selection and capacity building of the new CBOs and grantees for the FY12 11.
- Midterm assessment of prevention program
- Deploy new set of harmonized tools across all the sites to enhance effective documentation of intervention.

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

INTRODUCTION

The work of Community team contributes mainly to the achievement of sub results (SR) 2 and 3 as outlined in the MSH ProACT results framework which are, respectively; increased access to quality HIV/AIDS and TB services and products and strengthened public/CSO and community enabling environments. During the period under review, the Community services unit beyond the routine provision of HCT and OVC services invested in the purchase of Basic Care Kits including anti-bacterial soap which are currently being distributed to clients upon enrollment and are replenished on clinic days to meet the basic care and support needs of PLHIV and OVC.



Figure 4 Childrens' party hosted at the Rural Hospital Lapai Niger state

Highlight of activities/achievements/Results

- The project commenced the implementation of the first quarter OVC quality improvement activity plan in collaboration with University Research Company (URC) under the leadership of the Taraba State Ministry of Women Affairs & Child Development.
- Successfully conducted the HCT training for 42 service providers in Adamawa and Taraba States to fill the gaps left by facility staff transfers and volunteer turnover during the quarter.
- Strategic meetings with USAID on ProACT OVC and HCT program with recommendations towards quality and cost-effective interventions.

The section below highlights key achievements extracted from some new activities as well as from careful tracking of activities already implemented in the previous quarter.

I. Increased Access to Quality HIV/AIDS and TB Products

ProACT continued to provide community HIV services across her supported facilities. Despite the huge challenge of facility staff transfer and volunteer attrition, more people were reached with services and significant achievements were recorded as compared to the previous quarter which contributed significantly to FY12 targets. Beyond the provision of HCT services in the supported facilities, ProACT met the psychosocial needs of children in some of her sites. For example, a children's party was organized in Lapai community with 100% leveraged community resources. In order to avoid stigma and discrimination, the party was opened to all children within the targeted community. Over 200 children were in attendance out of which 120 were children already enrolled on ProACT OVC programme. Other services available during the party included, de-worming, eye tests, medical checkup, and distribution of food stuff as well as presentation of leveraged educational materials. Parents and caregivers present at the gathering expressed their happiness with what MSH and the Management of Rural Hospital Lapai had done for their children and wards. Both cash of about \$700USD and food items (1 bag of rice, 3

cartons of indomie brand of noodles was leveraged from the community for this programme. With mentoring and supportive supervision, facility staff, volunteers and support group executives can team up to impact positively on OVC service delivery.

II. Selected CBOs and PLHIV groups institutional capacity enhanced

As a follow up to the successful partnership between GIZ and ProACT in the financial literacy training for PLHIV groups last quarter in Niger State, ProACT carried out the following activities within the quarter; continued to support PLHIV Groups to develop into self-sustaining and independent groups; stepped down training to the support group (SG) members that were not at the training during SG meetings; followed up SG to register with cooperatives in order to meet up the criteria of accessing loans from Micro finance Bank for their members. Early results from the partnership include the following:

- A total of 20 small cooperative groups emerged following the training and applied for the World Bank Fadama Project loan. Preliminary findings have shown that these emerging groups will be considered for support next quarter. Resource mobilization visits were conducted to some Micro Finance Bank Managers to solicit for waivers during loan processing.
- Some SG members have opened Bank Accounts with Micro Finance banks to help them access small loans and have begun processing loan facility with Micro Finance banks
- The Mokwa SG members gave a loan of N5000 to 12 members each in their last SG meeting to experiment the knowledge they got during the last financial literacy trainings.

III. Increased uptake of HIV/AIDS services by communities in catchment areas

The Adherence training organized by ProACT in previous quarter has had a significant impact on adherence service provision across the sites. In Niger state, for instance, adherence services were provided to **3,270** clients (1,219 males & 2,051 females), out of which 156 were new, while in Kogi state similar services were provided to **3,040** clients, (**805 males** and **2,235 females**), out of which **226** were new cases (**62 males** and **164 females**). The improved adherence services have strengthened the provision of PHDP services to all clients across ProACT's supported sites. The following are also some of the results observed following the training of service providers;

- Less reported cases of LTFU in some facilities such as Tunga Magajia. This is attributed to the quality of adherence services received by clients after the adherence training by volunteers
- Quality of adherence services provided by volunteers has improved as most clients now don't miss sessions and appointments
- Improved documentation of adherence services by Adherence volunteers as they now document all services they provide to clients
- Clients forms are now properly filled and filed in their folders

IV. Capacity of community leadership and structures to mount an effective HIV/AIDS/TB response strengthened

In recognition of the role of community leadership in the fight against HIV and the need for continuous engagement, the senior management of ProACT paid a courtesy visit to His Royal Highness; the Olofa of Ofa in the company of the community health team in Offa, Kwara State. The Olofa was appreciated for

his support so far, he was brought up to date with activities implemented by MSH with support from USAID in his community and further support was solicited from the Olofa. In his response, the Royal Highness assured the team of his commitment to fight stigma and discrimination in his community and provide employment opportunities for as many PLHIVs that desire to work on his farm. ProACT will follow this process and report on the results in subsequent quarters.

V. OVC Quality improvement process in Taraba State

MSH-ProACT in collaboration with University Research Company (URC) is supporting the Taraba state Ministry of Women Affairs and Child Development to implement the OVC Service Standards pilot. The following activities were successfully completed during the quarter under review;

- Advocacy and sensitization visits to the State Ministry of Women Affairs and Child Development (SMoWACD) in Taraba State by URC and MSH-ProACT
- Selection of CBOs and communities for the pilot program
- The SMoWACD led the courtesy and sensitization call to relevant ministries and OVC actors in Taraba State
- Formation of Quality Improvement (QI) teams at the state level and in target communities
- Inauguration of the QI teams

VI. Ongoing Capacity Building of Service Providers in Focus States

A two week HCT training workshop, where the national curriculum was used, was organized by MSH during the quarter. During the first week of the training which was didactic, ProACT innovatively integrated leadership and Management, PHDP and Syndromic management of STI topics into the training module. The second week was used for practicum in ProACT supported facilities. Some of the key outputs from the training were;

- 42 participants were trained including two MSH staff - the Community Care Specialists of Taraba and Adamawa states.
- Participants were exposed to different skills in counseling so as to help them initiate testing for all clients they have access to within the facilities
- Participants were given quality reference materials in form of handouts to be used during sessions as guide
- The development of the Practicum Log book which was used to document day to day key learning's from the practical sessions. This innovation brought about cost effectiveness and created an opportunity for the newly trained counselors to undertake their practicum at their sites of primary assignment.

Challenges

- Difficult terrain that hinder the implementation of outlined community services in hard to reach areas
- Increase in transportation fare affected volunteers work and even Support Group members from attending SG meetings due to the removal of fuel subsidy
- Volunteers demand for increased allowance as a result of fuel subsidy removal
- Trained volunteer attrition which created a huge HRH gap
- Short shelf life of recently supplied water guard.
-
- Inadequate capacity of volunteers to deliver quality OVC services

Next Quarter Plans

- Conduct HCT training for selected service providers and volunteers in Kogi, Kwara, Kebbi and Niger to address HRH gaps
- Scale up financial literacy training for additional sites in collaboration with GIZ.
- Build capacity of the QI team for piloting the service standards in collaboration with URC and Taraba State Ministry of Women Affairs and Child Development.
- Participate in the Village Savings and Loans training organized by USAID
- Conduct OVC training for service providers selected from ProACT supported States.
- Track the outcome of World Bank FADAMA III support to cooperative groups who have applied.
- Identify community structures to support OVC services in line with USAID recommendations

CLINICAL SERVICES

INTRODUCTION

The clinical unit (treatment) activities for this quarter focused mainly on the drive towards increasing access to quality HIV and TB services in ProACT supported states. Some key activities carried out during the reporting period include retrospective chart reviews for patients in care and on treatment, introduction of boosted Atazanavir as a 2nd line protease inhibitor option, implementation of infection control policies, and the commencement of Isoniazid preventive therapy pilot for eligible patients.

Also within the period under review we assessed 30 PHCs for PMTCT scale up and successfully hosted a two day USG PMTCT TWG meeting in March. All USG IPs were represented along with key stakeholders such as FMOH, UNICEF and Clinton Health Access Initiative (CHAI). A key outcome was the need for IPs to provide AZT prophylaxis to HIV+ pregnant clients in primary and secondary sites without CD4 capacity. The project also conducted an audit of 41 facilities designated as providing PMTCT services. Through these strategies the project was able to achieve the results stated below:

- **727** new patients were initiated ART (699 adults and 28 pediatric) in the first two months of the quarter under review.



Figure 5 Marking of World TB day in MSH Country Office

- During the quarter, of the **1173** HIV+ enrolled into care; **1001 (85%)** were screened for TB at enrollment. A total of **78** patients were confirmed to be TB+ and initiated TB treatment in January and February 2012.
- **252 (214** adults and **38** pediatric) patients were identified during reevaluation of in-care patients across selected MSH facilities and these patients are being prepared and commenced on ART while the activity is ongoing at other facilities.

The following activities and strategies were employed:

I. Reevaluation of in-care patient population identifies patients eligible for treatment

As part of the IR2 drive (Increased access to quality HIV/AIDS and TB services and products) MSH ProACT conducted chart reviews of active clients in care to bridge gaps in identification and commencement of ART that arose following the change of treatment guidelines especially in the pediatric age groups. The reviews covered exposed infants as well as adult and pediatric clients in care and CD4 eligibility was the main criteria utilized. The activity was carried out jointly by the facility records unit with support from ProACT Clinical services Specialists. The opportunity was used to share job aids highlighting ART initiation criteria and to strengthen facility staff capacity to perform such reviews routinely. Eligible patients who were identified are being traced and prepared for commencement of ART. Other interventions included tracing patients who were due for investigations (CD4, DBS for EID) and tracking clients who had defaulted on their appointments to bring them back into care.

II. Scale up of HIV/TB services in supported states

During the reporting period MSH ProACT conducted assessment of Health facilities in Taraba and Adamawa states. Two secondary level health facilities – GH Ganye in Adamawa state and FRH Sunkani in Taraba state – were identified for activation of comprehensive care and treatment HIV services. Trainings in HCT, PMTCT have been conducted and staff will soon be trained in adult and pediatric ART and care and support in preparation for activation. Renovations and equipment procurements are ongoing and both facilities are scheduled to commence provision of services in May 2012.

III. Introduction of new ARV Atazanavir on MSH ProACT project offers patients more 2nd line options

In line with MSH ProACT's IR2 mandate, the project introduced boosted Atazanavir (Atazanavir 300mg/ritonavir 100mg O.D.) as an alternative protease inhibitor component of 2nd line regimens. Prior to this boosted Lopinavir (Lopinavir 400mg/ritonavir 100mg B.D) was the only available protease inhibitor option for clients on 2nd line regimens. Boosted Atazanavir is therapeutically non inferior to boosted Lopinavir and comes with the advantages of decreased pill burden, once daily dosing, fewer gastrointestinal side effects and an expected improvement in patient medication adherence. A significant reduction in cost of procurement using the pooled system also makes this an attractive option. Patients have been commenced on boosted Atazanavir containing 2nd line therapy in Taraba and Adamawa states and use is presently being scaled up to all ProACT supported states.

IV. Implementation of infection control policies

In line with ProACT's mandate to set up functional infection control systems at all ProACT supported facilities, infection control policies and protocols were shared in 9 facilities during the reporting period. The process involved advocacy to Hospital management committees and subsequent formation of infection control committees. Generic infection control policy documents and protocols were shared

with these committees for subsequent adaptation. 3 of these facilities (in Niger & Taraba states) have completed the process and have functional committees in place while a scale up implementation plan for other facilities is at an advanced stage.

V. Strengthening on-site use of Post Exposure Prophylaxis protocols

As a result of low utilization of Post exposure prophylaxis (PEP) across the program, a site audit was conducted which revealed gaps in awareness and use of PEP services among health workers at ProACT supported facilities. Interventions to address this gap were implemented during the reporting period using the patient care meetings as an avenue to educate facility staff on the PEP protocol. Activities at this meeting included running through the protocols, disseminating job aids on PEP, selection of facility PEP focal persons, and sensitization on PEP case reporting. During the reporting period this activity was carried out in 15 MSH ProACT supported facilities.

VI. Commencement of Isoniazid Preventive Therapy (IPT) pilot

MSH ProACT in collaboration with the National Tuberculosis & Leprosy Control Program (NTBLCP) commenced an IPT pilot in Taraba State Specialist Hospital, Jalingo. The activity was carried out in conjunction with the state TB & Leprosy Control Officer (STBLCO) and included an orientation on clinical TB screening as well as IPT commencement eligibility criteria and reporting. 13 patients (9 females and 4 males) were commenced on IPT within March which was the first month of the pilot. A monitoring plan is in place to ensure close follow up of the pilot.

VII. Improved EID Service Uptake Following Capacity Building and Follow-On Supportive Supervision

To address DBS collection, quality issues, turnaround time gaps the clinical and Laboratory teams agreed to centralize the logistics for DBS collection and return of results. This led to the development of the MSH DBS tool that would help monitor this. Samples collected are routed through the office for quality checks and documentation by the lab/clinical specialists. Samples are returned through the same route to prevent missed opportunities for positive children and to flag them early. As a result, 75% of EID samples collected were tested and received results as against 67% and 51% in the two previous quarters. The percentage tested positive (16%) is also a reflection of uptake of DBS services outside the routine PMTCT program to include sick children across the Pediatric clinics and wards that could yield more positives.

VII. PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)

1. Site assessment for scale up of services

In a bid to increase access for PMTCT and as follow up to the PMTCT strategy developed last quarter to scale up PMTCT services, ProACT carried out site assessment in 30 Health facilities across the six supported states. Assessment was done using the MSH rapid site assessment tool and the SMOH was carried along in the assessment process. 18 of the facilities assessed were recommended for activation and 14 were eventually selected for the activation process to commence. Using the National prevalence in the states where these sites were selected, we expect a monthly contribution of 2852 women who access HCT services and identification of 44 for prophylaxis.

2. Capacity building for PMTCT

Following the site assessment, a six days foundational integrated PMTCT training was organized in Bida Niger state. We trained 37 participants (10 male and 27 female) from 17 facilities (3 private, 1 Faith Based and 13 government). 14 of the facilities were newly selected for activation. For the first time, ProACTS included private Health facilities in a bid to bridge the existing gap in access to PMTCT services. The participants were trained using the current Nigerian National Guidelines in line with the 2010 WHO rapid advice for PMTCT and the training was facilitated by a National trainer from the FMOH.

Following the training, two PMTCT sites were activated namely MCH Tunga Minna and Divine Mercy Hospital Minna. Since the training, 12 HIV pregnant women have been identified and 10 of these are already on ARV prophylaxis.

3. PMTCT Site audit

In a bid to ensure quality in the services provided, a PMTCT site audit was commenced across all the supported sites. The criteria used to qualify as a PMTCT site was derived from the USG website on minimum criteria for a PMTCT site. They include: HIV Counseling and testing for pregnant women, ARV prophylaxis to prevent MTCT, Counseling and support for safe infant feeding practices and Family planning counseling or by referral. Findings by this audit are being analyzed and will help guide ProACTs support to the sites in the coming quarter.

4. PMTCT Lead IP activities

ProACT is lead IP in 5 states-Kebbi, Kwara, Adamawa, Taraba and Niger.

PMTCT stakeholders forum have been organized by the SMOH with support from MSH providing Technical assistance and funding in four of the states. State PMTCT TWGs were formed from these meeting. Outcomes of the meeting include:

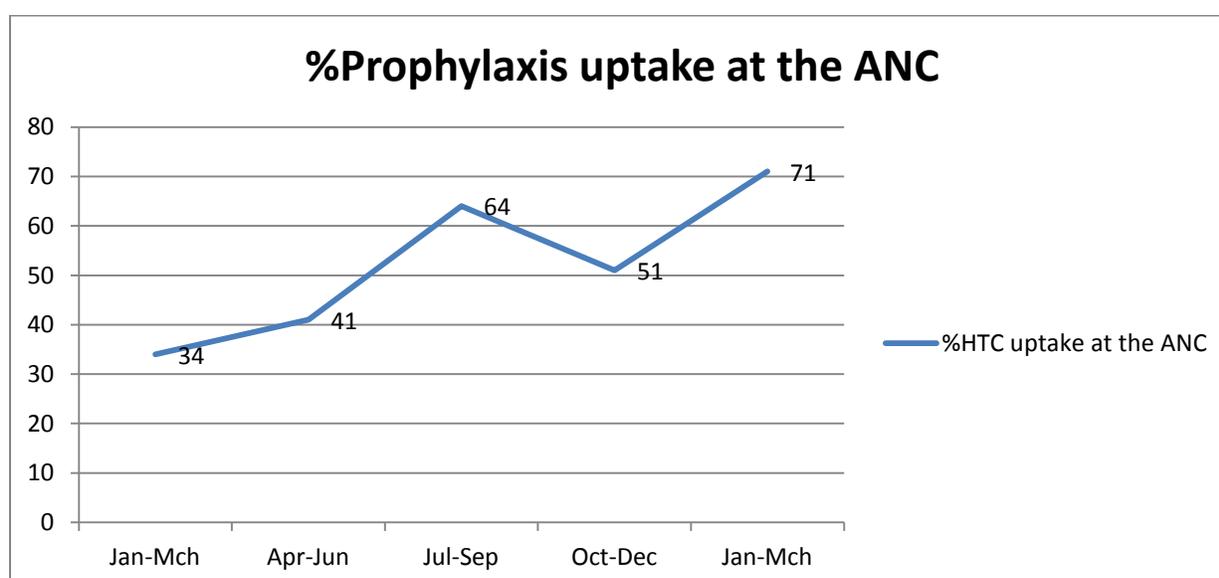
- Formation of state PMTCT TWG committees with a resolve to meet quarterly.
- Clearly defined membership which was expanded to include the chairman of the state chapter of private practitioners in a bid to increase access of PMTCT to the private sector in a sustainable manner.
- Clearly defined SOW focusing on coordination of PMTCT services amongst stakeholders in the state with a goal of scaling up PMTCT coverage and improving the state government ownership of the program.
- In some state, a state joint mentoring team was constituted as an outcome of the meeting to commence joint mentoring to all state facilities offering PMTCT services.
- The first draft of mapping of the state for PMTCT coverage was done and will be finalized in the subsequent meetings.

State	Partners	Total PMTCT	LGA in state*	LGAs covered with services	Non government facilities	Number of pregnant covered by partners	Estimated number of pregnant women 2011*
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Kebbi	2 (FHI, MSH)	13	21	11 (52%)	All govt		188,636
Kwara* (FGH and FHI absent)	3(MSH, Hygeia, IHVN)	5	16	4 (25%)	All govt		137,437
Niger	4(MSH, FHI,IHVN,FGH)	57	25	23 (92%)	2Faith based		233,452
Adamawa	3(MSH, AIDS RELIEF, FHI)	11	21	10 (48%)	2 Faith based		182,745
Taraba	MSH,FHI		16				132,713

5. Improved PMTCT Service Uptake Following Capacity Building and Targeted Mentoring and Supportive Supervision

In order to improve the quality of PMTCT services being provided at the facilities, close mentoring with back up CME has been going on at the facility level. However, there has been a worrisome drop in the percentage of women receiving HCT out of those that attended ANC at the Health facilities. The decline in this very important entry point for PMTCT can be attributed to the gradual exit of volunteers from some key facilities. As a result of the reduced manpower, HCT coverage for the attending women has gone down. However, prophylaxis for women that are found to be positive at the ANC and Maternity has been improving: 71% against 51% in the previous quarter. This could be as a result of the capacity building and facility based CME which has extended knowledge to other facility staff and increased their participation in PMTCT activities.



CHALLENGES

- Human resource constraints at facility level continue to affect quality of services. Gaps in initiation of therapy were more pronounced at facilities where Nurse driven services are pronounced
- Civil unrest leading to security threat in 4 of our supported states
- Attrition of volunteers that have been supporting HCT services for pediatrics and ANC services with the resultant increase in the workload for the facility staff.
- Massive renovation required in most of the 13 new PMTCT sites that have been earmarked for scale up to ensure quality service delivery.
- The turnaround time for DBS samples is still a challenge as most SMS printers supplied to address this are out of order.

NEXT QUARTER PLANS

- On-site capacity building of facility clinicians in identification of treatment failure through CME's
- Conduct basic ART raining for staff from sites earmarked for comprehensive service activation
- Scale up of institutionalization and implementation of infection control policies at ProACT CCT's
- Scale up of decentralization services to an additional 3 PHC's in Jalingo, Taraba state
- Accelerated tracking of clients identified for ART initiation and switch to 2nd line therapy
- Strengthen INH Preventive Therapy (IPT) pilot in TSSH Jalingo and increase number of clients benefiting from IPT on the program
- Scale up use of boosted Atazanavir as a protease inhibitor option to all ProACT supported states
- Support PMTCT TWG committees to have their second quarter meeting to finalize mapping exercise and develop state scale up strategies to low coverage areas identified on the mapping document.
- Ongoing site specific analysis to identify gaps in the PMTCT program.
- Conduct EID training and use the training as a planning meeting to restructure the EID process.

SUPPLY CHAIN MANAGEMENT SYSTEM (SCMS)

INTRODUCTION

Axios Foundation is the 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 pool 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 standards and better respond to changing needs and challenges to help advance the quality and impact of program implementation. During the reporting period, ProACT ensured that all inventory tools across the facilities were updated

promptly, pallets were supplied to facility stores, and staff were mentored on the principle of making sure that commodities are dispensed based on First to Expire, First Out.

Commodity management;

The program received donation of OI medicines from NASCP for the second time within an interval of about six months. Worthy of note is the shelf life of the items which ranges between 9-24 months and the large quantity of Albendazole tablets which is sufficient to de-worm the entire clients on Care and Treatment. The program has also concluded plans for de-worming of the estimated 10,000 clients expected to access OVC services by the end of July 2012.

The spate of equipment breakdown across the facilities has occasioned frequent redistribution of commodities between facilities which would have resulted to more expiries than would have occurred ordinarily. No specific commodity has been earmarked for expiry for this reason at the moment

Integrated Supply Chain Management

During the quarter the SCMS specialists visited all the MSH supported HIV/AIDS CC&T sites for retrieval and validation of Pharmacy and Laboratory bimonthly report. Feedback emanating from the Jan- Feb 2012 end of month's reports from the facilities was shared with the focal persons for the purpose of continuous improvements. Based on the reports, orders were placed for commodities and deliveries have since been completed.

Capacity Building

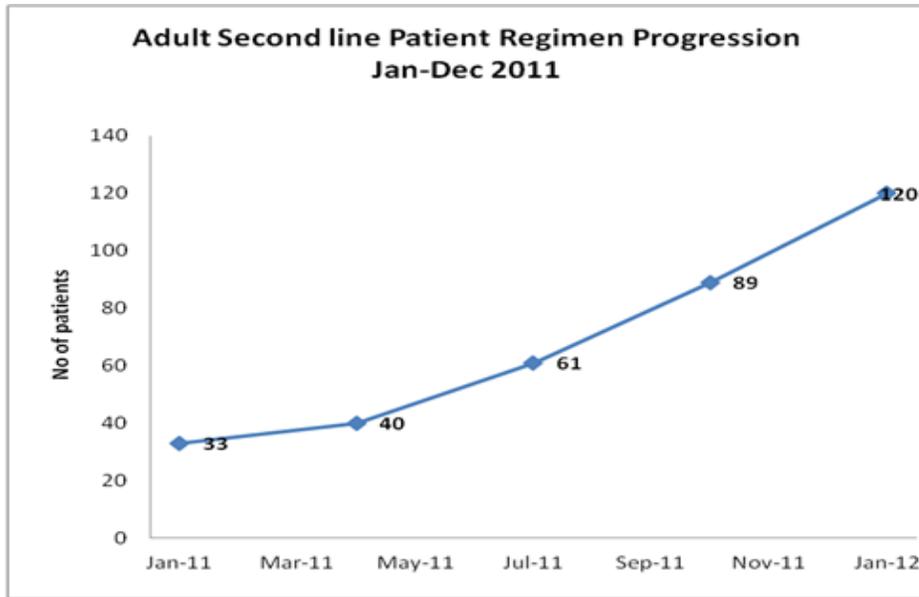
As part of SCMS support to Prevention and Community programs, capacities of both Community and Prevention Specialists were built on the use of tally cards for management of test kits for MARP program and Basic Care Kits for PLWHA. They were to step down the training to the CBO's and volunteers who will be handling those test kits and Basic Care Kits.

In order to address the gaps observed by the USAID team during their visit to Kogi and Kwara states last year with regard to the non- usage of GON logistics tools (GON CRRIFF), on-site training was given to the Pharmacy and Laboratory staff on how to use the new GON CRRIFF. The CRRIFF was used in the collection of January/February 2012 bimonthly report at all facilities and shared with the PEPFAR Team.

Good Pharmacy Practice

In line with the project goal of increasing access to quality HIV/AIDS services and products the project undertook an assessment of clients to determine eligibility for second line ARVs based on a set of criteria which included but not limited to CD4 and occurrence of opportunistic infections.

As of January 1, 2011 the program had 33 clients on 2L ARVs and relatively sharp increases were observed starting in April through December 2011 to culminate into a total of 120 clients by the end of 2011 as shown by the chart below.



The identification was facilitated by the deployment of a patients treatment failure assessment form developed by the clinical unit in March of the same year. The program received 300 doses of the new second line ARVs (Atazanavir/Ritonavir) as a donation from CHAI. These were distributed to 24 CCT sites where capacity for management of patients on second line ARVs exist.

This will go a long way in improving the quality of care provided to clients considering that the combination has the same therapeutic profile as Lopinavir/Ritonavir combination.

Health System Strengthening

New Government of Nigeria (GON) commodities logistics tool were introduced for bimonthly report collection this review period. This has harmonized the programs 'reports retrieval format with GoN, in line with USAID recommendations. The unit has commenced sensitization of stakeholders in preparation for the establishment of a coordination platform, TWG on logistics, for management of Health commodities across MSH operational states. Lessons are being drawn from the model currently running in Niger state.

Follow-up meetings for integrated procurement and supply of essential medicines for health facilities and HIV/AIDS program in Kwara State was held with key SMOH personnel. A proposal for the list of required essential drug items to be incorporated in a 2 million Naira procurement budget plan for OIs was submitted and awaits approval by the state commissioner for health.

TWG on Logistics Coordinating State Waste Management

One of the mandates of the TWG on Logistics is effective coordination and integration of Logistics activities in the state. To achieve this in the area of waste management, the body appointed a Waste Management Sub-committee headed by the Niger State Head of NAFDAC. The sub-committee has worked with NAFDAC to adapt a tool for the collation of inventory of unusable commodities within the state public and private institutions. When deployed, the tools will be used to gather inventory of obsolete, counterfeit, fake, expired and damaged health commodities bound for proper destruction, following which evacuation process will be instituted for destruction drive.

Next Steps: Follow up on the approval of the unusable commodities inventory tools and the deployment of the tool across facilities in Niger state.

Work with NAFDAC and Waste Management Sub-committee to institute a process of collation, collection and destruction of unwholesome commodities within the state.

Waste Management

Adherence to FEFO is emphasized in management of Laboratory and Pharmaceutical commodities to prevent/minimize expiries. Expired drugs and Laboratory reagents quarantined at the facilities were withdrawn to MSH field Office and recorded on transactional documentations appropriately in anticipation of the next round of PEPFAR organized disposal. This is consistent with the recommendations of USAID in the wake of their last visits. All expired medicines and Laboratory commodities withdrawn and quarantined at the health facilities in the last one year were recorded in the Expired commodities return form and moved to the reject store identified within the MSH states field offices.

CHALLENGES

- Insufficient storage infrastructure such as shelves and pallets in most facilities
- Breakdown of cooling units at several pharmacy units.
- Frequent breakdown of Laboratory equipment which has occasioned frequent redistribution of commodities to minimize expiry
- Low ADR identification and reporting across the states

NEXT QUARTER PLANS:

- Work with the Clinical and Community Teams to implement the strategy to de-worm all clients on Care and Treatment
- Provide feedback to NASCP on consumption of OI medicines received thus far and facilitate documentation of cost share value
- Follow up with the state teams to improve inventory/storage facilities at the supported sites

LABORATORY SERVICES

INTRODUCTION

The quarter witnessed a plethora of activity aimed at improving the quality of lab service delivery provided across all the 25 CCT sites. Activities included quality assurance activities that finally gave birth to internally generated PT panels in Kwara and Kogi states, the EQA activities from NLEQAC, equipment maintenance and status updates, collaboration with US-DOD on malaria microscopy training and meetings with MLSCN and AMLSCN on the lab added SOW. Also during the quarter, the project brought together its staff in the six states and in the country office in an annual program review to review the project's achievements and challenges and to lay out the priorities for the second half of the program year. The quarter also witnessed training on essential lab commodities quantification, organized by

SCMS and attended by two participants from MSH lab department. The quarter recorded improved equipment management, absence of reagent stock outs as well as sustained access to daily CD4 testing across sites.

The following activities and strategies were employed:

I. Internal Quality Assurance Program / Panel Preparation

The internal Quality assurance plan encompasses a range of activities that will enable the laboratories in MSH supported sites to achieve a high level of performance that is harmonized across the sites and states. Objectives of the internal QA program include ensuring the production of relevant, reliable, timely and correctly interpreted test results. In order to ensure internal quality is maintained across MSH supported states and also ensures program sustainability, the lab team piloted panel preparation for the two reference lab in Kogi and Kwara states. The activities which included orientation, meeting with the Kwara field office staff and the facility management team, capacity building for the QA facility focal person for Kogi and Kwara states, panel preparation, distribution and collation of results, have been concluded with results from the different facilities still coming in. Analysis of results so far from Kogi facilities have shown a 100% accuracy and consistency across all the facilities where the panels were administered. Results from the process are being collated and will be communicated to all in the coming quarter. This activity which is to hold once every quarter in addition to other ongoing quality assurance interventions will further help monitor and improve existing quality systems across all the six states. In order to ensure sustainability of the activity, the capacity of health facility staff is being built to ensure they are able to effectively run the process even after the exit of the project.



Quality check on prepared Panels



Prepared Panels awaiting Distribution

II. QA Manual Review And Internal Quality Assurance Plan Development

To consolidate and harmonize the PRO ACT internal quality assurance program across the supported sites, there was need to update and review the Quality Assurance manual. Also an internal quality assurance plan as well as a schedule was developed to serve as a working document across all MSH supported sites

III. External Quality Assurance Program

In line with IR2, 2.2.4.9 (Link Pro-ACT lab services with Nigeria PEPFAR External Quality Assurance Program), all participating sites in the EQA program have continued to perform very well as all results obtained have been within the acceptable range. The proficiency testing program amongst other things will evaluate the laboratory staff's ability to transport, receive, store, process, and test samples, as well as their ability to document and report results timely and accurately. Another set of EQA for CD4 and HIV serology for this quarter has been received, analyzed and sent back to NLEQAC. Moving forward, all the 25 CCT sites will be participating in the EQA exercise, beginning next quarter. This will further improve quality of services provided at these sites.

IV. Capacity Building: Essential Lab Commodities Quantification Training

The effectiveness of a supply chain can determine the success or failure of a public health program. The efficient management of health commodities is imperative in the current environment of increasing demand and limited resources. Therefore to strengthen capacity to effectively quantify HIV/AIDS laboratory commodities and achieve its long-term objective of commodity security under the national response, the SCMS Project offered a comprehensive introductory course on Essential Laboratory Commodities Supply Chain and Quantification from the 26th – 30th March, 2012.

The goal of this training is to train participants to acquire knowledge and skills in the basic concept of supply chain management, quantification of laboratory commodities and also gain hands on experience using the laboratory quantification tool and pipeline 5.

There has been continuous hands on training/step down trainings on Malaria Microscopy in Kebbi State sites and mentoring of Facility Staff across the Facilities: training and development of Pre-service students posted to the facilities in Adamawa State. A total of 22 students were posted to 3 CCT sites. These students are fully engaged to support services from the phlebotomy to the laboratory benches; There has also been hands-on re-training of laboratory staff on collection and packaging of Dried Blood Spot (DBS) samples according to the Standard Operating Procedures (SOPs) and proper documentation thereby bridging gaps in HRH.

V. Logistics Management

For effective management of laboratory commodities, the laboratory systems specialists in collaboration with the SCMS have continued to ensure that all necessary materials are made available to sites for effective running of the facilities. All facilities are currently having enough lab reagents and other consumables. No Stock out of any needed items was reported during the current reporting period. The team has developed a data base that helps to keep track of stock levels at the field office, while buffer stocks are maintained at the country office to ensure quick response to any urgent request that may arise.

VI. Follow Up On USAID Visit To Kogi And Kwara States Health Facilities

During a recent site visit to Dekina (Kogi state) and Offa (Kwara state) by a USAID team, several challenges were observed and recommendations for addressing them made. The Kogi state team took up these recommendations during the quarter. For instance in order to improve the working environment, an air conditioner unit has been installed in the alb and is now functional, while at the same time engagement with the MOH/HMB to seek solutions to other challenges continues.

Similarly in Kwara state, a meeting was held with the laboratory management team of SH Offa and the following changes were put in place:

- Students on posting were evenly deployed to both the GOPD laboratory as well as the main laboratory in order to avoid overcrowding of the main laboratory.
- Following advocacy visits to the state government, renovation work has commenced at SH Offa. It is expected that after all renovations have been completed, the laboratory will relocate to a more spacious place which will be closer to the GOPD.
- Efforts are being made to work out modalities on how to provide lab services using same equipments for all patients. Discussions are still ongoing with the Deputy Director Lab services in the state.

VII. System Strengthening / Test Kits Audit

With the need to ensure accountability of items supplied to sites, a team consisting of ADLS, ADM&E and SCM Advisor visited Kogi and Niger states during the review period to audit test kits utilization and the use of inventory tools in all the service delivery points in selected facilities visited (KSSH Lokoja, GH Kabba, GH Kagara and GH Bidda). The team was supported by the Kogi and Niger state LSS, M&ES and the SCMS. All the service delivery points were visited and a review of 6 months activities from July to Dec 2010 showed that the facilities were performing very well though some few observed shortcomings were highlighted and these were mostly in the area of documentation. As a step to performing better and improve proper tracking of test kits utilization and other consumables, a requisition booklet has been deployed to the CCT sites to improve tracking.

VIII. Equipment Maintenance and Status Updates

In order to ensure that all equipment are up and running and that faulty ones are promptly attended to the CO lab team developed a Lab equipment status update as well as Lab equipment fault tracking templates for lab specialists and COMU representative respectively. Working in concert with IT department, these are uploaded on the share point and updated on a weekly basis to allow for timely and exigent response. Currently, all equipments are up and running with the exception of GH Donga CD4 equipment which is currently awaiting repairs, as well as GH Ibbi Reflotron machine. However most of the UPSs located across the sites are not functional, exposing the machines to surge fluctuations which may cause equipment damage as the current coming in is not properly regulated. Replacement of the faulty UPS's will be effected next quarter.

During this period, repeated capacity related challenges on the use of CD4 equipment were noted in Donga. Advocacy visits made to the hospital management of Donga hospital and the State Laboratory Directors at the Taraba State Health Service Management Board (HSMB) produced a positive and quick response by posting more qualified Laboratory personnel who is a Medical Lab Technician to take over Donga Laboratory as the new Manager.

IX. Collaboration with US-DOD On Malaria Training

During the review period, MSH PROACT leadership represented by PD and ADLSS held a meeting with US-DOD country Director and Head of lab program on collaboration for malaria microscopy training in

Lagos for lab personnel from ProACT supported facilities. Currently, dates have been set for a 2 weeks intensive training for 30 participants. This will go a long way in building capacity for malaria diagnosis thereby reducing wrong diagnosis and hence wrong treatment.

X. Integration Of PEPFAR Lab Into Mainstream Labs In MSH Supported Sites

Discussions on the integration of PEPFAR Supported Labs into mainstream Laboratories have continued across the States. In Kogi and Kebbi States, the directorate for Laboratory continued to be sensitized on how this process is going to roll out. The directorates on their own have devised means to take on this process. Example introducing equipment and consumables to existing state's central procurement plans, and rotating every staff in the Laboratory round the different platforms

Other routine activities continued during the review period. These include sample logging from health facilities where there are no laboratory equipment/ or where equipments are temporarily not functional sites with capacity to conduct the required tests, advocacy visits to stake holders, mentoring and monitoring visits to facilities to strengthen systems, and facility assessment to identify additional CCT and PMTCT sites. The Niger state Lab specialist also resumed work during the review period.

ADDED LABORATORY SCOPE OF WORK

With funding from USAID, MSH/ProACT project commenced implementation of the added scope of work with an initial analysis of the architectural structure of the Federal Ministry of Health of Health and its relationship with the various Departments and Divisions. An inquiry into the Ministry's policy framework revealed the availability of several policy documents some of which are at varied stages of implementation. Critical among the policy documents reviewed in the last quarter are the Nigerian National Policy on Medical Laboratory Sciences and the National coordination Framework for Health sector response to HIV/AIDS. The focus of the project on the primary client (FMoH) was based on the latter's role in coordinating public and private sector health initiatives in Nigeria with thirty-eight percent of all registered facilities in the Federal Ministry of Health's health facilities database privately owned, of which about 75% are primary care and 25% are secondary care facilities (World Bank, 2005). Thus, the majority of public health facilities are not registered with the relevant government institutions. All of this underscores the need to support the private sector health development alongside the public. To achieve this, the project outlined the following activities for implementation in the first quarter of year 2012; Issue out expression of Interest in the dailies, hold



Figure 6 MSH Staff with National President of AMLSN, Dr. G.C. Okara

consultative meetings with Directors of Key Departments at the FMOH, conduct prequalification for interested private medical laboratories and hold consultative meetings with the Association of Medical Laboratory Scientists of Nigeria (AMLSN), the Guild of Private Medical Laboratory Directors and the Medical Laboratory Sciences Council of Nigeria (MLSCN)- a federal statutory regulatory body under the Ministry of Health.

Being the first of its kind, a total of 19 private Medical Laboratories responded to our call for Expression of Interest to participate in the MSH/ProACT small grants program. A USAID/MSH/MLSCN/AMLSN jointly reviewed pre-qualification questionnaire was used to collect information from the private Medical Laboratories that expressed interest in the grant program. The information collected related to the laboratories' status (legal and operational), and technical capabilities.

Consultative meetings were held with the Medical Laboratory Sciences Council of Nigeria (MLSCN) – a Federal Statutory regulatory body, the Association of Medical Laboratory Sciences Council of Nigeria (AMLSN) and USAID. While the Association is a professional body of Medical Laboratory Practitioners with oversight over its member's professional practicing conduct, the regulatory body (MLSCN) regulates the practices of Medical Laboratories in Nigeria. The consultation enriched the implementation of added scope of work with respect to planned grants award and formation of the National Laboratory Task Team (NLTT).

CHALLENGES

- Soaring temperature in excess of 40 degrees within the northern region coupled with erratic electricity supply continues to affect equipment performance.
- Security challenges within most of the ProACT supported states is affecting the teams ability to conduct their work.

NEXT QUARTER PLANS

- Continuous and effective management of equipment and vendor service in conjunction with COMU. All equipment due for PPM are to be serviced immediately
 - Continue to provide technical supports to sites to maintain the tempo in their performance in the EQA and IQA proficiency testing programs.
 - Support the activation of additional PMTCT sites in across the states
 - Working with Axios Logistics Advisor to leverage DBS bundles for EID services
 - Work to ensure next quarter panel preparation are distributed to other supported sites
 - Address ongoing challenges at the facilities as flagged by USAID team visits to Kwara and Kogi sites
 - Strengthen Quality Assurance systems across all sites for improved service delivery.
 - Continue with laboratory systems strengthening activities across all CCT sites
 - Finalize grant assessment survey and awards to private laboratories.
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- Hold joint consultative meeting with USAID and Directors of Department of Public Health, National Coordinator, HIV/AIDS Division and the Nigerian CDC.
 - Finalize and conduct baseline assessment of health facilities on the status of integration.

- Finalize procurement needs for private medical laboratories to be supported under the small grants scheme

MONITORING, EVALUATION AND RESEARCH (MER)

INTRODUCTION

During the quarter under review, routine data documentation, reporting and quality checks activities remained the top priorities for the M&E unit. In addition, the M&E team continued to provide on-site technical assistance and supportive supervision to project activities at the facilities. Strategic activities aimed at improving the M&E systems, promoting ownership and sustainability in the states were top priority while also conducting activities that will improve data quality. This report is in 2 sections; the M&E programmatic achievements and the MSH data for the quarter under review.

A summary of the key achievements include:

- Integration of HIV medical records into the main stream medical record system
- Routine internal data quality assessment in some selected comprehensive facilities
- Resuscitation of state monthly M&E meetings in Niger and Adamawa state
- Adamawa state hospitals transit from the card system to the folder system for in-patients

The following activities and strategies were employed:

I. Routine M&E Activities:

Building the capacity of records staff to collect data and use information for improving service delivery During the quarter, capacity building of record staff was key in improving the quality data documentation. Thus providing the basis for promoting sustainable medical records units whose capacity to provide quality data for decision making is unyielding. The M&E team continued to provide supervisory and mentoring visits to all MSH supported facilities, strengthen their capacity in collecting and reporting data accurately and timely. In strengthening data flow from the local to the state to the Federal the Adamawa State M&E specialist initiated capacity building sessions with LACA M&E Officers in Hong LGA to enable data collection using NNRIMS and reporting to SACA. Mentorship visits have remarkably improved the insight of record staff on data use for decision making as record staff of General Hospital New Bussa in Niger state has gone a step further to computerize her NHIS records while data entry of HIV-positive clients is underway.

II. Integration of Medical Records and M&E System

In an effort to strengthen the health system and promote sustainability, the General Hospital Ibi and First Referral Hospital Gashaka in Taraba state have adopted an integrated HIV medical record into the main stream medical record system. This was achieved following several advocacy visits to the PMO, CNO and secretary of First Referral Hospital Gashaka. This merger will significantly improve service delivery, reduce clinic-based HIV-related stigma and ultimately facilitate adequate record keeping for all disease rather than HIV/AIDS alone. Adequate space and good organization of patient records, registers and reports are paramount as these promote patients flow and confidentiality. As patient volume

increases in SSH Jalingo, the hospital management created an additional office to facilitate M&E activities.

III. Adoption of Patient Folder System in Adamawa Supported Sites.

MSH ProACT's approach in promoting best practices saw the Adamawa State M&E Team support facilities transition from the card to folder system of documenting patient charts in health facilities in Adamawa State. Following several advocacy visits to the Health Services Management Board (HSMB) and the State Ministry of Health, the folder system has been adopted for in-patients in all hospitals in the state. This system has the potentials for improved effective patient record management and enhancing the quality of care.

IV. Routine Data Quality Assessment (RDQA)

Quality data for valuable decision making continues to be a top priority of the M&E team. During this quarter, ProACT conducted a routine internal data quality assessment in some selected comprehensive facilities. Prior to the exercise, a two-day training facilitated by NMEMS was held in Kogi state. This was to enable the M&E team have a clear and common understanding of the new RDQA tool. The exercise aimed to assess the quality of routine data recorded and reported to MSH ProACT. The period under review was the first quarter of FY12 (October –December, 2011) where an indicator each was assessed under the following thematic areas- ART, PMTCT, TB/HIV and HCT. Alongside data verification, an assessment of the existing M&E systems was conducted. In ensuring suitability and adequate skill transfer of the process a supportive participatory approach that involved the M&E team and SACA M&E officers was applied. The findings revealed a remarkable improvement in data quality of the selected indicators assessed. However, recommendations for bridging the observed gaps were also highlighted for each facility. Following the DQA exercise, a review meeting was held in MSH country office, Abuja to discuss the findings, identified strengths and weakness of the RDQA tool were also discussed at the meeting.

V. State Monthly M&E Meetings

ProACT continued to collaborate with the state government AIDS agencies to organize the monthly M&E meetings. Niger and Adamawa SACA are putting systems in place to resuscitate the state monthly M&E meetings that were either previously not existing or were not functional. To kick start-start the process, Niger SACA trained the M&E officers in 25 LGAs in the state while working to initiate the TWG. During the Kogi State monthly M&E review meeting the institutionalization of an M&E technical platform for HIV/AIDS response coordination to better improve service delivery was deliberated on extensively

VI.DHIS data update

In keeping with the USG mandate to key in HIV-related data into the DHIS 2.0, MSH ProACT will continue to update her records into the DHIS 2.0 and ensure that all data is correctly entered before the 24th April 2012 USG deadline.

CHALLENGES

- Low morale of record staff /LACAs which in turn affects output and data quality.
- Insufficient furniture in some facilities which is affecting patient flow.
- Drawing the boundary between health systems and achieving targets is also a challenge as the states implement their activities
- Delay in disbursement of funds from the World Bank which in turn delays major activities in NGSACA

NEXT QUARTER PLANS

- Implementation of recommendations from the recently concluded internal DQA exercise to further improve data quality.
- Conduct a training on data use for decision making in June 2012
- Sustain efforts that encourage ownership of state monthly M&E meetings by SACAs.
- Introduce the LAMIS software in SSH Jalingo to improve patient care.

SUCCESS STORY

Tunga-Magajiya Support Group Members Benefit From MSH-facilitated Interest-Free Loan Scheme

“Our lives have been improved with small loans,” said members of Nasara Support Group at a meeting replete with testimonies. Members were filled with joy during the group meeting held on September 28, 2011, in Tunga Magajia, Niger State, Nigeria. The support group is facilitated by the **Prevention Organizational Systems AIDS Care and Treatment (ProACT) project** being implemented by **Management Sciences for Health** in six Northern-Nigerian States. They have access to an interest-free loan scheme stimulated by a ProACT Community Care Outreach from October, 2010, encouraging members to mobilize finances from within and outside the group, to empower them economically.

The group resolved to raise baseline capital by taxing themselves, and conducting advocacy visits to community leaders like the District Head and Local Government Council Chairman of Rijiau. This yielded donations of N100, 000 (part cash, part pledge) by the Chairman of Rijau Local Government Council and N80, 000 from other community members, including ₦2, 000 and some grains from a Muslim group. These sums were leveraged into a revolving fund, empowering the group to give small interest-free loans to those most in need. Group members also bought large food stocks for distribution to members especially OVC.



Hauwa Bala head of the rice sellers group and other members

The loan distribution system is a unique one. Group members are divided into cells (along career lines). Beneficiary groups include farmers, oil palm traders, grain, groundnut oil and “kulikuli” (beancake) sellers, weavers and blacksmiths etc. The groups were given loans in tranches, with each group supported with N10, 000 (about \$60). Of the 95 Support Group members, 52 members (46 women, 16 men) have so far benefitted.

According to Edward Ugba, ProACT Community Care Specialist, “prior to the loan disbursement, many members could not afford transportation to treatment facilities, to pay their children’s school fees or even feed them well. Most had difficulty with handling minor domestic issues. With the

Support Group loans, they engaged in small businesses that quickly bore fruit. Today they can afford to pay school levies, cook good food to improve family nutrition and transport themselves to the facilities for drugs.”

Group member testimonies buttress this. Kobo Musa, head of the groundnut oil sellers group, *“we shared the funds we got and bought groundnuts. Each of us produces at least ten bottles of oil and one basin of cake (kulikuli), from each bag of groundnuts. The profit is helping us feed our children; you can see us happy and dancing today, we want to thank MSH for all it has done for us.”*

Hauwa Bala, head of the rice millers group; *“We bought rice, milled it for sale, and make profit well well* like sometime N1500 and sometimes even N2000 each market; it is from this that our children’s schools levies are paid and we transport ourselves to hospital for drugs and buy food to feed us on the type of food una say make we de chop.*”* The highlight of the support Group meeting came with a “freedom dance,” when the women danced with the ProACT HIV Prevention Specialist Ngozi Uzoegwu, sharing their delight at the life-transformation that has come with the small interest-free loans.