

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

Quarterly Progress Report, April – June 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

Leadership, Management and Sustainability Program, Nigeria

PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT— ProACT



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Photo caption: MSH ProACT project continues to empower and educate PLHIVs to ensure that they are provided with the best quality of HIV care and support services. In this photo, a Counselor provides pre-treatment education to a group of ART eligible patients at the General Hospital Garkida Adamawa 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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Prevention organizational systems AIDS Care and Treatment Project

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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. ProACT now supports 6 state governments of Kogi, Niger, Kwara, Kebbi, Adamawa and Taraba to operate 29 comprehensive HIV/AIDS treatment centers. With its 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.

ProACT Project
Quarterly Progress Report
April to June 2012

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 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 states 3. 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: \$4,323,339
Accrued Expenditures this Quarter: \$3,147,910
Activity Cumulative Accrued Expenditures to Date \$30,573,138
Estimated Expenditures Next Quarter: \$4,743,505
Report Submitted by: <u>Makumbi Med, Project Director</u> Submission Date: <u>July 27, 2012</u>
Name and Title

TABLE OF CONTENTS

<i>About the LMS ProACT Project</i>	3
<i>Activity Summary</i>	4
<i>Table of Contents</i>	5
<i>Acronyms</i>	6
<i>Executive summary</i>	8
<i>Health systems strengthening</i>	9-11
<i>HIV Prevention Program</i>	12-15
<i>Strengthening Community System for delivery of OVC and Basic Care services</i>	16-18
<i>Clinical services</i>	19-25
<i>Laboratory services</i>	26-28
<i>Supply Chain Management System</i>	29-32
<i>Monitoring, Evaluation & Research</i>	33-36
<i>Progress in implementation of additional Laboratory SOW</i>	
<i>Success story</i>	37-40

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
HMB	Hospital Management Board
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
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)
MPP	Minimum Prevention Package Interventions (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
OSY	Out of School Youth
PEPFAR	US President's Emergency Plan for AIDS Relief
PE	Peer Educators
PEP	Peer Education Plus
PITC	Provider-Initiated Testing and Counseling
PLHIV	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

EXECUTIVE SUMMARY

In the quarter April-June 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. In support of the ongoing efforts of the national HIV program to increase access to ART services as well as eliminate MTCT, the ProACT project scaled up HIV services to two hospitals situated in the underserved and hard-to-reach communities of Taraba and Adamawa states: First Referral Hospital Sunkani in Taraba State and General Hospital Ganye in Adamawa were activated to provide comprehensive care and treatment (CCT) services. The 2010 sero-sentinel report indicates that Ganye community in Adamawa has a HIV prevalence rate of 5.8% which is above the national median of 4.1%. In addition, 16 new PMTCT sites were also activated to provide life saving ARVs to eligible HIV+ pregnant clients. This brings to 29, the total number of comprehensive care and treatment sites and 58 the total number of PMTCT sites currently supported by the MSH ProACT. In the period under review the following achievements were attained:

- To date, **125,201** people, including those receiving services from PMTCT settings, were counseled, tested and received their test results from October 2011 through June 2012. Of these, **47,362** were in this quarter.
- **To date 59,298** clients received umbrella care services, which include preventive, supportive and clinical care services.
- **This quarter 2,111** OVCs were served with a minimum of one OVC care service while **3,907** eligible adults and children received food and/or other nutrition services.
- **To date, we have initiated 16,391 patients on life saving ART while 11,018 (67%) of them are currently on ART.** This quarter **1,120** new patients were initiated on ART.
- **14,725 (69 known positives at entry & 14,656 unknown)** pregnant women received HIV counseling and testing and received their test results in an MSH-supported PMTCT service site; **338 (69 Known & 269 Unknown)** of these tested positive for HIV.

Also in this quarter, a Public Private Partnership (PPP) pilot to scale-up PMTCT in Kogi and Kwara States was initiated to enhance the national response to HIV/AIDS. It involves MSH, the government of Kogi and Kwara States and three private-for-profit hospitals. These hospitals are **Temitope Hospital** and **Aishat Memorial Hospital** in the Kwara State and **Helping Hands Hospital** in Kogi State.

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

"A lot of people are poor and can't afford medical services; MSH is making things easier for the poor masses and Nigeria at large. I'm very happy with this partnership as there are no limits As far as you can go, we will follow you."

Dr. Isah Adebayo Raheem, Medical Director Aishat Memorial hospital Ilorin Kwara state

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.

In this quarter the project received the exciting news of the acceptance of one oral and six poster abstracts, for presentation at the 19TH International AIDS conference to be held, in Washington DC, July 2012. In addition, 3 abstracts were also accepted for presentation in the poster format at the Health Systems Research (HSR) conference to be held in Beijing China later in the year. MSH ProACT presentations at these conferences will provide yet another platform through which the project will share the work supported by USAID in Nigeria, with the global scientific community.

The major challenge encountered in the quarter under review was the increasing wave of insecurity in the country, particularly in the North Eastern Nigerian states of Adamawa and Taraba where MSH has a total of 10 comprehensive care and treatment sites. These two states contribute significantly to the overall project targets and the prevailing insecurity has impacted negatively on program implementation. Insecurity also affected the level of site support visits and retention rates due to displacement of patients. Severe HRH gaps continue to pose a challenge to effective program implementation across most supported facilities.

The project is working closely with the state government partners to mitigate these challenges and has developed plans to sustain ongoing efforts to ramp up services in the next quarter to meet annual FY12 targets. The following sections provide a detailed report of the achievements and challenges encountered, and the next quarter plans.

INTRODUCTION

This report documents the progress made by the project during the period of April - June 2012. It also captures the achievements and challenges we faced in pursuing project objectives and states our plans for mitigating these challenges. The MSH ProACT Health System Strengthening unit continued to work towards strengthening key areas in the health systems, provision of technical assistance to the SMOH, and other key stake holders; improving Government stewardship of HIV/AIDS and TB Programs in the ProACT focus states, supporting healthcare workers to own and deliver qualitative HIV/AIDS and TB services using an integrated approach. This quarter's activities also focused on strengthening the leadership structure of the peer support groups (PSG) to make them self sustaining groups. Another major success recorded this quarter was the boost in the HR profile in Kwara and Kogi state health institutions as additional staff were recruited and deployed; this has greatly strengthened the HR structure across the various facilities.

The highlights of the unit's achievements include:

- Improved supervision of health services in ProACT project states through the conduct of Joint MSH/SMOH/Hospital management Board (HMB) supervisory visits to Health facilities
- Enhanced technical support to NACA and SACAs in 6 ProACT Project states for effective implementation of World Bank HIV/AIDS funds (HAF)
- Strengthened the capacity of 2 LACAs, partner CBOs and peer support groups for sustained HIV/AIDS Prevention, Treatment Care and support services:
- Strengthened LACAs, HIV/AIDS coordination role at the LGA level with the hosting of a stakeholders forum in Omu-Aran Kwara state
- Ongoing implementation of the grant for HRH capacity improvement in Kogi and Niger states

The section below provides a detailed report of the HSS unit's achievements and the plans for the next quarter:

I. Provided Technical Assistance To NACA And Other IPs in the Finalization of The National Organizational Capacity Assessment Tool (NHOCAT):

In continuation of the process for the development of a harmonized organizational capacity assessment tool for HIV/AIDS response a 2-day meeting on the familiarization and finalization of the National Harmonized Organizational Capacity Assessment Tools was organized by ENR in collaboration with NACA. The meeting was facilitated by the consultants hired to develop the tool. Participants at the meeting were staff of MSH, ENR, PACT and other IPs with some local consultants. Output of the meeting was the finalization of the NHOCAT tool and better understanding of the application of the guideline and its workability at the National, State, LGA and community levels. ProACT has deployed the tool in the assessment of some CBOs in Taraba.

II. Provided technical support to NACA and SACAs in 6 ProACT Project states for effective implementation of World Bank HIV/AIDS funds (HAF):

The Nigeria National Agency for the Control of AIDS (NACA) and State Agencies for the Control of AIDS (SACAs) have received financing from the World Bank toward the cost of the Second HIV/AIDS Programme Development Project (HPDP2). The HPDP2 is building on the substantial success of the HPDP1 and utilize the existing institutional structures in the national AIDS response. With several studies indicating lack of adequate coordination of health programme by public health sector agencies as the bane of effective and efficient control of epidemic such as HIV/AIDS, TB and Malaria. The ProACT project, in addressing this, provided both technical and hands-on mentoring support to the NACA organized SACA-zonal meetings across the 6 Geo-political zones to address the component of **expanding the civil and private sector engagement and response through the HIV/AIDS Fund** and address the understanding in the process among the State SACAs with a view to engendering effective and efficient state HPDP2 take off and state HIV/AIDS coordination.

Key achievements recorded at the zonal meetings were:

- SACAs have increased understanding of the HAF2 flowchart (the flowchart is a series of guided steps that inform SACAs on activities required at each step, evidence to be provided and person(s) responsible for coordinating activities).
- All the sample documents and NHOCAT tools were shared with the SACAs and they had a better understanding of the working documents.
- Some of the SACAs have started the process while others are far off so the experience sharing session enhanced the entire process.

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

To strengthen the organizational, institutional and technical capacity of the Peer Support Groups for sustained service provision and behavior change an assessment was conducted to diagnose organizational/institutional gaps and also facilitate the development of a support plan. This activity was aimed at strengthening the capacity of these groups to exist independent of ProACT financial and technical support and ensure sustainability of the groups. The assessment of the systems and processes resulted in specific baseline information/data for a meaningful engagement that will put each of the groups on the path to self-sufficiency. Some systems and processes identified were:

- Leadership and Governance structure; shared vision and mission of these groups, leadership and decision making process, constitution/by-law, registration status
- Systems and processes for the group; recruitment of membership, partnership/networking arrangement, registration procedures, fund raising plan, administrative procedure, etc)
- Financial systems and control; account opening , cash management and simple book keeping processes)
- Program experience

In the same vein, some of the CSOs identified for the prevention grant and the CBOs that originated as a result of ProACT's intervention in target communities, were assessed using the National Harmonized Organizational Capacity Assessment Tool (NHOCAT). The assessment was aimed at

identifying institutional capacity gaps. The project also assessed the functionality of 2 LGA LACAs (Ibi and Omu Aran). The baseline information will guide the development of a systematic and effective intervention strategies, and engagement with the LACAs and subsequent evaluation on impact of the project's interventions.

IV. Conducted LACA Stakeholders Forum in Omu Aran Kwara State To Improve Coordination of HIV/AIDS/TB Services:

MSH ProACT project during the quarter partnered with the Kwara State Agency for the Control of AIDS (Kwasaca) to host a one day LACA Stakeholders' meeting at Irepodun Local Council of the state. Part of the objective of the meeting was to create a network of service providers at the LGA level to enhance the coordination role of the LACA. The LGA was enjoined to commit itself to giving budgetary support to LACA and provide logistics support to facilitate the implementation of her activities and plans especially in the area of HIV data collection. The meeting secured the commitment of stakeholders and members who promised that meetings would be held quarterly as a way of bringing stakeholders together to continually dialogue on the way forward and proffer solutions to identified issues all in an effort at reducing new infections of HIV in the LGA. Follow up plan is to be made to ensure the formation of Ward HIV/AIDS Committee.

V. Advocacy for Improved Human Resources Health Deployment Yields Results:

In response to the acute shortage of qualified man power across health facilities in Kogi state which had affected services in the past, and in the new commitment by the state Government that the issue of healthcare is taken to the next level, the state recently offered employment to over twenty five (25) medical laboratory scientist to man various facilities and institutions in the state. With the cordial relationship existing between the MOH/HMB and Management Sciences for Health and high level advocacy by the state team, all MSH-supported sites got at least one medical laboratory scientist, Pharmacist and Doctors posted. This will greatly improve quality service delivery and reduce burn out by facility staffs, as more hands and better skilled manpower will now be involved in the day to day running of laboratories across the state when compared to what existed in the past. Reports from the facilities have shown that all of them have resumed at their duty post. MSH will in this coming quarter conduct onsite capacity building to ensure that they are fully integrated into the HIV laboratory systems strengthening processes.

NEXT QUARTER PLANS

- Conduct high level advocacy to the State government partners on the need to improve HR capacity in supported sites
- Provide ongoing technical support to NACA and SACAs in the 6 ProACT Project states for effective implementation of World Bank HIV/AIDS funds (HAF)
- Ongoing strengthening of the Capacity LACAs, CBOs and Support groups to ensure a sustainable HIV/AIDS services:
- Strengthen HIV/AIDS LGA coordination through the LACA Stakeholders Forum in Omu Aran and Ibi to improve access to HIV/AIDS/TB Services

- Continue process on the award of HSS grant for HRH Capacity development in two pilot states.
Formation of two ward health committees (WHCs) in Omu Aran Kwara state and Ibi Taraba state LGAs for increased resource mobilization.

HIV PREVENTION PROGRAM

INTRODUCTION

In compliance with the project's goal of building the capacity of public & civil society organizations and communities to strengthen systems for sustainable, gender-responsive HIV/AIDS and TB service delivery, this reporting phase experienced intensified innovative implementation drive across board, with key focus on capacity building and adoption of systematic approach of minimum/combined prevention package interventions. The scale up of intervention to new prevention sites, ushered in a systemic community appraisal /baseline survey relying on administration of Knowledge, Attitude, Behaviors and Practices (KABP)



Figure 1 MPP intervention at one of the FSW sites in Kwara

questionnaires, and focus group discussions

with selected target populations across the six ProACT states. In addition, the project strengthened the synergy and linkages between the community-level prevention interventions and facilities to ensure that individuals identified as HIV+ are linked to care and treatment services. The community-level implementation of sexual prevention programs is the integral component of the HIV sexual prevention unit and it is linked to the intermediate result areas 1(IR1), which focuses on increasing demand for HIV/AIDS and TB services.

Highlight of activities/achievements/Results

- 125 teachers (66M & 38F) across six Project states gained skills in Family Life & Health Education (FLHE) and Minimum Package of Prevention Intervention (MPPI)
- 395 community MARPs peer educators across six ProACT states gained skills in Peer Education Plus & MPPI
- 767 (420M & 347F) were reached under AB
- 3,301(2,434M & 867F) MARPs target groups were reached with MPPI
- 4,263 (1,914M & 2,349F) targets were reached with MPPI under condoms and other prevention.

The section below provides a detailed report of the Prevention unit's achievements and challenges during the quarter under review.

ABSTINENCE AND BE FAITHFUL

As a mandatory foundational approach to scale-up of interventions at the new intervention sites in the six ProACT states, capacity of 125 teachers, including 12 LACA focal persons and 6 SMOE focal persons was enhanced with their participation on the Family Life & Health Education (FLHE) training. The objective of the FLHE training is to provide participants with the basic knowledge and skills required for effective and efficient implementation of the FLHE program in the schools with the in-school youths as the primary beneficiary. The participants were given skills on how to facilitate and train volunteer students as Peer Educators by sharing knowledge that will help them to cope with Adolescent Sexual and Reproductive Health issues, and also empower them with life-building skills that will enable them adopt abstinence and practice low risk behaviors. The FLHE training was stepped down to 630 in-school-youths Peer Educators across board. This is to enhance their capacity to deliver quality services and products at community-level in line with the LMS ProACT Result Management Framework.

Interventions in the six ProACT states continued at the old prevention sites and students in the schools were reached with Minimum Package of Prevention Intervention (MPPI) in line with the Combined Prevention Intervention (CPI) that promotes the adoption of abstinence and low risk behaviors amongst their peers. They continue to carry out several activities to reinforce their tailored messages involving their peers with support from the FLHE teachers in order to sustain the healthy behaviors already adopted by the peers. In the quarter under review, 767 beneficiaries were reached with well tailored HIV prevention interventions across board and thereby increasing community knowledge of HIV/AIDS/TB information and services.

CONDOMS & OTHER PREVENTION

As part of the ProACT prevention interventions scale up activities to new sites, a mapping exercise was conducted across twelve communities in six PoACT states identified as communities at high risk of HIV infection. Series of focus group discussions were conducted with members of the identified priority groups to note their Knowledge, Attitude, Behaviors and Practices (KABP) towards HIV and AIDS. The outcome of the exercise will not only help with the program design and implementation but also serve as baseline with which the impact of the program can be measured.

Through an innovative scale up strategy, which is target driven 395 (221M & 174F) peer educators gained skills on Peer Education Plus to equip the specific and general MARPs/Vulnerable population with the requisite knowledge and skills that will enable them effectively practice the adoption of individual-driven positive health-seeking behavior, that will lead to the reduction of new HIV infection amongst these groups.

In order to bridge the gap between the key populations at higher risk of HIV exposure and ease of access to HIV&AIDS services, a total of 101 representatives from different priority populations such as transport workers, MSM, IDUs, FSWs, were trained on HIV Testing and counseling (HCT) which is the entry point to prevention as well as treatment, care and support services.

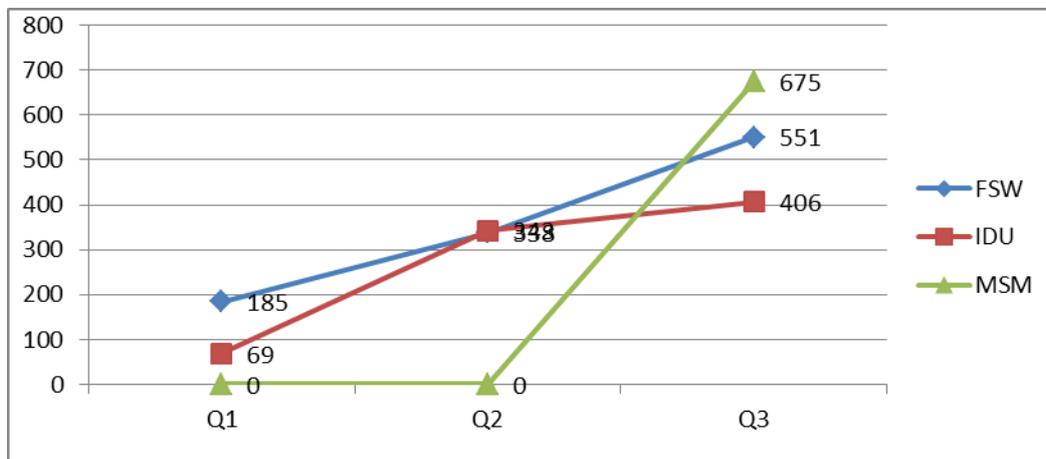
The CBOs that emanated from the MSH-supported prevention interventions continued to lead the implementation of the prevention intervention in their various communities with their cohort groups taking into cognizance the three options of the Combined Prevention Intervention (CPI) The adopted strategies included but not limited to the following:

- **Behavioral Intervention:** Targeted at reducing risky behaviors amongst the beneficiaries using the following interventions where appropriate: Peer Education (fulcrum strategy), balanced ABC messaging, promotion of counseling and testing, condom messaging and distribution.
- **Structural Intervention:** Strategies used under this intervention were School based approach, workplace intervention addressing vulnerability issues and community dialogue with the aim of providing supportive and enabling environment for the implementation of HIV & AIDS activities in the community.
- **Biomedical Intervention:** STIs and blood transfusion education were the main strategies implemented thereby contributing to reduction in HIV transmission.

CHALLENGES

Interventions with specific MARPs such as FSW, MSM & IDUs continue to prove a difficult task, requiring a tact approach to break through the cultural and religious barriers, which has posed limited access to the target achievements and interventions with this sub-population. Use of community informants were relied upon to track these MARPs targets, whose outlets and operations were closely guarded. To address this challenge, capacity building was extended to these MARPs beneficiaries. The immediate outcome of the capacity building was evident in the target achievement progression over time.

SN	Targeted MARPs	Q1	Q2	Q3
1	FSW	185	338	551
2	MSM	0	0	675
3	IDUs	69	343	406



Monitoring/Supervision and Peer Review Meeting

Effective monitoring of the PEs during their peer sessions was conducted across the sites by the HPS and volunteers. In order to ensure they reach their peers with quality HIV prevention intervention. Review meetings with the PEs were held across board. The Prevention Intervention Tracking Tool (PITT) was used to document those reached with MPPI by the PEs.

NEXT QUARTER PLANS

- Scale up of HIV prevention interventions to tertiary institution in three states
- Conduct HCT outreach to specific MARPs sites like Prisons, CSWs brothels, gold mine/IDU sites, MSM social gathering/peer session sites and TWs (LDT) in the six ProACT states
- Ongoing strengthening of community networks and collaborations at all levels to enhance program ownership and sustainability of prevention interventions.
- Provide technical support and direction for the reactivation or establishment of a functional Prevention Technical Working Group (TWG) in Taraba and Adamawa
- Finalize the award of Prevention grants to successful CBOs/CSOs in the six states.

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

INTRODUCTION

The MSH ProACT project community program contributes mainly to the achievement of sub results (SR) 2 and 3 as outlined in the MSH ProACT results framework, which are; increased access to quality HIV/AIDS and TB services and products and strengthened public/CSO and community enabling environments. In the quarter under review, the project continued to work review the current facility-based approach to OVC programming with a view to implementing a community-based model that is more sustainable. We hosted a one day meeting with Community Volunteers (CVs) in Kwara and Kogi states to foster shared learning and best practices in community service delivery, training of HCT service providers across supported sites in Kogi, Niger, and Kwara states.



Figure 2 OVC in Kuda and Mayowadu villages in Michika LGA Adamawa State

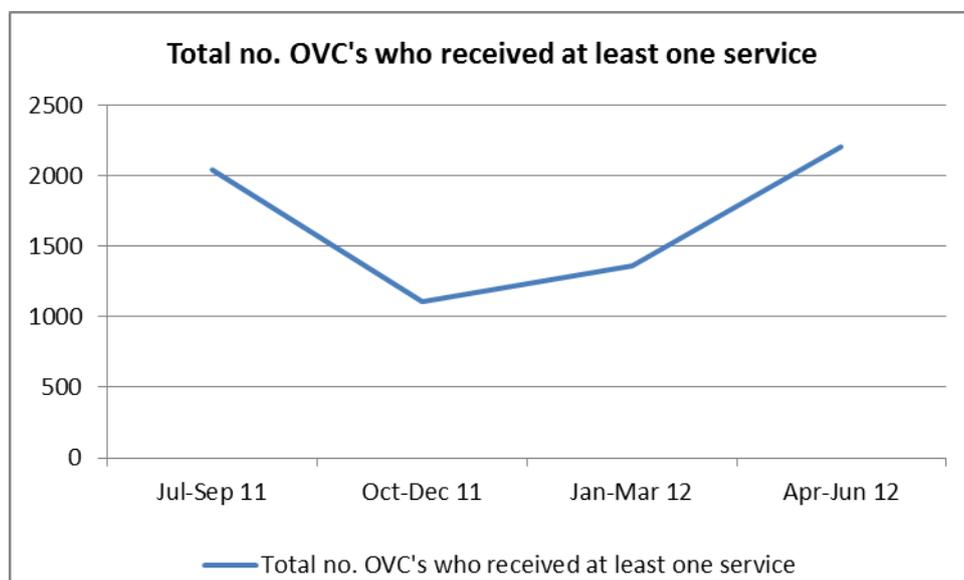
Highlight of activities:

- Ongoing effort to improve the OVC M&E system to track use of the Child Status Index (CSI) tool and include client level data at implementation sites in the database.
- Distributed **10,000 packs of Albendazole** donated by the government of Nigeria in support of the massive de-worming exercise of OVC and their caregivers in the six focus states.
- World Bank FADAMA 111 project provided a total of N2, 276,000.00 (**\$14,224**) in grants to six PLHIV peer support groups to implement income generating activities (IGAs).
- MSH ProACT participated at the two-day meeting, organized by the Federal Ministry of Health and Social Development to present the new National Plan of Action for OVC and the National OVC Management Information System (NOMIS)
- Successfully completed the OVC Quality Improvement training for CBOs and Staff of the Taraba State Ministry of women affairs and child development, in collaboration with University Research Company (URC).

The section below highlights in greater detail, key activities implemented, successes achieved and challenges encountered during the quarter under review.

I. OVC SERVICES

During the quarter under review, the team continued to implement activities that strengthened community systems to increase uptake of OVC services in targeted communities. At service delivery points in supported health facilities, OVC identification, enrollment and service provision was intensified. As part of OVC service provision, ProACT distributed Basic Care Kits (BCK) to OVC and their caregivers. The distribution of these items to beneficiary facilities impacted positively on the ProACT OVC program. Commodities distributed included bath soaps which added value to the sanitation and hygiene education for OVC and their caregivers.



II. Building Strategic Alliances To Enhance OVC and Home Based Care Programming

In line with ProACT's work in building strategic alliances and strengthening health systems of State and Local Government structures, the MSH Kwara office has initiated a partnership plan with LEAH Charity Foundation. LEAH Charity Foundation is a non-governmental organization that addresses the needs of OVC in the state. It is an initiative of the wife of the executive governor but is administered as an independent organization. In furtherance of this partnership plan, MSH held series of meeting with the Coordinator of LEAH Charity Foundation and has written memos to Her Excellency and all the concerned parties to further firm up this partnership. We believe we are in the middle of greater opportunity for OVC and their caregivers in the state.

LEAH Charity foundation provides economic strengthening for OVC caregivers and also trains them on empowerment activities. They also provide nutritional support for OVC to assist p the caregivers in taking proper care of their OVC.

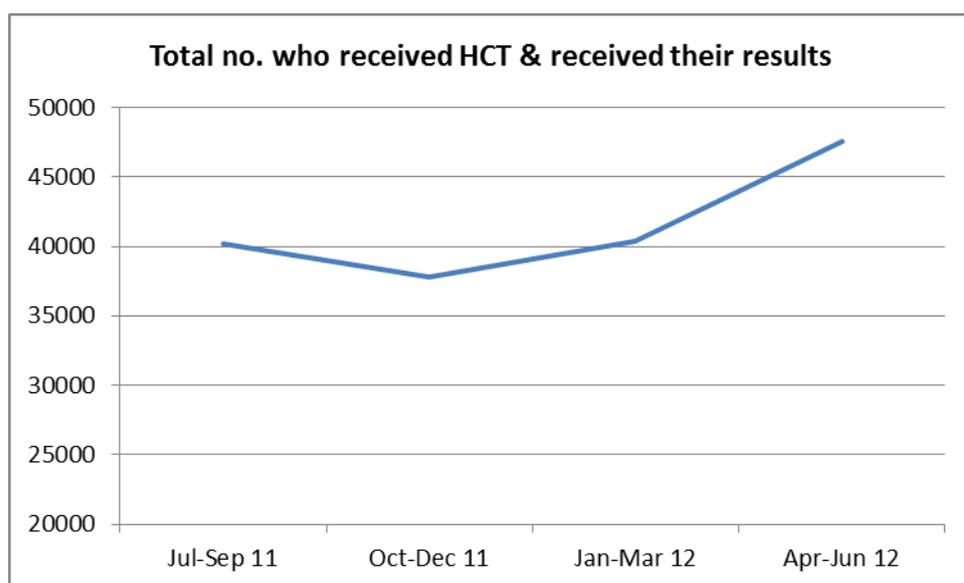
In the same vein, ProACT's team in Kwara State, with support from the Civil Society HIV/AIDS Nigeria (CiSHAN), facilitated a 5-day training workshop on Home Based Care for PLHIVs and service providers in the state. A total 45 participants across Kwara State, which included 8 PLHIVs, 3 Community Volunteers and 2 representatives of the non-grantee CBOs from MSH-supported sites participated in the training. This collaboration with the CiSHAN offered ProACT the needed platform to share her wealth of knowledge in care and support for PLHIVs with stakeholders across the State.

III. Enhancing Health Worker Capacity for Quality HCT Service Delivery In Supported Sites

In the bid to mitigate the impact of inadequate HCT service providers and volunteer attrition across ProACT-supported States, HCT training was organized by MSH during the quarter under review. The national HCT curriculum was adopted for the training, which had Leadership and Management, PHDP and Syndromic management of STI modules integrated into the curriculum. A total of 42 (12M and 30F) participants were trained. Following the week-long central HCT training, a field base practicum was organized across facilities in the 6 supported States. The Community Care Service Unit collaborated with the Laboratory Unit and ensured that the practical sessions were successfully completed by trainees in line with the national guidelines. The field practicum consisted of a one-day laboratory and M&E session, during which all participants were taken through Test Kits identification, Testing Algorithm, Safety measures, waste disposals and documentation, and data documentation using the national tools. Subsequently, trainees took turn across PITC Service Delivery Points to practice what they learnt and to familiarize themselves with the processes. This innovative approach of having trainees return to their base to carry out the practicum under the guidance and supervision of experienced counselor testers have proven to be cost effective approach will the project will continue to replicate.

IV. Increased Access to HIV Services through Ongoing Strengthening of PITC Services across MSH ProACT’s Supported Sites

Community-based demand generation activities using existing structures such as churches, mosques, community leaders and index clients coupled with the efforts of the newly trained counselor testers as well as the activation of PITC services in 14 new PMTCT sites contributed immensely to the upward trend of number of persons counseled and tested as seen in the graph below:



CHALLENGES

- The **insecurity** especially in North Eastern Nigerian states of Adamawa and Taraba where MSH works in several communities impacted negatively on the program and this affected the level of community-based interventions which were successfully implemented.

- Volunteer attrition and severe HRH gaps continue to pose a challenge in the provision HCT services to meet the growing increase in patient population.
- Delay in identifying and engaging viable CBOs across targeted communities to provide OVC services through a non-grants platform.

NEXT QUARTER PLANS

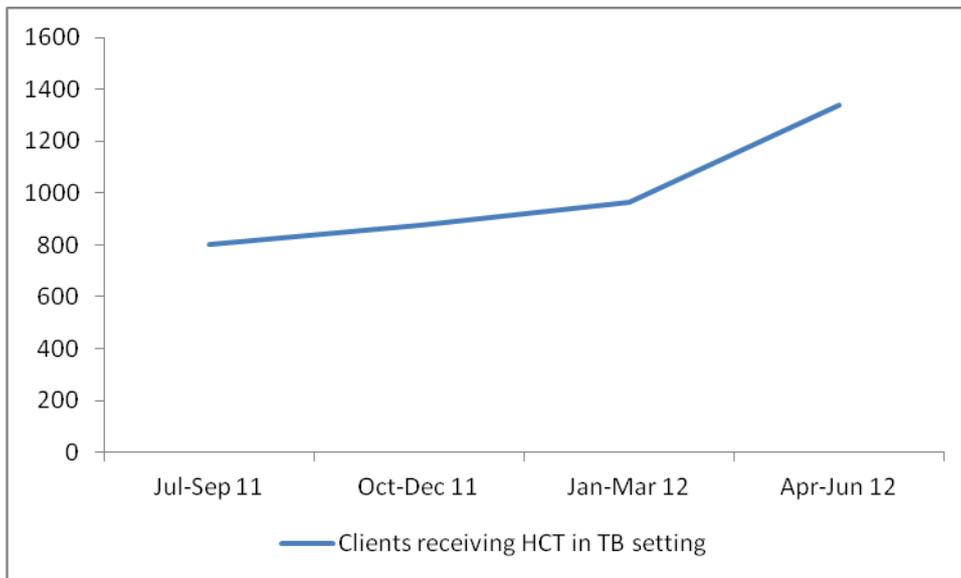
- Ongoing advocacy to the state government for the deployment of HCWs to supported sites
- Conduct an audit the Community Volunteer system to assess effectiveness and value added to the project
- Re-evaluate the provision of pediatric HCT services in all supported sites to assess gaps and improve linkages with other units particularly the Records unit.
- Conduct a week-long OVC/Care training for 8 CBOs whose grants were renewed
- Conduct couple counseling outreach
- Initiate the process of transitioning facility-based OVC services to community-based services.

CLINICAL SERVICES

INTRODUCTION

The Clinical unit's 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 focused on improving access through activation of new PMTCT and ART service sites, capacity building of health care workers, provision of technical assistance at national and state levels as well as strengthening of TB and HIV collaborative activities. Through these activities and strategies the project was able to achieve the results stated below:

- During the period under review 47590 patients received HCT and 2354 (5%) tested positive. A total of 1778 clients (75%) were enrolled into care and 1120 patients were commenced on ART, comprising of 1040 adults (371 males & 669 females) and 80 children (41 males & 39 females).
- 30 clients were switched to recently introduced boosted Atazanavir containing 2nd line regimens
- 1549 (87%) of the newly enrolled clients were clinically screened for TB at enrollment using the TB symptom checklist and 40 clients were commenced on IPT in SSH Taraba following recently commenced IPT pilot in that facility.
- The period also witnessed an appreciable rise in number of clients receiving HCT at a TB setting with a 50% increase on average achievements of the three previous quarters.



Number of clients accessing HCT in TB settings in FY12

The section below highlights in greater detail, key activities implemented, successes achieved and challenges encountered during the quarter under review:

I. Provided Technical Support at National and USG Convened Meetings

In the last quarter the Clinical unit of MSH ProACT made representation at several GON and USG convened forums. This included Technical working groups at national and state levels, guideline reviews and National strategic framework reviews. The team was able to present results of work done and shared best practices with other organizations and this led to the request and subsequent sharing of an MSH ProACT developed treatment failure patient assessment tool with the CDC-funded EMF consult following the USG treatment TWG meeting. Some of the key meetings attended within the quarter included;

- National ART task team meeting
- National treatment TWG
- TBHIV TWG
- IPT stakeholders meeting
- TBHIV collaborative activities National Strategic framework review
- HIV Care and Support guideline review meeting

II. Capacity of Staff from Supported Facilities Built To Provide Quality ART Services

As part of MSH ProACT's mandate to provide quality HIV & TB services (IR2) a basic ART training for 33 Health care workers was held in Abuja from the 20th – 26th May 2012. The training had in attendance 11 Doctors, 20 Nurses and 2 pharmacists selected from 17 MSH-supported facilities. The group was largely made up of health care workers providing services but who had received no

formal ART training in the past. The training also catered for participants from two facilities earmarked for activation in Adamawa & Taraba states. The training utilized the National ART curriculum and was delivered using interactive methods with case studies, group discussions, and participants from each facility required to prepare and present an action plan of proposed interventions to be instituted in their facilities upon their return. An assessment of knowledge gained using pre and post training tests showed an appreciation of 13% (average score rose from 64% - 77%) with 30 participants improving in scores. MSH field based technical staff followed-up post training to ensure that the knowledge is stepped down at facilities through CME's conducted by the participants.

III. Increased Access to HIV services with the Activation of a New Comprehensive Treatment site in Taraba State

As part of MSH ProACT's commitment to increasing access of quality HIV & TB services (IR2), comprehensive care and treatment services were activated in First Referral Hospital Sunkani, Ardo Kola LGA, Taraba State. The choice of FRH Sunkani was made following a series of advocacy visits conducted to relevant stakeholders including the Taraba State Ministry of Health (SMOH), Health service Management Board (HSMB) and Taraba State AIDS Control Agency. A comprehensive needs assessment which took into consideration the prevalence (3.3%, HSS 2010), the unmet need for comprehensive care and treatment services in the region and an assessment of the facility using comprehensive site assessment tools. Following site selection, selected staff in the facility were trained in HCT, ART, PMTCT, EID, as well as logistics and management of healthcare commodities for laboratory and pharmacy staff. Due to the poor infrastructural state of the facility ProACT-supported renovation of key hospital units and also supplied a 5kva generating set, air conditioners, refrigerators, stabilizers and furniture to aid service delivery.

Comprehensive HIV care and treatment services were officially activated at FRH Sunkani on the 26th of June 2012. The Government's commitment to support the provision of HIV services to the community was displayed during the ceremonial flag-off by the presence of dignitaries such as the permanent secretaries of TACA, SMOH and HSMB, traditional rulers and the LGA chairman. The Chairman of Ardo Kola LGA also made a commitment to support monthly fueling of the newly acquired generating set.

Following service activation, HCT services were provided and 129 clients were counseled, tested and received their results. 7 clients tested positive (including two children) and were immediately enrolled into care and have subsequently had samples taken for CD4 and other necessary investigations. The immediate next steps include supply and installation of laboratory machines, conduct training in adherence counseling and PHDP, and the strengthening of linkages between the facility and community.

IV. Provided Technical Assistance for the Set Up Of Infection Control Committees

As part of plans to strengthen infection control measures at all MSH ProACT-supported facilities, technical support was provided to facilitate the drawing up and adoption of infection control plans. Members of the Patient care team (PCT) who play a role in infection control were constituted into an infection control sub-committee to avoid duplication of committees. PEP protocols have been disseminated and designated PEP focal persons have also been put in place. As at the time of this report, so far 17 facilities have PEP protocols with designated focal persons in place and 14 facilities have functional infection control plans in place and have constituted sub-committees within the PCT.

CHALLENGES

- Insecurity: The insecurity especially in North Eastern Nigeria where MSH has a total of 10 CCT's which contribute significantly to our targets has impacted negatively on the program. This has affected level of site support as well as retention rates due to displacement of patients.
- Human Resource for Health constraints: Some of the states where MSH work such as Kebbi and Adamawa have recorded mass attrition of Physicians from state government's employment with anecdotal reports citing as high as 50% attrition. This has significantly affected the quality of service being provided
- Shortage of recently reviewed National M&E tools (currently in print) affecting patient management and monitoring
- Poor funding of TB activities and weak HIV-TB collaborative services leading to under reporting of services

NEXT QUARTER PLANS

- Explore deployment of youth corp members (doctors, lab scientists etc) by the National Youth Service Corp program to MSH-supported sites with critical HRH gaps
- Ensure the deployment of national M&E tools once printed and are available
- Provide follow up mentoring and supportive supervision in all thematic areas at newly activated comprehensive site-FRH Sunkani in Taraba state
- Activate General Hospital (GH) Ganye, Adamawa state to provide CCT services
- Conduct trainings in care and support – adherence counseling, PHDP and TBHIV – for health workers in newly activated comprehensive facilities
- Conduct needs assessment, identify and activate 2 additional CCT's in Taraba and Kogi states
- Conduct TB audit of all MSH ProACT DOTS facilities to strengthen TBHIV collaborative services and ensure constant availability of RTK's
- Phased scale up IPT services to other ProACT-supported CCT's
- Scale up ART decentralization services to Kogi state

PMTCT AND PAEDIATRICS SERVICES

I. Improved logistics and Coordination Enhances Early Infant Diagnosis (EID) Services

In a bid to improve linkages between the PMTCT program and pediatric services, provide quality, ProACT adopted and implemented some innovative measures to increase demand and access to EID services. These include centralization of DBS sample shipment, mentoring of service providers at the facility level to increase their awareness of DBS sample collection and transport. To improve receipt of DBS results, the Clinton Health Access Initiative (CHAI) supplied GH Kagara Niger state with an SMS printer which

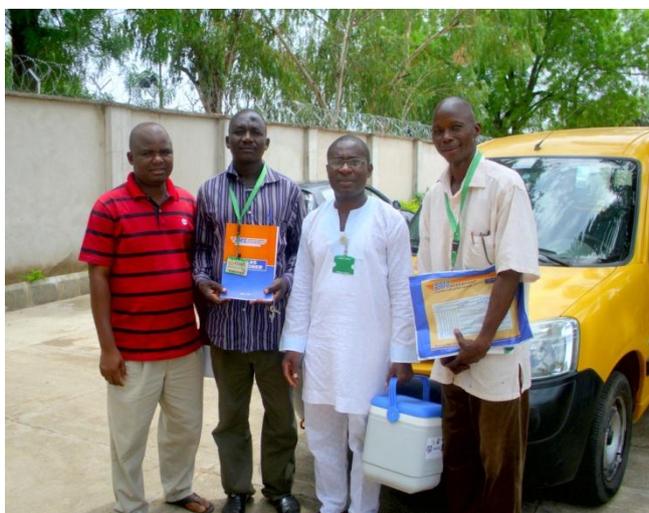
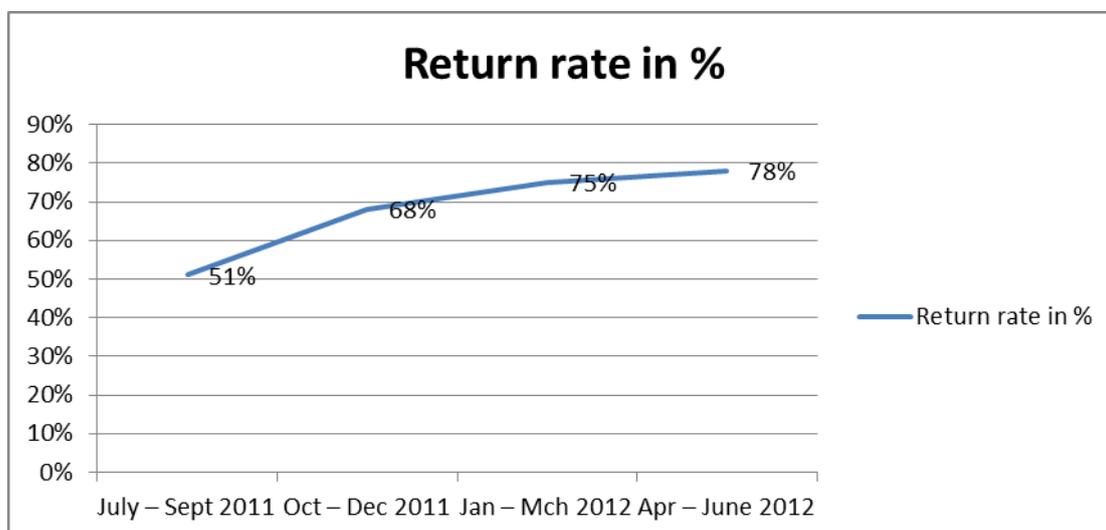


Figure 3 MSH and staff of Nigerian Postal Services (NIPOST) after the one day orientation training on DBS sample transport

has already been installed and already in use.

With the cessation of UNITAID’s funding support for DBS commodities supply and sample transport in June 2012, ProACT explored several options that will improve linkages and ensure sustainability of DBS sample transportation from supported sites. As a result, the MSH Adamawa field office is partnering with the Nigerian Postal Service (NIPOST) to pilot the provision of logistics support for DBS sample transport using the EMS courier service platform. As part of this initiative, a new EID sample transport grid was developed and a one-day orientation was conducted for staff of NIPOST to provide information the network of MSH-supported EID sites and ensure timely sample pick-up and return. Prior to this intervention, less than 60% of the total number of DBS samples collected from the supported sites and transported for analysis was received. All these efforts has resulted in the increased rate of receipt of DBS sample result as demonstrated in the graphs below.



Graph illustrating improved rate of receipt of DBS sample result

II. Capacity of Staff from Supported Facilities Built To Provide Quality EID Services

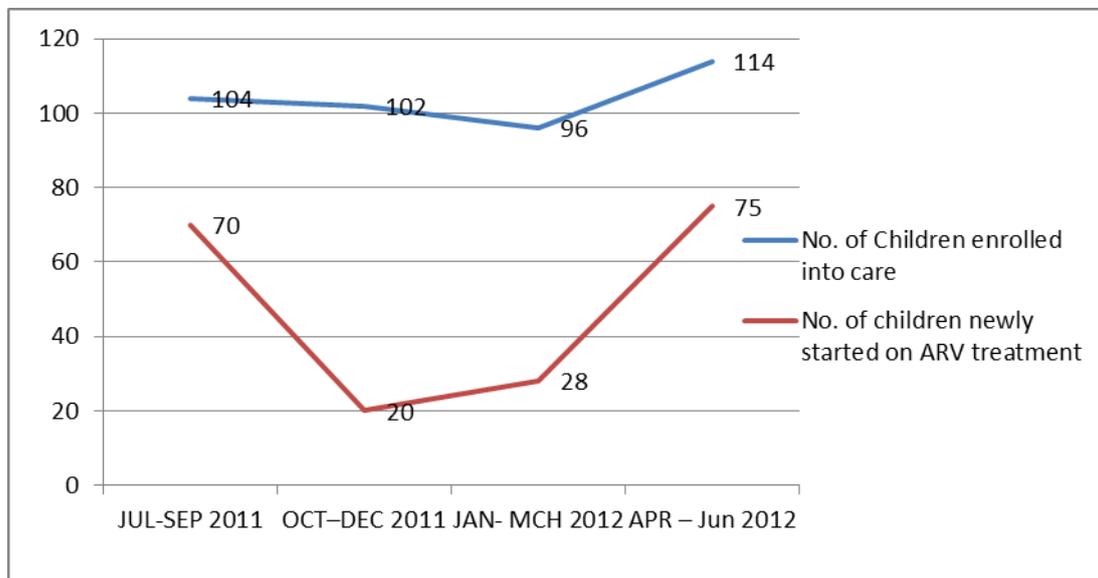
In line with the mandate to increase access to quality pediatric services, 33 health care providers participated in 3 three-day training on Early Infant Diagnosis. The participants were drawn from 17 MSH-supported sites in Adamawa and Taraba states and comprised of nurses, Lab Scientists and CHEWs. The training curriculum was according to the National training manual guide and was a combination of didactic sessions, group work and practical sessions. The lead facilitator, a master trainer working in the HIV/AIDS Division, facilitated the training and also ensured that 40 participant training manuals were obtained and distributed to each participant. There was an average of 33% knowledge gain following analysis of the pre and post test scores. 11 participants performed below average in the pre-training test but all passed the post-test.

III. Increased Access to PMTCT Services with the Activation of 14 New Sites

In support of the efforts of national program towards significantly reducing the burden of PMTCT and unmet needs in Nigeria, MSH ProACT during the period under review activated 14 new PMTCT sites across 6 supported states: These new sites include: 3 private-for-profit, 1 Faith-based and 13 governments sites. The activation process started with advocacy visits to the community leaders and key stakeholders followed by a community mobilization exercise. These facilities will provide access to HCT services and ARVs onsite to prevent transmission MTCT.

IV. Targeted Mentoring and Support Improves Uptake Pediatric Services In Supported Sites

In the previous two quarters the project observed a significant dip in the enrollment of pediatric clients, as a result of healthcare worker attrition, work overload and weak linkages with the laboratory unit. To improve pediatric HIV diagnosis and enrollment, the ProACT project continued to provide targeted mentoring and supportive supervision of pediatric care providers and volunteers. New pediatric champions were identified to work as focal persons, onsite CME was conducted and linkages between the lab/EID and ART clinic was enhanced. The result of these interventions is in the observed spike in the number of children that were initiated on ART from 28 in the last quarter, to 75 during the quarter under review as illustrated in the chart below:



CHALLENGES

- Nationwide strike action and civil unrest/terrorist activities in 4 of our supported states have grossly slowed down our work plan for PMTCT and has continued to paralyze activities across health facilities.
- Volunteer attrition with the resultant increase in the workload for the facility staff.
- The turn-around-time (TAT) for DBS samples is still a challenge in some facilities as most SMS printers supplied to improve receipt of results are malfunctioning.

NEXT QUARTER PLANS

- Explore deployment of youth corp members (doctors, lab scientists etc) by the National Youth Service Corp program to MSH-supported sites with critical HRH gaps
- Ensure the hosting of quarterly PMTCT TWG meetings to develop state led scale up plans to hard-to-reach and underserved communities.

Conduct the EID training for facility teams in four additional states.

INTRODUCTION

In the quarter under review, the laboratory program witnessed myriad of achievements ranging from capacity building activities in Malaria, EID logistics, support to PMTCT sites' activation, CCT site activation, assessment of private medical laboratories, Consultative meetings with the Federal Ministry of Health, monthly external quality assessment (EQA) program, internal quality assessment (IQA) program in Kwara/Kogi-supported sites. The lab team's key activity also included providing

technical support during the activation of HIV care and treatment services at First Referral Hospital Sunkani in Taraba state. Technical support was provided through hands-on mentoring of facility staff on HIV testing using the national algorithm and standard operating procedures (SOPs), Good laboratory practices, proper documentation using the various laboratory data tools. The laboratory was also renovated to meet expected standards for the provision of quality lab services.



Figure 4 FRH Sunkani lab, before renovation



Figure 5 FRH Sunkani lab, after renovation

Highlight of activities;

- Participated in the 4- day capacity-building program for USG Implementing Partners on Health Care Waste Management organized USAID/CDC/USDoD in Collaboration with AIDSTAR.
- MSH participated at a 3-day logistics training curriculum harmonization workshop organized by John Snow Inc. (JSI) in collaboration with Federal Ministry of Health.
- Participated in two-day EQA training program at Kaduna. During this training, IPs were intimated on proposed plans to switch from ThistleQA and NHLS to Digital PT Canada through Afriqualab, Senegal panel providers and the plans to introduce more test menus in the program

The section below highlights in greater detail, key activities implemented, successes achieved and challenges encountered and plans to mitigate them:

I. Improving Malaria Diagnosis in Supported Facilities through Ongoing Capacity Building

MSH/Nigeria is piloting the integration of HIV/AIDS/TB and Malaria services into existing health services delivery as a strategy to improve malaria diagnosis and treatment services in the country. In support of the efforts of the National Malaria Control Program (Roll Back Malaria), MSH ProACT collaborated with United States Department of Defense-Walter Reed Program-Nigeria and the Nigerian Ministry of Defense to conduct a two-week intensive malaria diagnosis training workshop for 30 laboratory personnel drawn from MSH-supported sites. The key objective of this training was to equip participants with the requisite skills and competences to improve malaria microscopy/diagnosis in routine clinical practice at all MSH-supported sites. During the training participants gained knowledge in the harmonizing/standardizing of malaria microscopy procedures and practices as well as establishing malaria QA/QC in their facilities. The project hopes that the successful completion of this training will improve reliance on laboratory diagnosis as against presumptive diagnosis.

II. Internal Quality Assurance Program

Dry Tubes Specimen production, distribution, result collation and analysis continued in Kogi/Kwara-supported labs during the quarter under review. The QA lead with support from Kwara and Kogi Lab specialists and other lab personnel at Specialist Hospital Offa prepared dry tube proficiency panels for serology which were then distributed to participating sites in Kogi and Kwara states. Results collated and analyzed showed a 100% performance of all the test points within the region. This does not only show competence on the part of the testers but also the relevance and effectiveness of the DTS method in quality assurance program.

III. Additional MSH-supported Labs Enlisted in the PEPFAR External Quality Assurance Program

In line with IR2, 2.2.4.9, "Link ProACT lab services with Nigeria PEPFAR External Quality Assurance Program," participating laboratories in the program have continued to maintain satisfactory results. Also the outstanding 17 comprehensive MSH-supported sites that were hitherto among the non-participating sites were enrolled within the quarter. This brought the total laboratories participating in the PEPFER EQA program to 25. This program will further improve quality of services provided at all MSH-supported care and treatment centers.

IV. Progress towards the Establishment of the National Laboratory Task Team

Critical to providing quality health care and treatment services in keeping with the United Nations health related Millennium Development Goals is laboratory services delivery and hence the need to manage limited human resources. To achieve this, MSH with funding support from USAID is supporting the Federal Ministry of Health to establish, and manage a national coordinating structure that will drive the integration of laboratory services and systems in the Country. In the quarter under

review, MSH had supported the hosting of several iterative meetings with various divisions, directorates and agencies of the Federal Ministry of Health in identifying terms of reference, criteria for membership and a suggested title for the platform were among deliverables attained in the quarter.

Next Quarter activities include hosting a wider stakeholders forum to review and adopt suggested terms of references (TOR), name of the platform, criteria for selection, leadership structure and secretariat. Consequently, the adopted TOR will be presented to the Honorable Minister for Health for approval and inauguration.

V. Assessment of Private Medical Laboratories for Award of ProACT Small Grants

During the quarter, a grant assessment survey of nineteen (19) pre-qualified laboratories was carried out in 6 ProACT-supported States. Mixed teams of MSH (Technical and Grant Staff), Medical Laboratory Sciences Council of Nigeria (MLSCN) – statutory regulatory agency of the government of Nigeria and Association of Medical Laboratory Scientists of Nigeria (AMLSN) – a local professional association participated in the assessment. USAID could not participate in this process due to restriction on travels at that time. The teams assessed technical and financial capabilities of the pre-qualified laboratories using the fixed obligation grant, entity eligibility checklist, grant pre-award survey and the grant pre-qualification questionnaire. 8 Laboratories were recommended for consideration following this process.

Next quarter activities include final selection of prospective grantees by a team of MSH, USAID, MLSCN and AMLSN, pre-proposal development workshop, proposal writing workshop, and procurement of equipment/award of in-kind grants to selected laboratories.

VI. Integration of PEPFAR Laboratories into Mainstream Laboratories in Four Pilot Labs

With focus on maximizing the benefits of Emergency Plan programs, MSH with USAID support is piloting the integration of HIV/AIDS Laboratory Services into Mainstream Laboratory services. MSH integration approach underlines management and physical elements. In order to learn from this pilot, MSH has identified critical aspects considered feasible for SMART integration. Tools as well as a detailed protocol for baseline assessment of four selected facilities have been drafted in the quarter under review. Focus for next quarter is field testing of the tools and protocol for the baseline assessment, stakeholders meeting to build consensus, general assessment of the four (4) health facilities selected for the pilot, minimal infrastructural update, registration/accreditation with Medical Laboratory Sciences Council of Nigeria will be conducted.

CHALLENGES

- The insecurity especially in North Eastern Nigeria where MSH has a total of 10 CCT's which contribute significantly to our targets has impacted negatively on the program.
- Significant attrition of Laboratory staff in Kebbi state-supported sites due to poor remunerations.

Equipment down time in some supported sitesNEXT QUARTER PLANS

- Inaugurate State Malaria Diagnosis TWG and monitor implementation and ensure best practice at facilities.
- Follow up on Equipment repairs and Preventive maintenance at all the sites.
- Plan and hold a wider stakeholders forum in preparation for NLTT formation
- Finalize and deploy integration baseline assessment tool to four pilot sites
- Operationalize QA labs at Adamawa/Taraba and Niger/Kebbi axis and strengthen IQA programs

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, Axios 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.

Highlight of activities;

- As part of the strategies to ensure continuous quality improvement of all implementation activities of the Pro-ACT workplan, a consultant from Axios International carried out a Technical Assistance Mission to Axios Nigeria. Four of the six Pro-ACT focal States were visited: Adamawa, Taraba, Niger and Kogi and interaction held with relevant stakeholders. The key activity of this TA mission was the assess progress with the implementation of key aspects of the model pharmacy concept and scale-up of logistics TWG to additional states.
- Axios provided TA for the set up of pharmaceutical and lab services in the new CCT site, First Referral Hospital Sunkani, which was activated in Taraba State to provide ART services.
- During the quarter, Axios provided TA set up of pharmaceutical and lab services partnerships in three private-for-profit hospitals in Kwara and Kogi states

- Axios provided Kogi State Agency for the Control of AIDS (KOSACA) Technical Assistance on the quantification of HIV test kits for the implementation of the State Strategic Plan (SSP) for 2012 and 2013.
-

I. Commodity management

In line with the mandate of Niger State Technical Working group on Logistics to place the state owned facilities on real time inventory management system with multiple visibility platforms, Axios Foundation Nigeria facilitated a five-day training for staff of the Central Medical Stores and General Hospital Bida (Proposed Model facility) on Commodity Management using electronic warehouse Inventory Management System - *mSupply*. The training was aimed at:

- Improving warehouse management and maintenance of good inventory management practices in the state owned warehouses /stores
- Improving participants' competence, knowledge and skills in commodities Logistics Management
- Training on the use of *mSupply* quantification & reporting tools to be able to assemble quality reports and place reliable orders at the end of every review period.
- Capacity building to develop a pool of locally based trainers for subsequent step-down trainings at facility level.

Overall, the electronic Inventory Management System has the potential benefits of lower total cost of ownership, higher availability, shorter lead times, improved record keeping, forecasting, quantification, storage practices, value engineering and design. Eleven participants from SMOH, HMB and CMS participated in the training.

In line with the objective of ensuring continuous availability of commodities, the SCMS Team supported the CCT facilities on data entries, collation, validation, generation and collection of bi-monthly reports in consolidation of the pull system. Stock balances were crosschecked physically, counselling and testing point's kits utilization accountability were strengthened and collaboration with their respective Laboratory units also strengthened. Stock replenishment of Laboratory reagents and drugs were received from Central Stores during the quarter to improve the stock status of these commodities. This ensured improved availability of drugs, diagnostics and treatment monitoring reagents and other consumables thus ensuring improved service delivery at the sites. Logistics situation was generally stable across sites and at the warehouse.

Challenges

- Inadequate human resource and non availability of Pharmacy M & E units at the Central Medical Stores, Minna are affecting proper collation and analysis of data for quality evidence-based decision making
- Staff attrition remains a threat to the program stability

Next Step: Continued provision of support to the facilities on commodities management.

The state of equipment breakdown across the facilities has occasioned frequent redistribution of commodities.

II. Capacity Building

Training Workshop on Logistics Management of HIV/AIDS Commodities (LMHC)

The Federal Ministry of Health and Management Sciences for Health in conjunction with Axios Foundation Nigeria organized an LMHC training of 27 Comprehensive Sites in the six States where MSH ProACT operates. This training was organized specifically to train and re-train the site managers to get acquainted with the revised National LMHC tools for reporting. Some of these sites have already been trained previously on the use of LMHC forms but due to revision and adoption of the New SOP manual by the Minister of Health as well as attrition in some facilities, it has become necessary to train and in some cases retrain these site managers on the use of these tools. The trainings were conducted in two batches of 24 and 23 participants respectively and each batch lasted for 5 days as stipulated by the national guidelines. The venue was Kini Country Guest Inn, Akwanga, Nasarawa State and was held during 11th - 15th and 18th - 22nd June 2012.

Worthy of note is the fact that MSH ProACT is the first HIV Implementing partner to implement the National SOP Training Manual since the training curriculum was harmonised at a workshop in May 2012. To bridge identified knowledge gaps in States MoH, three Directors of Lab services and two Directors of Pharmaceutical Services were among the participants.

III. Good Pharmacy Practice

The program received 300 doses of the new second line ARVs donated by CHAI earlier in the year; Atazanavir/Ritonavir were dispatched to 24 CCT sites where capacity for management of patients on second line ARVs exist.

Dissemination of information on the availability and use of the drug combination was carried out this quarter. The advantages of Atazanavir/Ritonavir over Lopinavir/Ritonavir including, reduced pill burden and comparative milder effect on fat distribution in the body were emphasized. The program has close to 30 patients on that second line drug. This would go a long way to improve the quality of care provided to clients considering that the combination has a better therapeutic profile.

The program has commenced the process of de-worming of an estimated 10,000 OVCs and all her clients on care and treatment above the age of two years. This is being undertaken with the use of chewable Albendazole tablets donated by NASCP during the first quarter in 2012. It is expected that by the end of this quarter over 60% of the projections would have been realized.

Computerization and networking of all departments of Kogi State Specialist Hospital Lokoja by the Hospital management has been completed. Pharmacy stock management software was installed but requires some modifications to include medicines supplied by the project. Supplies of the computers and dates for training of the staff on the use of the system are also being awaited.

IV. Health System Strengthening

Manpower challenges particularly for Pharmacy/technicians that have been affecting operational service across the 3 sites were critically deliberated upon this period following advocacy visits to DPS SMOH. Positive outcome of these visits were achieved as the SMOH through the DPS has recruited and deployed two Pharmacy Staff to GH, Omuaran and SH, Offa. This intervention has significantly improved quality service delivery in Pharmacy.

Niger SMOH Memorandum to the 55th National Council on Health meeting

The unit has commenced sensitisation of stakeholders preparatory to the establishment of a coordination platform for management of Health commodities across MSH operational states, otherwise referred to as TWG on Logistics. Lessons shall be drawn from the model currently running in Niger state.

As part of our efforts toward institutionalisation of coordination platform for supply chain management activities in the Health sector, there is need to project the results/achievements of the model currently running in Niger SMOH for possible adoption by the FMOH for implementation in other states in the country. The National Council on Health (NCH) is the highest policy making and advisory body on health matters in Nigeria and the organ of the FMOH responsible for consideration of such proposals. The body meets annually to carry out her functions. Should it agree to adopt this model it would be easier to replicate it across the states where the organisation is operating and indeed beyond.

Only a State MoH is permitted to present matters for deliberation at NCH meetings hence the need to approach the Niger SMOH to consider the presentation. The SCMS team is convinced that this is wonderful opportunity to support the SMOH to project the work that we are doing at a national platform. The Niger SMOH was supported to present a memorandum on the subject at the next meeting of the body, which is scheduled to hold on 16th - 21st July at Sheraton Hotel in Abuja.

In order to Improve Government Stewardship for HIV/AIDS/TB services in Kebbi SMOH a response is being awaited to a formal request that was made seeking approval for the extension and integration of government free Maternal and Child Care drugs for use as opportunistic infection medication. However, a verbal commitment has been given by the Director Pharmaceutical Services to Pharmacy Heads of Department at the three CCT to allow PLWHIV have access to the free drugs.

Waste Management

Adherence to FEFO and stock rotation are key policies in management of Health Commodities at all levels of the Logistics system as a means of minimizing expiries. 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 field office in the six States. The program has enumerated the unusable commodities and populated them on the template in compliance with PEPFAR guidelines. This has been collated and reported to PEPFAR in anticipation of the pooled disposal mechanism, which is to be held in the next quarter.

CHALLENGES

- Insufficient storage infrastructure such as shelves and pallets in many facilities
- Breakdown of air conditioners at several locations
- Frequent breakdown of Laboratory equipment which has occasioned frequent redistribution of commodities to minimise expiry
- Low ADR identification and reporting across the states

NEXT QUARTER PLANS

- Continue to work with the Clinical and Community Teams to implement the strategy to deworm all clients on Care and Treatment as well as OVC
- Provide another update to NASCP on consumption of OI medicines received thus far and conclude documentation of cost share value of same with MSH home office
- Follow up with STLs to improve inventory/storage facilities at the sites

MONITORING, EVALUATION AND RESEARCH (MER)

INTRODUCTION

During the quarter under review, the M&E unit continued to focus on activities that ensured ownership and sustainability within the health systems. The Service providers and the government continued to strengthen data documentation, reporting and use with the goal of improving decision making and enhancing the quality of service delivery in MSH-supported health facilities. These tasks were achieved through provision of on-site technical assistance and supportive supervision in strengthening routine data documentation, reporting and quality checks across MSH-supported CCT & feeder sites. Strategic activities aimed at improving the M&E systems, promoting ownership and sustainability in the states were also top priority. This report gives a review of the major activities that were implemented within the quarter.

Highlight of Activities

- In Kogi State, the M&E team assisted the state government to update the state HIV service directory. With this update a total of 45 HIV care & treatment sites are listed as providing HIV services in the state. MSH also provided a template for the development of a quarterly HIV factsheet, which will be printed and distributed across the state.
- Collection of accurate and timely data by Ganye, Toungo and Michika LACA M&E officers using the HMIS tools and submitted to ADSACA thereby reducing the burden of the M&E

Specialist in collection of HMIS data as well as enhancing exit strategy by putting sustainability structures in place.

- Assisted in the Inauguration of Niger State SACA M&E Technical working group, the M&E team participated actively in the inauguration of the State SACA M&E technical working group which held on the 4th of May, 2012. Also present at the occasions were representatives from health facilities, LGA, GIZ and FHI. MSH will continue to provide technical support to the SACA M&E technical working group.
- **Site Activation**-the M&E team supported the activation of new sites through the deployment of M&E data capture tools in newly activated CCT site- **FRH Sunkani** Taraba state. They also trained all the service providers at the service delivery points and the facility Records officers on the use of PMM tools and documentation protocols.

The section below highlights in greater detail, key activities implemented, successes achieved and challenges encountered and plans to mitigate them:

I. Retrospective collection of Cotrim & TB data for Semi Annual Progress Results (SAPR)

USAID during the submission of the last APR identified under-reporting of the TB screening and CPT data due to poor data documentation systems in all MSH Comprehensive sites. The M&E team in response to address this gap developed and deployed an adapted ART register to all the comprehensive sites as we prepared for the SAPR submission in April 2012. The data clerks retrospectively updated all data for these indicators from October 2011 to March 2012. The results from this process saw MSH reporting accurately for the SAPR for “# of patients screened for active TB nursing symptom checklist at enrollment into HIV care and # of individuals receiving CPT” indicators. The TB and CPT registers are the source documents being used to document these data.

II. Supported the National PMTCT/MCNH site integration assessment

Taraba team participated in the National PMTCT/MCNH site integration assessment in MSH-supported sites in the State by working with Consultants to assess each facility activities using both qualitative and quantitative means of data collection. The outcome of the PMTCT/MCNH assessment will ultimately enhance service delivery by identifying gaps and challenges which will inform decision making by policy makers to provide higher standard of care at MSH-supported sites, and increase the knowledge of service providers for efficient and effective service delivery thereby increasing number of pregnant women and infant receiving quality services. If the recommendations and findings of the assessment were not implemented properly, the quality of PMTCT/MCNH service delivery will be affected.

III. Deployment of the LAMIS EMR to SSH Jalingo

With support from SIDHAS team, the LAMIS EMR (Lafiya Management Information System) was successfully deployed to SSH Jalingo. Following the deployment, a training of the relevant data entry clerks, facility staff and MSH M&E team was conducted on the use of the software. This software will be used for patient level data entry for ART program only. Retrospective data entry is already being carried out.

IV. Participated in the USG PEPFAR training on Next Generation Indicator (NGI)

The M&E team participated in the NGI training conducted by MEMS at Makurdi and Abuja from April 19 – 21 where we were taken through all the PEPFAR indicators, new data collection tools and dimensions of DQA. Key points to note from the meeting include:

- Repeat testing should not be counted
- Serology testing should be done between 9 and 12 months as against 18 months
- MARPS includes: CSW, IDU, MSM, Prison and Long distance drivers only
- HIV positive patients who started TB must be placed on drugs for a period of nothing less than a month to be counted as “started TB treatment”
- New age disaggregation for Newly enrolled, Currently on treatment (<1, 1-4, 5-14, & 15 and above). This implies that all our tools should be printed and disaggregated in a way where these age range will be easily extracted.

CHALLENGES

- Unavailability of M&E Tools at the facility e.g. HCT registers, Adult pharmacy order forms for ARVs and care/ARV cards
- Due to increasing workload, ANC/Maternity staff is not documenting activities into the registers.
- Delay in data collection due to logistic challenges in the state Office
- High attrition rate observed amongst records officers and volunteer data clerks in some of the supported facilities.

NEXT QUARTER PLANS

- On-going mentoring of records and facility staff in the CCT and feeder sites to collect correct, timely and accurate data and use analyzed data for decision making
- M & E training to be conducted to enhance staff skills and competences
- Ongoing capacity building for LACA M&E officers and medical records staff especially the HODs.
- Launching of the electronic medical records system-LAMIS at the State Specialist Hospital Jalingo

OPERATIONS RESEARCH (OR)

I. MSH ProACT commissioned a PMTCT study in Kogi and Taraba States with the overall goal of establishing the effectiveness of PMTCT interventions in MSH-supported facilities and with a view of providing evidence-based data critical for improving quality of decision-making, service delivery, policy projections and program evaluation.

Specific objectives were:

1. To estimate the mother-to-child-transmission (MTCT) rate of HIV in MSH-supported PMTCT programs.
2. To explore risk factors associated with mother-to-child-transmission (MTCT) at age of infant testing.
3. To assess HIV-positive pregnant woman's knowledge, experiences and perceptions towards the PMTCT program.
4. To explore challenges faced by health care providers in the delivery of PMTCT services.

Summary of findings of the PMTCT study

- Between October 2009 to February 2012 a total of 171 mother-infant folders from 5 ProACT PMTCT supported facilities in 2 states (Kogi & Taraba States) were reviewed: 63% and 37% from Kogi and Taraba state respectively. The following findings emerged from the study:
 - Uptake of maternal and infant prophylaxis was 78% and 70% respectively. This represents a missed opportunity of 22% and 30% for PMTCT implementation in HIV-positive pregnant women and HIV-exposed infants respectively.
 - More than half (62%) of mothers -infants pairs received a PMTCT intervention; 16% mother only, 8% infant only and 14% neither mother nor infant.
 - Polymerase Chain Reaction (PCR) testing was performed for 67 HIV-exposed infants. Hence, only 39% of the HIV-exposed infants returned for Early Infant Diagnosis (EID). Again, infants that returned for EID did so with months of delay- 26% and 74% tested at 6 weeks and after 6 weeks respectively.

Programmatic Implications of the Study

- Missed opportunities of EID might delay HIV-positive infants from timely treatment and hence detrimental to their survival.
- Months of delay at PCR testing might limit the ability of health care workers in providing post natal services to reduce transmission of HIV.

Limitations of the study

- Determination of HIV-exposed infant's HIV status is key to the evaluation of PMTCT effectiveness. Hence, percentage of HIV-exposed infants who had PCR testing is highly hinged on the estimation of MTCT rate. To avoid overestimation of transmission rate, transmission rate wasn't estimated owing to small sample size of infants who had PCR testing. Thus, objective 1 wasn't answered.
- Incomplete data of key variables owing to poor documentation did not enable us perform appropriate analysis to answer objective 2.

NEXT QUARTER PLANS

As part of MSH ProACT's operations research activities, the following studies will be conducted:

- Predictors of mortality among ART patients in MSH ProACT-supported facilities
- Measuring the success of the LAMIS EMR implementation in SSH, Jalingo
- Comparative analysis of integrated and vertical HIV service delivery models in MSH ProACT-supported facilities

MSH-ProACT Adopts PPP Model to Scale-Up



Nigeria has the highest burden of unmet need amongst HIV-positive women requiring antiretroviral drugs (ARVs) for the Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT) worldwide, contributing about 30% to the global burden. It achieved a national PMTCT coverage of 13% for ARV prophylaxis and 18% HIV Testing and Counseling (HCT) in PMTCT by 2010, according to the Universal Access global report on PMTCT (2011). * Less than 4% of health facilities in Nigeria provide PMTCT services from the National Agency for the Control of AIDS' 2011 report on PMTCT.

To help bridge these gaps in PMTCT, MSH's Prevention Organizational Systems AIDS Care and Treatment (ProACT) Project has adopted a Public Private Partnership (PPP) initiative. This new intervention is being promoted by the President's Emergency Plan for AIDS Relief (PEPFAR), as a collaborative endeavour combining resources from the public and private sectors to accomplish HIV/AIDS prevention, care and treatment goals (PEPFAR funds the ProACT project through the U.S. Government Agency for International Development, USAID).

To this end, a PPP pilot to scale-up PMTCT in Kogi and Kwara States (both in North-Central Nigeria), is being tested to enhance the national response to HIV/AIDS. It involves ProACT, the government of Kogi and Kwara States and three "for-profit" private hospitals. The hospitals are **Epitope Hospital** and **Aishat Memorial Hospital** in the Kwara State Capital, Ilorin, and **Helping Hands Hospital** in Lokoja, the Kogi State Capital. Kogi and Kwara have 44 and 13 PEPFAR/ MSH-supported PMTCT facilities respectively.



Nwokedi Ndulue (standing middle), on an assessment visit to Temitope Hospital, Ilorin, one of the PPP facilities

Reflecting on the significance of the PPP, Dr. Isah Adebayo Raheem, Medical Director

Aishat Memorial Hospital says "a lot of people are poor and can't afford medical services; MSH is making things easier for the poor masses and Nigeria at large. I'm very happy with this partnership as there are no limits As far as you can go, we will follow you."

In this pilot phase, the emphasis is to foster partnerships that support HIV Testing and Counseling (HCT) and PMTCT service delivery with a mindset of broadening the scope of services based on achievement and performance of partner hospitals. PPP is a tool to enhance the global response to HIV/AIDS, and will support the transition to more sustainable country programs.

According to Dr. Nwokedi Ndulue, Deputy Chief of Party, ProACT Project, the choice of Kogi and Kwara was informed by a preliminary assessment in six ProACT States through which “we were able to identify these three for-profit hospitals interested in partnering with us.” “They saw this {HIV Service} as a humanitarian cause – a corporate social responsibility issue, which made it easier to negotiate areas of responsibility and lines of support necessary.”

In its first year of implementation, MSH’s private sector partnerships will expand to include informal private sector partners such as midwife groups and faith/healing homes, to further reach underserved communities. Over the next two years, the MSH-ProACT PPP initiative will develop partnerships that will deliver impact in terms of targets (numbers of people reached) as well as quality and service coverage.

Building Bridges between Donors, Health Service Providers And Communities In Nigeria

Until recently, people living with HIV/AIDS in Isanlu Community in Nigeria's Kogi state, had difficulty accessing health services to manage their illnesses. Today things are very different, and much of that is credited to the persistence and perseverance of one woman, Comfort Omadu Abu.

Mrs. Abu is the program manager for the Kogi State AIDS Control Program. In January 2010, after completing a Leadership Development Program (LDP) facilitated by the USAID and PEPFAR-funded ProACT project, she realized that linking communities desirous of health services with potential service providers was crucial to address gaps in service provision. She therefore took on the personal mission of facilitating meetings and partnerships between such communities and potential service providers, to instigate HIV services in communities of need.

She became increasingly active in this area, and has helped to set up 20 comprehensive HIV treatment centers in each local government in Kogi State. Observing the growing demand for HIV services in Isanlu, Mrs. Abu facilitated increased access to treatment and care services to the community by pushing for the posting of a doctor and other medical personnel to a facility which did not have a doctor prior to her intervention. She also introduced the community leaders to potential donors/service oriented projects, with productive outcomes. In November 2011, all of her hard effort paid off: she witnessed the opening of comprehensive HIV treatment in General Hospital Isanlu, by an NGO, the AIDS Healthcare Foundation. Shortly after this, the hospital added antiretroviral therapy (ART) to the HIV services it provides.

On April 7, 2012, Mrs. Abu was presented with an award of excellence by the Oba (King) of Isanlu, Dr. A.A. Ikuborije, on behalf of the entire Isanlu community, for her invaluable contributions and service to the community. The award presentation was part of a larger event held to commemorate noteworthy achievements by outstanding members of the community. It was witnessed by local government officials and several members of the public.

Mr. Daniel Segun, National President of the Isanlu Progressive Union, noted at the ceremony, "Even though she's not from this area, Mrs. Abu has shown a lot of love for the community by bringing an HIV/AIDS testing and treatment center to this town. In fact this couldn't have come at a better time because HIV is a deadly disease and since the treatment center was set up in Isanlu, a lot of lives have been saved. There was no treatment center like this (previously), with Egbe, an hour drive from Isanlu, being the closest center, and what has been established here is the second largest in the state. Mrs. Abu made sure that such a big project was brought to this society so that many lives can be saved."



Figure 6 Mrs. Abu at the award ceremony hosted by the Isanlu community

Comfort Abu described her commitment this way, “A few years ago, I was told to suggest a site for HIV treatment, immediately General Hospital Isanlu came to my mind, because I know there are lot of people living in the area who are infected and or affected by the HIV/AIDS virus. There is a need for each and every state, community to have access to testing, care and support. We cannot restrict this to any particular place because the virus has no boundary.”