

PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT— ProACT

Quarterly Progress Report, October – December 2010

LMS Nigeria

January 2011

5 key words:

ProACT
Nigeria
Quarterly Report
HIV/AIDS
TB

This report was made possible through support provided by the US Agency for International Development, under the terms of Cooperative Agreement Number GPO-A-00-05-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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Leadership, Management and Sustainability Program, Nigeria

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This publication was produced by Management Sciences for Health for review by the United States Agency for International Development (USAID).

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Photo caption:

Home visit by a community volunteer in Adamawa.

Project Name: Leadership, Management, and Sustainability Project, Nigeria
Prevention organizational systems AIDS Care and Treatment Project
Cooperative Agreement Number: GPO-A-00-05-00024-00
Associate Award Number: 620-A-00-09-00013-00

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

The MSH's LMS Program is a global five-year USAID funded Cooperative Agreement designed to develop leadership and management skills at all levels of health care organizations and programs to effectively address change and improve health outcomes in the areas of family planning, reproductive health, HIV/AIDS, infectious disease and maternal and child health. In Nigeria, the LMS Program implements the Prevention organizational systems AIDS Care and Treatment Project (LMS Pro-ACT) 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 Pro-ACT began operations in August 2009 taking over from the AIDS care and Treatment (ACT) Project that started in October 2007. The Pro-ACT 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, Pro-ACT is decentralized to the government states level and has established offices in each of the 6 states to bring technical support closer to the areas of greatest need.

USAID/Nigeria QUARTERLY REPORT

PROACT Project Quarterly Progress Report October to December 2010

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 groups.2. To increase access to quality HIV/AIDS and TB services, practices, and products in selected states3. To strengthened public, private, and community enabling environments
USAID/Nigeria SO: SO 14
Life of Activity (start and end dates): July 16, 2009 – July 15, 2014
Total Estimated Contract/Agreement Amount: \$59,997,873
Obligations to date: \$20,997,246.99
Current Pipeline Amount: \$6,222,396.17
Accrued Expenditures this Quarter: \$2,967,551.97
Activity Cumulative Accrued Expenditures to Date \$14,774,850.82
Estimated Expenditures Next Quarter: \$3,100,000
Report Submitted by: <u>Paul Waibale, Project Director</u> Submission Date: <u>January 31 2011</u> Name and Title

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ACRONYMS

AB	Abstinence Be Faithful prevention strategy
ACT	AIDS Care and Treatment (MSH Project that preceded ProACT)
ART	Anti-retroviral Therapy
ARVs	Anti-retroviral drugs
CCT	Comprehensive Care and Treatment
CHAI	Clinton HIV/AIDS Initiative
CHAN	Christian Health Association of Nigeria
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
GHAIN	Global HIV/AIDS Initiative Nigeria
GPP	Good Pharmaceutical Practice
HCT	HIV Counseling and Testing
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
IP	Implementing Partner
LGA	Local Government Area
LMS	Leadership, Management, and Sustainability Program of MSH
LTFU	Loss to Follow Up
MARPS	Most At Risk Populations (for HIV)
M&E	Monitoring and Evaluation
MIS	Management Information System
MPP	Minimum Prevention Package (for HIV)
MSH	Management Sciences for Health
NACA	National Agency for Control of AIDS
NASCP	National AIDS and STI Control Program (of the Ministry of Health)
NICAB	Nigeria Indigenous Capacity Building Project
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NGO	Non-Governmental Organization
NTBLCP/NTD	National Tuberculosis and Leprosy Control Program and Neglected Tropical Diseases
OVC	Orphans and Vulnerable Children
OSY	Out of School Youth
PEPFAR	US President's Emergency Plan for AIDS Relief
PEP	Peer Education Plus
PITC	Provider-Initiated Testing and Counseling
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PMT	Patient management Team
ProACT	LMS Prevention organizational systems AIDS Care and Treatment Project
RTKs	Rapid Test Kits (for HIV)
SFH	Society for Family Health
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

INTRODUCTION

Introduction

In this quarter, we present summary data from the project M&E system. Data presented in this section represents MSH ProACT October – December 2010 output, however it excludes Taraba State data due to current strike action by the facility health workers. Taraba State December 2010 data will be reported in January 2011 monthly summary. There was also a reported strike action in Kebbi states from the 2nd week of December to 1st week of January 2011, These strike actions contributed to the decline in last quarter's data. During the quarter October – December 2010, no new sites were activated in any of ProACT focal states, thus far cumulatively we support **56** sites, **25** of which are comprehensive Care and Treatment sites while **31** are feeder sites. The bulk of the feeder sites are in Kogi (**13**) and Niger (**15**).

Of the **56** sites **41(73%)** provide PMTCT services and **22(39%)** sites providing treatment for tuberculosis (TB) to HIV-infected individuals and **23(40%)** sites providing advance Laboratory services. All **56(100%)** facilities provide HIV counseling and testing services

Currently, MSH is strengthening the capacity of **13** CBOs in two states: **8** in Taraba and **5** in Kogi States respectively to provide community home based care, prevention and OVC-related HIV services.

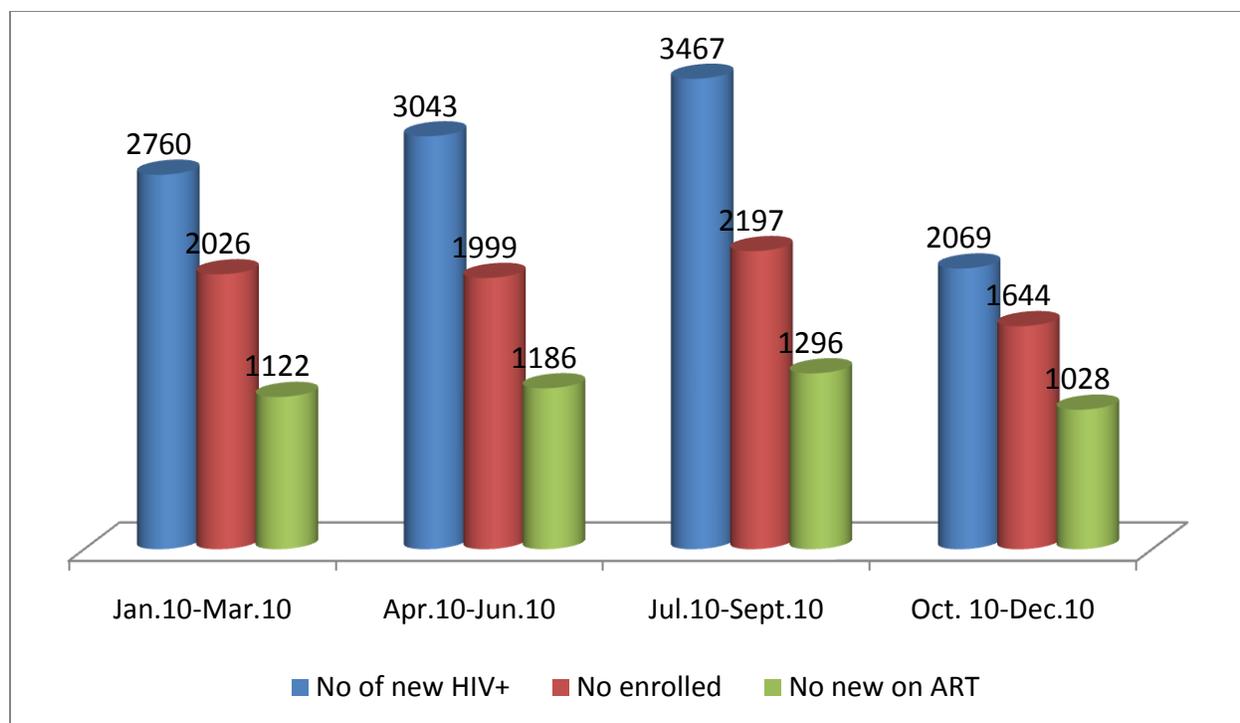
HIV Care and Treatment

Care

In the 56 sites reporting, there were **1,644 (557 Male & 1,087 Female)** new HIV+ patients enrolling in care. ***In comparing achievements with the FY 11 targets 1,644 HIV positive patients who received a minimum of one clinical care represents 11% of the 14,750 far below the 25% cut off for the quarter.***

Treatment

1,028 (346 Male & 682 Female) HIV+ patients newly initiated ART during the quarter, while by the end of December 2010, **7,405** individuals (**67%** women, **33%** men,) (**5%** children & **95%** adults) were currently on ART. ***In comparing the quarter achievement with the FY 11 targets 1,028 HIV+ patients newly initiating ART represents 27% of the 3,795 target above the 25% cut off for the quarter.***



PMTCT

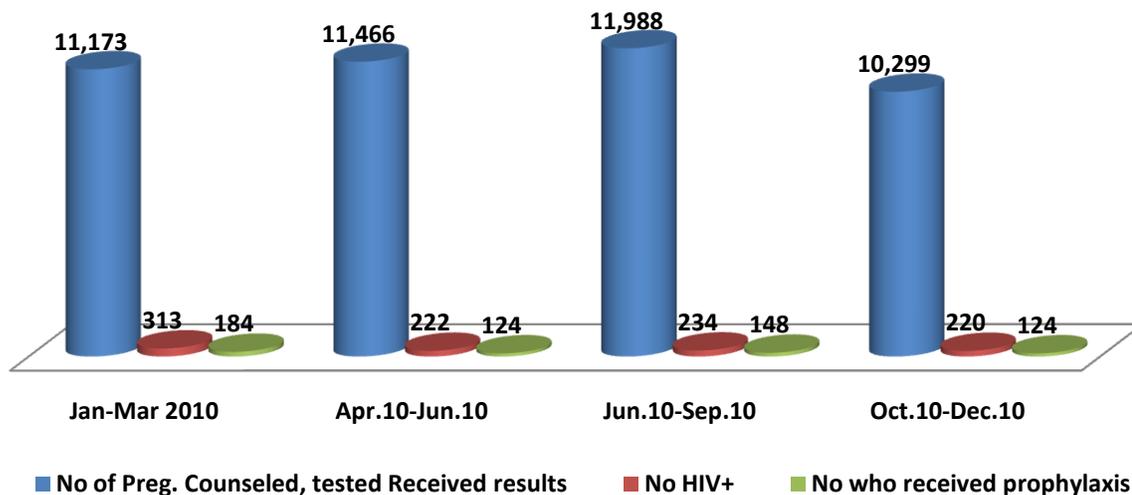
Pregnant Women

During the quarter, **10,299** (**45** Know positives at entry & **10,254** unknown) pregnant women received HIV counseling and testing and received their test results in an MSH-supported PMTCT service site, **220(2%)** of whom tested positive for HIV. Cumulatively by the end of December 2010 **64,288** pregnant women have received HIV testing through MSH-supported PMTCT sites from inception of the MSH's HIV/AIDS care and treatment support. ***In comparing achievement with the FY 11 targets 10,299 pregnant counseled and tested for HIV represents 21% of the 49,001 which is below the 25% cut off for the quarter.*** A total of **124** (representing **56%** of **220** pregnant women who were HIV positive during the quarter) received a complete course of antiretroviral prophylaxis at the ANC and L&D during the quarter. Of the **124** pregnant women who received prophylaxis **22(18%)** received SD-NVP, **38(31%)** received double therapy, **16(13%)** received triple therapy while **48(39%)** were HIV positive pregnant women who were on treatment for their disease. ***In comparing achievement with the FY 11 targets 124 pregnant HIV positive women represents 5% of the 2,450 far below the 25% cut off for the quarter.***

Exposed Infants

During the same period a total of **148** exposed infants were born by HIV positive mothers, with **127(86%)** (**Males 59 & females 68**) of them having their blood samples collected for DBS test. **84(66%)** (**Males 47 & females 37**) of those samples were test for HIV and **14(17%)** (**Males 9 & females 5**) were confirmed HIV. Of the **148** exposed infant born **108(73%)** received prophylaxis, **101(94%)** were SD-NVP+AZT while **7(6%)** received SD-NVP only.

PMTCT Data



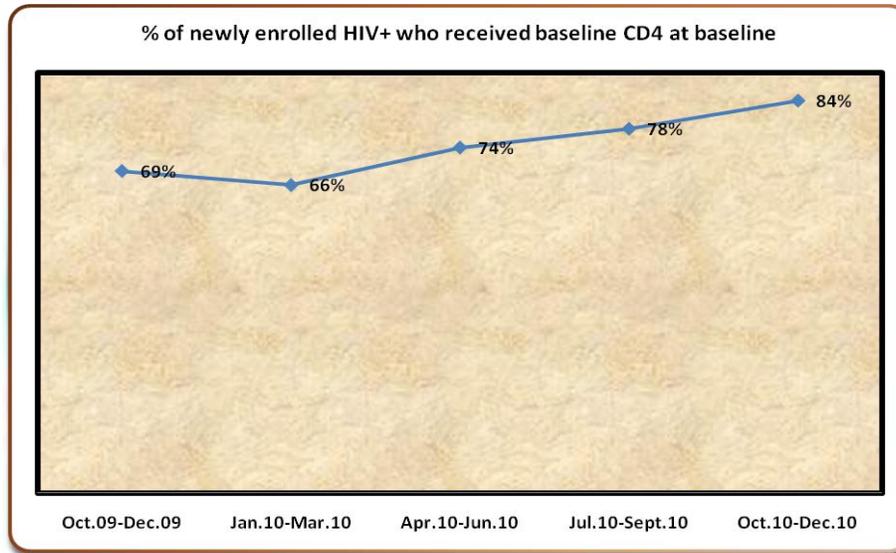
TB/HIV Services

During the quarter of the **1,644** HIV+ enrolled into care **1,290(78%)** were screened for tuberculosis at enrollment into HIV care and treatment at MSH-supported sites. A total of **470(36%)** were suspected to have TB while **74(10%)** patients received treatment for TB representing. *In comparing achievement with the FY 11 targets 1,290 newly enrolled HIV+ screened for TB represents 10% of the 13,275 target far below the 25% cut off for the quarter. In comparing achievement with the FY 11 targets 598 individuals C&T for HIV in a TB setting represents 21% of the 2,832 target far below the 25% cut off for the quarter. In comparing achievement with the FY 11 targets 74 TB patients who started TB treatment represents 8% of the 876 target far below the 25% cut off for the quarter.*

Laboratory

During the quarter of the **1,644** HIV+ adults enrolled into care **1,231(74%)** had a baseline CD4 test done upon enrollment into HIV care and treatment at MSH-supported sites.

Looking retrospectively at the CD4 test uptake, there has been a consistent increase in the % of patients uptake CD4 test, there has been an increase from 69% in the October- December 2009 to 84% in the October – December 2010 quarter, a number of factors could be attributed to this steady rise which will include the data review and guided decision making exercise which took place in March 2010 where data was reviewed in all the states and key indicators were selected and discussed to identify possible reason why there was a gap. Subsequent reviews of these indicators including CD4 uptake have demonstrated a consistent increase in service delivery and uptake.



Community/HIV Services

During the quarter, of the **4,858 (male 1632 & female 3226)** clients received umbrella care. Umbrella Care consists of patients offered Preventive, Clinical and Supportive care services it is a composite indicator which is an aggregate of number of PABAs, OVC enrolled into care and Adults enrolled into care. ***In comparing achievement with the FY 11 targets 4,858 who received umbrella care represents 10% of the 49,001 target far below the 25% cut off for the quarter.***

During the quarter, a total of **448 (234 males and 214 females)** of OVCs were served, out of which **312** were provided with a minimum of **3** OVC- support services(primary direct- support) and **90** were provided with a minimum of **1** OVC- support services(supplementary direct- support).

Prevention

Additionally, 11,349 (representing **35%** of **32,727** FY11 targets) persons were reached on AB-focused HIV prevention interventions and 10,693 MARPS (representing **36%** of **30,000** FY11 targets) using the national MPP strategies during the reporting period.

HEALTH SYSTEMS STRENGTHENING

The ProACT project continues to record remarkable accomplishments nationally across the six focus states using a people centered, integrated approach to strengthening systems. During the quarter under review, ProACT hosted USAID and OGAC TA teams, supported the FMoH in the conduct of the Joint Annual Review (JAR) of the



Figure 1. USAID team chatting with facility staff in Cottage Hospital Song Adamawa

National Strategic Health Development Plan (NSHDP) in Niger state, provided

technical assistance to facility management teams to improve ownership and stewardship of health programs, organized a follow up LDP workshop for state teams drawn from Kogi and Niger States, and participated in the HRH and Results Based (RB) workshop organized by NACA.

I. OGAC Team's Visit to MSH Supported Sites in Niger State

A team from the Office of the Global AIDS Coordinator (OGAC) visited Nigeria to provide technical assistance to the PEPFAR Nigeria team and assess efforts towards government ownership and sustainability of HIV programs in the country. This was a follow up visit to the TA visit of 2008. During the time the team was in country, they held consultative meetings with PEPFAR IPs and government agencies, and conducted site visits to assess program implementation in PEPFAR supported care and treatment sites in the six geo-political zones of the country. In the north central zone, the team visited Rural Hospital Lapai, -ProACT supported hospital. At the Rural Hospital Lapai the team observed HIV patient flow from point of entry to exit. The team also reviewed registers and randomly selected client case folders for review. The USAID team was satisfied with the quality of documentation in the various units visited. Overall, the team was impressed with the quality of care provided at this facility and the integrated approach adopted in the provision of services. The team also met with officials of the Niger State Ministry of Health (SMoH) and was impressed with MSH's level of engagement with the SMoH and

the state's commitment and support towards the successful implementation of the State HIV response.

III. Capacity Building on Results Based Operational Planning and Management

In recognition of the need to improve planning for HIV activities in the states, NACA organized a week-long training on results based operational planning and management in partnership with MSH and the UN agencies. Three zonal TOT workshops on results based operational planning were conducted in November and December in Kaduna for partners from states in the North West zone, and in Minna for partners from states in the North Central zone. Five of the six focus ProACT states participated, and the ProACT project played a lead role in the workshops. One output of these workshops was the grouping of all SACAs into zones for the purpose of conducting a TOT for stakeholders on operational plan development. At the end of the workshops, participants' appreciation and skills in results based management, planning and costing tools was enhanced. Budgets and action plans for developing the states' two year operational plans (2011-2012) were also developed. Synergies with other development partners to maximize impact were strengthened; ProACT will partner with NACA, UNFPA and UNDP in states where both projects overlap to fund and provide technical support for operational plan activities.

III. Ongoing Effort to Improve HRH Deployment in Supported Health Facilities

Effective management of Human Resources for Health (HRH) aims to ensure that the supply, performance and distribution of the health workforce is aligned with the needs and priorities of the health sector. During the quarter under review, ProACT continued to advocate for and facilitate the deployment of health workers to support comprehensive HIV/TB services in supported sites. National youth corps members were posted to supported facilities in Adamawa, Niger and Kebbi by the NYSC program, and a cadre of healthcare workers was posted by SMOH/HMB in Kwara and Taraba.

Table 1. HRH Deployment in ProACT Supported Health Facilities

STATE	DOCTOR	PHARMACIST	NURSES	LABORATORY SCIENTISTS	ALLIED PROFESSIONALS
ADAMAWA	0	2	0	2	2
TARABA	2	0	2	1	4
KWARA	0	1	5	1	0
KEBBI	3	0	1	10	1

NIGER	1	0	0	2	10
TOTAL	6	3	8	16	17

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

MSH ProACT continues its effort of ensuring that supported States and Local Governments mount an effective and coordinated response to HIV//TB, successfully cost operational plans for HIV/AIDS/TB, and link plans to state budget cycles. To this end, ProACT supported Adamawa SACA during the quarter under review to develop and cost its operational plan for 2011 in conjunction with all the major stakeholders. In Kebbi state, the quarterly partners’ forum was successfully hosted by SACA with support from MSH ProACT. Four key partners – MSH, GHAIN, UNFPA, TB/Leprosy – met with SACA to review performance of the forum. The partners reviewed the progress made since the launch of the SSP during the last World AIDS day and the SACA quarterly bulletin which serves as a stewardship account of SACA. Partners raised a key concern which was the irregularity of the meetings. At the end of the meeting partners agreed that meetings should now be held bi annually rather than quarterly to provide sufficient time to implement action plans before the next bulletin meeting.

IV. Joint Technical Supervisory Visit Conducted to MSH Supported Sites in Kwara

As part of the strategic effort to establish a sustainable government owned program, a Joint Supervisory Team Visit was organized with Directors in the Kwara State Ministry of Health and SACA to MSH supported sites in the quarter under review. The exercise was used to identify longstanding challenges affecting the delivery of quality health services in the sites, and to design strategies to address these gaps. The process began with a two day orientation of the Kwara State team on the conduct and expected outputs of the joint supervisory visit. The team then proceeded to sites where they conducted the assessment using a structured supervisory checklist. A key challenge identified during this visit was the paucity of health care workers across all service delivery points. The team then debriefed the commissioner for health on the HRH shortage, who then posted one Pharmacist, one Lab Scientist and two nurses to the General Hospital, Omu Aran. Three nurses were also transferred to the Children’s Specialist Hospital, Ilorin. The only identified HR issue that has not been addressed is of the need for a Pharmacist for SH, Offa and efforts are underway to ensure that this is done.

NEXT QUARTER PLANS

- Support at least 3 project states to develop annual operational plans linked to SSP
- Provide coaching and mentoring to health workers that benefited from Leadership Development training
- Support 3 focus states to convene partners' forum meeting
- Follow up advocacy visit on Adamawa SACA restructuring
- Support NACA's effort in RBM Operational planning for other zones

OVC, COMMUNITY, CARE AND SUPPORT SERVICES

Significant milestones were achieved in the ProACT community HIV Services program during the quarter under review. Key activities conducted during this quarter included; intensive mentoring and supervisory visits to service delivery points, hosting of the USAID technical team in Adamawa and Taraba States, and ensuring that OVC, CHBC and CHCT services were delivered effectively and efficiently. In this quarter, more PLHIVs benefitted from wrap around services leveraged from the community, host government and various stakeholders. These activities have contributed to strengthening the community program towards improving the quality of lives of PLHIV, OVC and PABAs.

I. Ongoing Technical Assistance to Grantee CBOs in Kogi And Taraba States

State technical teams provided a series of technical assistance to grantee CBOs following the first quarter review visits. Gaps identified were developed into action plans and ProACT technical teams paid mentoring visits to offices of the CBOs where hands on training had been delivered. The state technical teams also supported these organizations to effectively document activities that were implemented and facilitated early completions of their requirements, enabling them timely access to quarterly funds. During the quarter under review, there has been a tremendous improvement in the proportion of quarterly activities completed by the CBOs, and improvements in the quality of report writing compared to the last quarter. Below are highlights of achievements of these CBOs across the supported states.

- GLOWHOC – the grantee CBO working in Kabba, Kogi state provided 342 (179 male and 163 female) OVCs with services.
- The CBOs supported by MSH in Jalingo and Gashaka have continued to strengthened the linkages between MSH supported sites and the two host communities. They ensure follow up of clients from the facility to their homes through regular home visits at least 2 times per month, escort services, home based care, and referral services.
- To improve facility community linkages, the CBOs are also actively participating in monthly multidisciplinary team meetings in the supported facilities. During these meetings the CBOs share technical updates of their activities, and are provided with feedback.

II. Quarterly Monitoring Visit to Sub Grantee CBOs Conducted in Kogi And Taraba States

The first quarterly joint technical monitoring and supervisory visit was conducted to ProACT sub grantee CBOs who were awarded small grants to implement and provide critical prevention, community HIV/AIDS and TB services to PLHIVs. The objectives were to review progress, resolve challenges, and share lessons and models for best practices. The 13 selected organizations, (5 in Kogi and 8 in Taraba states) provided at least one or two of the three categories of Prevention, OVC or home based care services in Taraba and Kogi States. The visit was conducted between October and November by a joint team made up of Community, Prevention, M&E and Grants technical leads from MSH Country office and field office teams. Using a structured monitoring tool and checklist, the team assessed progress on implementation. At the end of this exercise the team observed that considerable progress had been made in terms of acceptance of the program by the community; support from traditional and religious leaders in the communities; increased awareness of HIV/AIDS by in and out-of-school youths and other community members. The CBOs have also facilitated the formation of Child Protection Committee and Savings and Loans Associations (SLA) to empower PLHIVs in host communities. Another achievement of note is the award of grants to some grantee CBO partners by other donors as a result of capacity building received on proposal writing. Key challenges identified during the visit included poor documentation and report writing skills, inadequate understanding of the scope of work, and poor project and financial management skills. All of these identified gaps were addressed during the visit. So far, the CBOs have scaled up efforts to meet agreed program targets as well as come through on gaps identified during the joint monitoring visit.

III. Meaningful Involvement and Empowerment of PLHIVs in Focus States

A. In the process of strengthening community participation and ownership, the project is working closely with leadership structures in the community to identify income generating opportunities for PLHIVs in host communities. The focus has been on women, who are the primary care givers in households where both adults are infected. Early results of these efforts have been realized from the communities where we work.

- In Niger State, the World Bank FADAMA III project director for Niger state has mandated all LGA FADAMA officers to draw up the FDAs #100,000 grant (USD) proposals for each group of forty PLHIVs after educating them on how to benefit from the project and the required application process. In a similar vein, ProACT is collaborating with the Niger State Ministry of Gender Affairs and Social development to provide HIV positive women in rural areas the opportunity for free training on income generating activities at the local government level. This activity has commenced in Kagara, Rafi LGA. Also a visit to the LGA skills acquisition centers in Mokwa and New Bussa LGA has generated a collaboration which will enable interested female PLHIVs to learn self help skills such as tailoring, sewing, knitting, mobile catering and soap making at a subsidized rate.
- In Adamawa as part of ongoing efforts to develop the capacity of PLHIVs, three PLHIVs selected from two MSH supported sites participated in a training organized by the state chapter of NEPWAN and Spring of Hope Support Group in Adamawa State. The aim of the training was to build the PLHIVs capacity on how to track exposed infants for DBS and also clients that are lost to follow-up.
- In Kebbi, a CSO working in Jega community with support from USAID project NELA Consortium AIDs Initiative in Nigeria (NECIN), has selected 15 female and 1 male PLHIV to benefit from their soft loans to embark on skills acquisition or small scale income generating activities such as tailoring, rice processing and soap making.
- In Kwara State, 16 PLHIV (15 female and 1 male) benefitted from a USAID supported project called Muslim Sisters Organization (MSO). These individuals were selected, trained and given soft loans ranging from 5-10,000,000 Naira to initiate their proposed self help projects to generate income to support them and their family. In addition members of FOMWAN, and Christian Association of Nigeria (CAN) donated clothes, and food items to the support group in

Offa community. Also the general manager of the state owned Okin radio station supported a PLHIV who needed a blood transfusion with N9,000.00

- In Taraba, Gashaka a total of N50,925.00, five and half bags of maize and a half bag of rice were realized as part of the community support to compliment HIV Care and Support services

IV. Ongoing Technical Support to PLHIV Peer Groups in Host Communities

Peer Support Groups (PSGs) provide an opportunity for PLHIVs to share experiences and develop life skills that can help them live positively. For the ProACT project it provides another opportunity to deliver basic care and support services. PLHIV and PABAs who attend these meetings enjoy several benefits ranging from psychosocial support, education on positive living, and benefits of attending clinic appointments. Over the last year and half, the ProACT project has worked with the membership of these PSGs to establish management and financial structures to guide their operations and to ensure greater ownership and sustainability. The goal is that most of the PSGs transition to community based organizations which are able to attract funding from donors, state government and other partners to enable them to implement community-based interventions that will further mitigate the impact of HIV.

In Kebbi, ongoing efforts made by the State team, to ensure that all newly enrolled clients are followed up and mobilized to attend support group meetings has yielded results with an increase in the attendance of SGMs to **15%** compared with the preceding quarter.

In Kogi, the State team worked to strengthen the organizational structure of the eight SGs through: identification and registration of members, capacity building and mentoring on organizational development, as well as information on available community based resources.

As a result, 4 of the 8 SGs have reorganized their operations to improve their efficiency and

To encourage adherence to clinic visits, support group members in Kogi state have agreed to provide incentives to members who adhere to treatment through their micro-credit schemes. Only those members who keep their clinic appointments and demonstrate a desire to improve their health and wellbeing are able to access additional support.

have strategically mobilized and re-invested profits from IGAs. This has enabled the SGs to increase the number of members who benefit from the micro-credit loan scheme. The Ateko Ojo SG, for example, has achieved a 100% success rate in loan redemption in the past year which demonstrates the group's ability to successfully implement and sustain a microcredit scheme. The group has

similarly set-up a “group-health financing scheme” where a percentage of the profits are pooled with monthly contributions of members to finance user fees in the event of an admission. Since its initiation, 23 members have benefitted.

In Niger State, because of the large number of clients attending support group meetings often from very far distances, a need has been identified to decentralize the larger support groups more than 200 members and establish new ones in identified communities where a substantial number of clients live. This will save them the cost and hazards of travelling long distances to benefit from the activities in the support group meetings. To actualize this, advocacy visits were carried out to state government agencies and community leadership structures. As a result, the Ministry of commerce and cooperatives in Niger state is collaborating with all MSH supported Support Groups to initiate a decentralization process that will split each group into four smaller groups registered to function as a cooperative society with a functional bank account and income generating activities. These groups will be supported to access additional support from other donor agencies that provide grants or funding.

V. Ongoing Strengthening of Referrals to Enhance Community and Facility Linkages

To meet the growing needs of the PLHIVs, the ProACT project promotes efficient referrals, networking and linkages to community based resources. As part of this effort, a referral network meeting was held at Specialist Hospital, Offa and General Hospital Omuaran during the quarter, with the aim of increasing access to quality HIV/AIDS services in the community, tracking referrals and improving the quality of HCT services. Participation at this meeting was drawn from the facility teams and the PHCs that refer clients to these hospitals. The state AIDS Program Coordinator (SAPC) attended the meeting with the aim of addressing some of the challenges identified during visits to PHCs such as the use of expired test kits for HCT and the need to train providers on HCT. The SAPC assured the PHCs that HCT training is among the priority area the ministry will be focusing on, pending the release of funds by the state. In conclusion, the focal persons were reminded to take advantage of the HIV services available at CCT sites in their community and intensify referral activities to enable members of the community benefit from such services.

V. Strengthened Care and Support Services for OVC in Supported States

Cohorts of OVC and their service providers have been mapped across ProACT focus states in order to enhance quality of service delivery and make follow up more effective. In Offa Kwara State, for

instance, each community volunteer is to follow up on 25 OVCs and ensure that services are provided according to their needs. A Kids club meeting was held during the reporting period with support from chief of Lamodi ward who released his compound as a venue for kids' club activities. During this meeting, psychosocial support was provided to all children who attended. Membership of the Kids club is open to all children in the targeted community irrespective of whether they are orphans or vulnerable so as to minimize stigma and discrimination. In Taraba, the Gashaka Charity Foundation (a sub-grantee) facilitated the issuance of birth certificates to 20 OVCs by the National Population Commission (NPC). The child protection committee established by this same organization now meets at regular intervals to address issues of child abuse and collectively work towards ensuring that children are protected and grow in a safe environment. About 20 care givers have been economically empowered and started income generation (IGA) with loans from this association. Other achievements include the acceptance of the management of the General Hospital Gashaka to provide free medical services for all under five children referred by Gashaka charity Foundation.

CHALLENGES

- Inadequate technical knowledge observed among volunteers and other service providers
- Self stigma is still a major issue amongst clients coming to the facility to access medication
- Non disclosure-inability of positive female clients to bring their spouse/partners for HCT or even disclose their own status;
- Inadequate Couples HCT counselors available at CCT sites
- Strike action of health workers in Taraba and Kebbi States

NEXT QUARTER PLANS

- Conduct refresher trainings such as HCT, Couples Counseling and Adherence for service providers
- Improve patient level education using the peer support groups as platforms to reach PLHIV
- Strengthen the delivery of OVC and community HIV services across the six focus states.

GENDER MAINSTREAMING

ProACT project recognizes gender as a critical factor in the transmission, prevention, care and mitigation of HIV/AIDS. Gender differences in society affect communication and decision-making in the home which are necessary for prevention of HIV and STIs. Studies have consistently shown that increasing women's access to employment opportunities, micro-



finance, skills acquisition or small scale income generating activities, can reduce

Figure 2 PLHIV in Niger who initiated her bean-cake business through a soft loan

behaviour that increases their risk to HIV. The income generated can help to alleviate the difficulties they face in their day to day lives. The focus for PROACT's gender mainstreaming efforts this quarter has been to create an enabling environment to foster income generating opportunities for our clients, especially women. The project has also been able to mainstream gender in the areas of stigma, gender based violence, male involvement, addressing vulnerability issues of female out-of-school youth and community systems strengthening.

I.Addressing vulnerability issues of female PLHIV, out-of-school youth and OVC

The project is paying particular attention to the vulnerability issues of female out-of-school youth and OVC. These issues include gender based violence, early teenage pregnancies and access to HIV prevention information and products.

Ongoing HIV prevention messaging and focus group discussions conducted in *Tor-Damisa* community, Taraba State this quarter revealed that whereas in the last quarter April-June there were 8 out of 10 girls (15-24 years) with unplanned pregnancies and at present, 6 months after the intervention commenced, the number of unplanned pregnancies has reduced drastically to 3 out of

10. In addressing the vulnerability of the female OVC, a PROACT grantee CSO in - Charity Foundation has facilitated the revival of OVC committee in the local government council. This committee ensures that rape cases are taken to court and cases are followed to a logical conclusion. The rapist of a 13 year girl was jailed for the offence. Studies have shown that reducing stigma helps to improve the quality of life of PLHIV especially women, helps to increase care-seeking and reduce attendant gender based violence. Couple's



Figure 3 Prevention messaging to teenage mothers in Tor Damisa community Taraba State

HIV counseling has been identified as an avenue to reduce stigma and gender based violence in couples. In Kwara State, as a result of ongoing couples HIV counseling by a trained couples counselor, a couple who were divorced two months ago as a result of the wife's HIV status are now reconciled after a divorce in court, another couple in Specialist Hospital Offa are now reconciled.

II. Strengthening community and facility structures to support male involvement and active female representation in community health

The project has identified that involving the wider community in gender issues is path to influencing gender norms and barriers. The project is utilizing the platform of a quarterly stake holder's forum to discuss gender issues as it affects the communities.

- In addition to updating the community on HIV activities, issues of male involvement in community health, PMTCT activities and HIV activities were extensively discussed at a stakeholder's forum in Offa Kwara State. In attendance were representatives from religious bodies, women groups, health practitioners, uniform service men, media, Oba and chiefs from the different wards. The stakeholders pledged their continuous support for HIV activities in the community.
- In a bid to increase active participation and leadership of women in supported health facilities, there has been a representation of female health workers on committees and as

champions of services. Such representations are in TB in KSSH and Kabba, EID in KSSH, Kabba, Abejukolo & Dekina and Leadership in OPD department of KSSH.

CHALLENGES

- Persistent low male involvement in support group meetings reducing the opportunities for men to receive positive living messages at support groups
- Influences of religion and culture in States like Kebbi and Niger have resulted in most CHBC volunteers being males consequently; reaching to female clients continues to be a challenge.
- Positive women are finding status disclosure and initiating partner testing a challenge. Partner testing is still low in some of supported sites.

NEXT QUARTER PLANS

- The project will strengthen linkages between community groups and CSOs to ensure that all rape victims are referred to supported sites to access post exposure prophylaxis services.
- Strengthen community TB education and screening focusing on women living with HIV/AIDS
- Identify gender champions in project states to facilitate gender mainstreaming in project activities.
- Follow-up on income generating activities for HIV positive women

HIV PREVENTION PROGRAM

INTRODUCTION

As the year drew to a close, target communities were beehive activities to consolidate on the successes recorded earlier in the year. New grounds were also opened to scale up services to more communities. In the quarter under review, target cohorts were reached with HIV Prevention interventions that support behavior change as well as behavior maintenance of positive attitudes as adopted by the beneficiaries. Activities were also focused on community involvement, system strengthening and ownership to ensure quality service delivery across all sites. During the quarter, more schools inaugurated the FLHE Program Management Committee (PMC), an institutional

structure for the smooth implementation of FLHE in schools, this process which early in the year has parents and teachers as members. Quarterly monitoring and supervisory visit was also conducted to CBOs implementing MSH sub grants in Kogi and Taraba states. Also during the quarter, more CBOs were formed by the trained peer educators to increase HIV prevention activities in the communities as well as systems strengthening efforts. MSH also celebrated World AIDS Day, 2010 which was focused at increasing awareness about access and rights. The HIV Prevention team was also provided with ongoing supportive supervision and technical assistance to increase team effectiveness. Details of activities and achievements during the quarter are highlighted below:

I. Increased the Number of Condom Distribution and Services Outlets

In all the sites there was increased demand for condoms services, this is as a result of increased awareness and commitment to behavior change by the target population. Hence, the Prevention team had to network to leverage condoms from SACAs in their states, this is because the program has exhausted condoms in stock and none has been given for the last quarter by the USAID pooled condom being distributed by SFH. However, additional condoms services outlets were established in the quarter (find data with M&E). In a bid to maintain standard at the condom distribution outlets, 'correct and consistent condom use' training emphasizing its effectiveness for dual protection was conducted for the focal persons at the outlets, penile models were also made available as appropriate to all the centers.

II. Inauguration of Institutional Structures for the Implementation Of FLHE in Schools

As part of efforts at strengthening systems through existing structures in the States, more program management committees (PMC) were inaugurated by the schools in all the States. This is to facilitate smooth implementation of Family Life and HIV Education (FLHE) in schools. The committee is being coordinated by the States' Ministry of Education with the Permanent Secretary or his representative as the chair. Members of the committee were drawn from key stakeholders that include policy makers, Principals of schools, FLHE teachers, students, parents representing both the christian and the muslim faith as well as the representative of the traditional ruler as the case maybe. The Committee meets quarterly and is responsible for advocating for an enabling environment and the release of funds for the implementation of FLHE in the State

III. Commemoration of World AIDS Day

Management Sciences for Health joined other organizations, government, non-governmental organizations and corporate bodies to commemorate the 2010 World AIDS Day. The celebration which started in December 1988 is about mobilizing resources, increasing awareness, fighting prejudices and improving education. The 2010 World AIDS Day theme is 'Universal Access and Human Rights'. MSH at the Country office joined NACA and other partners to mark the day at the Eagle's Square,

they had an exhibition stand where HIV related materials were shared to interested members of the public who visited the MSH stand. Staff at the stand also granted Press interview to educate the general public about MSH projects in Nigeria as it is contributing to the national response.



Figure 4 Commemoration of World AIDS Day Minna Niger State

CHALLENGES

- Community penetration and acceptance for MARPs is major challenge particularly in Sharia states of Kebbi and Niger
- Socio-cultural issues continue to pose barriers to effective program implementation
- Unavailability of condoms in project sites

NEXT QUARTER PLANS

- Strengthen support for the implementation of FLHE in schools
- Mapping and Selection of CBOs to implement HIV Interventions in the states
- Training of FLHE Teachers and Peer Educators
- Conduct quarterly monitoring of CBOs
- Provide ongoing supportive supervision and technical assistance to the states' teams
- Establish more condoms distribution and service outlets in underserved areas

SUPPLY CHAIN MANAGEMENT SYSTEM (SCMS)

INTRODUCTION

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

I. Conduct of Logistics Management Information System Training

MSH ProACT and Axios conducted training for 32 new and/or newly posted staff of pharmacy and laboratory units on HIV/AIDS health commodities logistics management from MSH supported facilities in the six states, 10 participants from Niger state, 8 from Kogi state, 5 from Kebbi state, 4 from Adamawa state, 2 from Taraba states and 3 from Kwara state. 2 out of the 8 participants in Niger were from the Central Medical Stores. The workshop was modified to incorporate the challenge model of the MSH Leadership Development Program where participants agreed to work to improve the accuracy of their quantification needs over a period of six months by taking agreed steps which are to be monitored by the HSS/SCMS team.

II. Conduct of Warehouse Management Training and Computerization to Improve Efficiency in Model Warehouse

Axios organized training on the new msupply software with a focus on sustainability and improving warehousing efficiency. Various State governments' staff participated and Niger State MoH was represented by the Manager of the model warehouse at Minna. The software has the capacity to efficiently manage large data, automatic reporting, and reduced turnaround time advantage. Stock position of every warehouse can be seen directly from country office, other states warehouses and

partners have access to the server. Niger state CMS was also provided with two computers, internet modems and other accessories as part of the computerization process.

Entries were made to test run the newly supplied software for inventory management of commodities. Observation shows that the software is a real time on-line software and capable of synchronizing all data nationally to fulfill the yearnings for an improved warehouse management.

III. Ongoing Engagement of Senior Health Managers on Integrated Supply Chain Management System.

Axios held a meeting with Directors of Pharmaceutical services and Heads of Central Medical stores on 7th October, 2010. This meeting was organized to strengthen Axios' collaborative efforts with the States through the integration of the Axios managed commodities logistics activities in the State Ministries of Health owned Medical Stores and to utilize their linkages to the ART facilities: also, in the process, to enhance the states Supply Chain Management System (SCMS) and ensure its sustainability. Participants at the meeting comprised members of Axios senior management team and the Directors of Pharmaceutical Services as well as the heads department of CMS of the nine states that Axios has supported to establish the State Program Depots. Objectives of the meeting were: to provide better understanding of the PEPFAR ART Commodities Management; initiate discussion on the integration of the current Axios managed HIV medicines Commodities Logistics Management into the State Supply Chain Management System; develop an Action Plan and recommendations that will improve efficiency of the SCMS in the States. All participants were actively involved and gained better understanding of the PEPFAR funded projects through the interactive sessions and sharing of best practices amongst each State. Their present challenges and the required technical support in the SCMS were identified and recommendations made. The participants also visited Abuja Central Program Depot located at Utako District Area of Abuja. Highlight of the visit included sharing of experiences and best practices on supply chain management functions.

IV. Integration of Partners' Commodities Logistics into State Supply Chain Systems in Niger State

Advocacy visit was carried out to the Director of Pharmaceutical Services, Ministry of Health, Niger State to discuss modalities of sustainability of efficient warehouse management. The meeting discussed the co-ordination of the activities of the seconded state officers with the warehouse, it was

agreed that, they will be generating monthly reports for all issues and activities in the warehouse which are to be shared with the DPS and AXIOS. The DPS also requested that Axios should share the new software with State for usage in the whole state, as they are recently planning to have central inventory software for state Health Commodities Management. It has been reported that Axios should consider the possibility of getting more M-supply licenses for the state at the State expense for use in the ministry and warehouses in the state.

CHALLENGES

- Inadequate human resources continue to pose a challenge towards efficient service delivery.
- Inadequate infrastructure in most supported sites impacts on the quality of service

NEXT QUARTER PLANS

- Support the Niger state TWG on logistics to implement action plan
- Facilitate the disposal of expired commodities from the supported sites
- Support use of recently deployed inventory management software (msupply) in the model warehouse
- Conduct step down training on Good Pharmacy practice for staff of facilities in five focus states
- Conduct assessment preparatory to implementation of the model Pharmacy concept

CLINICAL SERVICES

Introduction;

The clinical activities this quarter aimed at building on the successes of the previous quarter as well as working to improve on identified challenges. Activities included engaging the Stakeholders in Taraba State to implement the work plan on ART decentralization, integrated ART training to improve the health worker skills in patient care. Other activities centered around improving the quality of care through continuous quality improvement and structured clinical mentorship to facility multi disciplinary teams as well as continuous on site capacity building initiatives to improve PMTCT and pediatric HIV care and treatment services. Detailed activities and achievements during this quarter are highlighted below:

A. Adult ART

I. Engaged SMOH in Taraba in Continuing Support to FMOH on Decentralization of ART Services

Building on the success of the stakeholders meeting and training of PHC staff conducted in the last quarter, towards ART refill decentralization to the PHC, ProACT team has continued its engagement of all stakeholders in Taraba state, namely Taraba SMOH, the Jalingo LGA, the PHCs and their host communities through the state steering committee for ART decentralization so as to fully commence the process in a manner that would ensure ownership and sustainability.

The Taraba SMOH has in this regard, deployed 2 NYSC doctors to cover the 6 identified PHCs penciled for the decentralization. The state government also provided the facilities with some laboratory equipment through its Bureau for Local Government and Chieftaincy Affairs in support of the process, while the Jalingo LGA is making efforts towards fulfilling its pledge to provide work benches and cabinets for the laboratories. The ProACT has on its own part installed air conditioners and supplied refrigerators to the two sites that would pilot the exercise in the state. The project has also started engaging the communities around the PHCs to get their buy-in. Focus Group Discussions (FGD) were held with the communities around Turaki, Sabon gari and Mafindi PHCs. The PHC ward committee at Sabon Gari has committed to fueling of generator sets as well as minor renovations of the PHC through the community funds.

Patients are being assessed and eligible clients are counseled for referrer to PHCs.

II. Conducted Integrated Adult and Pediatric ART Training For Health Workers

With the aim of further building the capacity of health workers to deliver quality services in supported facilities, the project conducted a combined ART training for 39 health care workers including doctors, nurses, pharmacists drawn from facilities across the six MSH supported sites. Participants were trained over a 6-days period from 1st to 6th November 2010 in Abuja.

Training curriculum was adapted from the National training curriculum but tailored to address knowledge gaps in both adult and pediatric HIV and TB care as identified in the program. The training methodology was participatory and included daily didactic lectures, clinical cases discussions, group work and role plays to further buttress the topics discussed. Relevant job aids were used to guide discussions and participants were given practical demonstrations on the use of PMM tools to improve the quality of documentation in the facilities. Topics covered include HIV technical areas in

both adult and pediatric ART, TB/HIV co-management, switch meetings and the use of second line ARVs, PMTCT, treatment of common opportunistic infections, pharmacovigilance and reporting side effects, ART monitoring and client follow-up (with emphasis on retention in care and LTFU), STIs management and adherence counseling. A session was dedicated to address new WHO advice HIV management.

A modified leadership development program (LDP) component was introduced with the aim of imbuing visionary leadership qualities amongst the health workers, so as to empower the participants with skills to become change agents in their facilities. At the end of the training Participants identified goals and SMART objectives aimed at finding sustainable intervention to some of the challenges observed in service delivery, such as quality of care, loss to follow-up, infrastructural issues, ownership and sustainability. on ART initiation on the last day of the training. The modified leadership development program which was taken at the end of the training allowed participants to identify challenges and developed plans to address their chosen areas in their facilities. The project would follow up with the trained staff in their facilities to support them in finding lasting solutions to the identified challenges over the next 6 months.

III. Pharmacovigilance Reporting Initiative Strengthened in Supported Facilities

i. Strengthening of the Pharmaco-vigilance initiative

The incidence of reported adverse drug reactions is low across treatment programs within the country. ProACT has consistently built the capacity of providers within partner facilities to identify, intervene and report all adverse drug reactions appropriately using the NAFDAC ADR form. During the period in review, 4 cases of ADRs were reported. 3 of these were Zidovudine associated anemia. The patients were properly evaluated and the offending drug was substituted. The fourth case was a case of Zidovudine associated hyperpigmentation of the nails for which the patient was counseled and reassured.

IV. Conducted Joint Supervisory Visits in Kwara

In its efforts towards delivering quality ART services and ensuring ownership and sustainability, the ProACT and the SMOH in Kwara conducted a joint supervisory visit to all the three supported comprehensive sites in the state. This was the first of such supervisory visit in the state. The supervisory team afterwards submitted a report to the commissioner for health so as to develop

strategies to resolve issues observed during the visit. The visit also served as a motivation for the health workers to continue supporting HIV services.

V. USAID/OGAC Team Monitoring Visit to Taraba And Adamawa

A team of USG technical staff visited Adamawa and Taraba states to audit the work of the project in the states. Courtesy visit was paid to SMOH officials, community leaders, comprehensive ART centers as well as PHCs penciled for decentralization of services in Jalingo. The team used the opportunity to identify gaps and make suggestions for improvement to the project. They also used the urged the project to work with other organizations and share with them best practices. The team especially used the forum to urge the project to share with other organizations some areas they have succeeded such as collaboration with the state government, the state TB and TB/HIV program in Adamawa and the task shifting of ART services at MSH supported facilities. The project also participated in the USG TA visit with some of its facilities visited in Niger state. The team made recommendations for the country based on the observations made across the country and in line with PEPFAR II focus

VI. Integrated Curriculum development for ART training;

In its bit to ensure capacity building is performance based and meet the needs of the health care providers, ProACT is reviewing the various training curriculum and would tailor it in a way to ensure each health care worker has set of skills adequate to provide continuum of care to PLAs. In this regards an integrated curriculum is been developed to provide skill sets for example PMTCT, infant feeding counseling training EID will be integrated as a skill set and thought in a training.

CHALLENGES

- Human resource gap continue to affect the quality of services delivered across supported sites. This was exacerbated by industrial action in certain states in the last quarter

NEXT QUARTER PLANS

- Follow up with the facilities on progress made on developed plans to tackle challenges in their various facilities based on the modified LDP
- Continuous advocacy to state government to address human resource gaps

- Conduct stakeholders meeting with facility staff from across the states on identifying and addressing challenges
- Conduct Clinical Quality in all supported facilities

B. TB/HIV MANAGEMENT

I. Participation at state TB/HIV TWG Meeting

The ProACT has continued to support and participate at the state TB/HIV TWG meetings during the quarter. The last meeting for the year in Adamawa which was held on the 15th of December 2010 where the partners reviewed the 2010 joint work plan, developed 2011 joint work plan and concluded plans for 2011 world TB day. The forum was also used to discuss extensively on decentralization of ART services as a strategy to improve TB/HIV collaboration in the state.

TB infection control received a boost in the state with four out of the five comprehensive sites now having functional infection control committees, the latest being Cottage Hospital Song which came on board during the current quarter.

II. NEW TB/DOTS UNIT INTEGRATED WITH GOPD AT KSSH

In our bid to ensure infection control the MSH team had several advocacy visits, to the KSSH hospital management team to create a space which ensures infection control but also promote integration of service, this finally resulted in provision of space with better ventilation and privacy for TB/DOTS and HCT in the OPD. This would consequently improve the overall quality of service as well as strengthen linkages between TB and ART units in the facility.



Figure 5 View of TB/HCT unit in KSSH OPD courtyard

With support from MSH, a new DOTS focal person was posted to CH Fufore during the quarter.

CHALLENGES

- Recurrent industrial actions across the states which is affecting TB case management

- TB/HIV case detection still remains low despite improvement in routine screening of HIV clients

NEXT QUARTER PLANS

- Follow up with the Adamawa state TB program to review the progress made by the state wide HCT training of DOTS officers conducted by MSH at six months
- Intensify mentoring of health workers, volunteers and counselors on clinical screening to improve TB case detection amongst HIV positive clients.
- Set up TB Infection Control Committees with work plans and time-bound goals to track their outputs

C. PEDIATRIC CARE AND TREATMENT SERVICES

I. Collaboration with CHAI and FHI for installation of short message service printer for EID services

Long turnaround time which had hitherto continued to negatively affect the success for EID services, is finally receiving serious attention. In the quarter under review a short message service (SMS) printer for printing DBS result was installed at General Hospital Michika by Clinton foundation in collaboration with FHI and MSH for prompt report transportation for the EID program for the north east zone of the country. DBS results are now sent via SMS from the EID laboratory at Jalingo to the laboratory at Michika where the results are printed out for use. These printers when fully installed in all the facilities will greatly improve the quality of EID services by reducing loss to follow up as a result of delay in getting results. This coupled with good logistics support been strengthened and proper patient education and follow up will greatly improve EID services across the country

II. Increasing pediatrics uptake; Ongoing Pediatric Targeted Chart Reviews To Improve Pediatric ART Enrolment

Efforts towards increasing pediatric uptake continued this quarter in Kogi state.

In a pediatric focused chart review, a total of 30 enrolled pediatric clients were identified and tracked for reassessment 20 were located out of which 3 have been commenced on ART after reevaluation while four awaits CD4 assessment.

III. Capacity Building in pediatric ART services

As part of an integrated ART training, thirty nine health workers were trained from across the six states in pediatrics HIV care. The training centered on basic relevant topics such as overview of pediatric HIV, pediatric clinical staging, Care of HIV exposed Infant including DBS & CPT, Exposed Infant Feeding & Growth Monitoring, Pediatric ART, Drugs toxicities in children as well as adherence in pediatrics. Brainstorming sessions on challenges of pediatric uptake referral and follow-up were also discussed and participants set strategies to improve on this challenge.

CHALLENGES

- Inadequate skills for proper clinical evaluation of HIV infected children and exposed infants
- Turnaround time for EID results still affects the early initiation of eligible pediatric clients on treatment in facilities
- Frequent transfer out of trained staff and posting of clinicians with inadequate skills and capacity to provide pediatrics HIV

NEXT QUARTER PLANS

- Continue to build the capacity of clinicians in the area of pediatric HIV care and treatment through ongoing mentoring and supportive supervision
- Collaborate with Clinton Foundation to maximize the utilization of the SMS printers

D. PMTCT

I. Strengthened systems to reach all pregnant women with PMTCT

To ensure all positive pregnant women are not missed during ANC clinic mentoring sessions were conducted at our facility on strengthening the counseling skills of health workers to support pregnant women to disclose status and retest after previous pregnancy. This has led to increased uptake of ANC services recorded in most state. An example can be seen in a facility in Tunga Magajiya. Niger state where average attendance for last quarter was 49 but at the start of this quarter, 79 was recorded which increased to 100 as at the last month. ARV uptake which has been a major challenge is also experiencing slight increase. Efforts are also being made to get drug information for positive clients from the pharmacy.

II. Participation at National PMTCT Guidelines Review

ProACT continued to participate and support FMOH at national level meetings. The project participated at the national PMTCT guideline review meeting organized by the HIV/AIDS division during the quarter under review. Participants were drawn from FMOH, USG IPs, academia and other stakeholders involved in PMTCT service delivery in the country. The new national guideline is targeted to conform to the new WHO recommendations on initiating prophylaxis earlier in pregnancy, extending the duration of prophylaxis for the mother/child during breast feeding, as well as CD4 cut off for ART initiation.

III. Participation in USG PMTCT TA visit

ProACT participated in series of meetings and briefings following the visit of the USG PMTCT TA team which focuses on standardizing care across USG sites as well as increasing access to PMTCT. Strategy is to saturate the Local government areas using the Lead IP concepts. Different partners were identified as lead IPs to provide leadership in different states to work with the state government and other partners to achieve the desired results. ProACT is going to be the lead IP in five of the six states it is currently working. The process is still evolving though and partners will continue to receive guidance and learn through the process.

CHALLENGES

- None evaluation of some pregnant clients still exists in some facilities
- Missed opportunities as some HIV positive clients default
- Socio-cultural issues still impact negatively on access and retention

NEXT QUARTER PLANS

- Regional training across sites to build capacity of health care workers in integrated care for a pregnant positive woman
- Review the quality of counseling and uptake of prophylaxis among pregnant women and design ways to improve it
- Prioritize PMTCT issues in the upcoming stakeholders meeting with facility staff

- Continue to strengthen the capacity of facility staff on clinical evaluation and ensure all women get prophylaxis

Strengthen skills and knowledge of staff in line with new national PMTCT guidelines.

CHALLENGES

1. The high level of stigma has led to decline in testing of unbooked cases at the Labour ward.
2. PMTCT TWG could not meet during the quarter in some states due to lack of fund. The MDG office had not responded to their request.
3. Yet to adopt the new PMTCT guideline leading to conflicting information to clients and Health workers who visit other sites.
4. There is still the challenge of poor documentation in some of the PMTCT registers.

NEXT QUARTER PLANS

1. Plan an advocacy visit to the MDG office to solicit for the release of funds for the state TWG.
2. Plans are on the way to adopt the new guidelines. A letter has been sent to NASCAP to release a communiqué to that effect while costing for the change is already going on for the ARVs.
3. Hands on mentoring of facility staff on proper documentation

CONTINUOUS QUALITY IMPROVEMENT

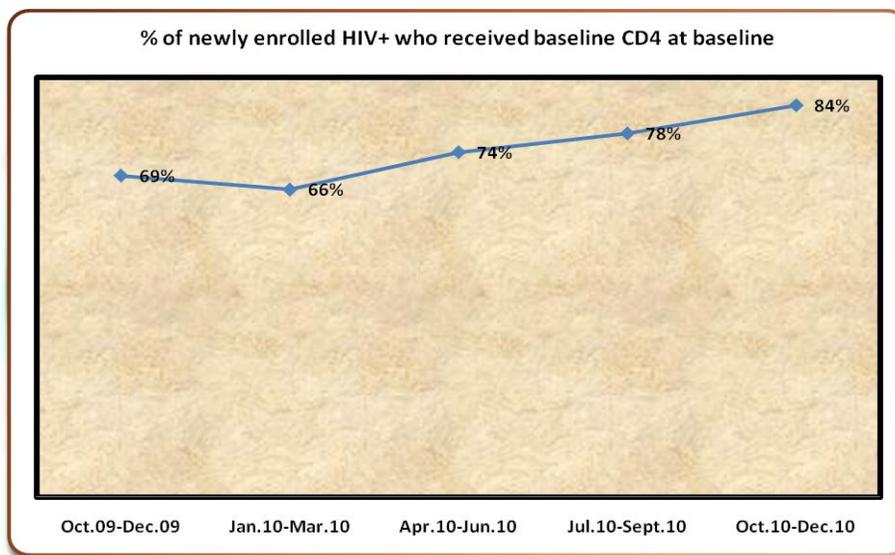
MSH ProACT is committed to delivering quality services. During the preceding quarter specific efforts were made to improve the quality of care being offered at ProACT supported facilities. Two key areas that were monitored during the quarter were:

I. Use of the TB symptom checklist as a tool for increased Tuberculosis case finding;

Multidisciplinary quality improvement teams at site level agreed on specific improvements and identified specific service points where the checklist could be administered. Mentoring sessions were held to train junior cadre staff (task shifting) on how to effectively complete the checklist and this has subsequently been monitored closely.

II. Increasing percentage of Baseline CD4:

A consistent increase has been observed in percentage of clients getting baseline CD4 due to the following interventions. Escort services were instituted in collaboration with facility team to ensure that newly diagnosed patients were accompanied to the records unit for enrolment and to the lab for CD4 sample collection. Other strategies instituted included the use of CD4 calendars and appointment registers to track patients CD4 due dates, task shifting such that nurses are able to fill CD4 laboratory request forms. The diagram below shows overall program achievements and also achievement from two states



Below is a table to highlight achievement in two states.

State	Indicator	Q2 (April - June)	Q3 (July - Sept)	Q4 (Oct - Dec)
TARABA	% enrolled who had baseline CD4	-	80%	98%
	% who had Clinical TB screening done at enrollment	-	77%	93%
KEBBI	% enrolled who had baseline CD4	93%	98%	100%
	% who had Clinical TB screening done at enrollment	61%	75%	95%
	% who had repeat CD4 done at 6 months	84%	-	90%
	% with follow up clinical TB screening done	52%	-	70%

Challenges:

- a) Most facilities are yet to have functional quality improvement teams in place

Next Quarter Plans

- a) Constitute quality improvement teams in selected facilities
- b) Conduct quality improvement exercise in selected MSH facilities
- c) Build the capacity of the quality improvement teams at facility level to institute and monitor CQI projects of their own.

LABORATORY SERVICES

Introduction

ProACT Laboratory program focus had been the improvement of quality management systems across the laboratory networks with emphasis on harmonization of reporting systems, improving biosafety practices, assessment of public Medical Laboratories in three States of Niger, Taraba and Kwara States. Other activities held across the States from capacity development to laboratory logistics systems. In the quarter under review, attention will focus on review of cost implications for equipment repairs, integration of HIV/AIDS services into mainstream laboratory services, and identifying needs for procurement. Achievements and Successes during the quarter under review are highlighted below:

1. Collaboration with SMoH/HMB & IPs towards registration and accreditation of Laboratories:

Further to a consensus building meeting with key stakeholders, the State Laboratory Quality Management Task Team was established in Niger with terms of reference provided in the 3rd quarter 2010. Consequently, with the focus to improve accuracy and reliable laboratory results and ensure a coordinated good clinical laboratory practice, ProACT in collaboration with the Government of Niger State carried out a state-wide assessment of Medical Laboratories to identify gaps using the WHO/Afro Laboratory Systems Strengthening checklist level II. A total of 18 hospitals (General and Rural) in Niger state, and 3 sites in Kwara were assessed using the tool. The objective of the assessment was to identify gaps in systems and services and to institute through

the State quality management systems in the laboratories as a platform for quality sustainable systems and services that meet high standards for registration and accreditation.

As part of its drive towards program sustainability and ownership, ProACT through engagement with the Government, the Niger SMOH/HSMB provided accommodation for all assessors for the three zones and for the two weeks the assessment lasted as part of **cost-share**. Report of the said assessment had been formally received. To support this effort, ProACT will engage a consultant to commence analysis of the assessment report working closely with the Niger State Ministry of health through the SLQMTT.

A. Strengthening TB Microscopy Services In The Facilities

Access to TB microscopy services was improved in Kwara State with relocation of the TB laboratory from the general laboratory to a more accessible place with minor refurbishment. This effort will also improve TB infection control. In the period under review, a re-evaluation of TB Laboratory services was conducted in three selected sites in Kogi State. Critical among the gaps observed are, infrequent quality control, poor quality staining and microscopy techniques. ProACT will work with SMOH and Laboratory network in selected States to evolve Quality Plan for the State Laboratories for general lab services.

B. Strengthening Partnerships for Improved Waste management and Injection Safety Practices

The risks of improper biomedical waste disposal within the hospital in particular and the community at large came into focus in the quarter under review. To address the wanton disposal of biomedical waste at unapproved sites, ProACT Lab team in partnership with the USAID/AIDSTAR-One project built capacity of healthcare workers and healthcare waste handlers across 13 MSH supported sites in 4 out of the 6 States. Through this partnership, AIDSTAR – One project distributed the following items to support an improved injection safety and waste management program. Incinerators/incinerating points have been identified across the six States while waste management teams established through this effort to manage waste minimization, generation, segregation, handling and disposal. This will further improve and meet environmental safety requirements.

Table. Showing Quantities of Support received from AIDSTAR-One Project to MSH

s/n	Item	Quantity
1	3 ml Vanish point (ctns)	50
2	5 ml Vanish points (ctns)	50
3	Safety boxes (pcs)	2,500
4	Elbow length gloves	10 pairs
5	Protective Booths	10 pairs
6	Nose masks	10
7	Aprons	10

In Cottage Hospital Song, a memo has been sent to the Hospital Services Management Board to facilitate the installation of an incinerator while the hospital Management has commenced the cleanup of the current dump and provided metal drum to collect waste pending the provision of an incinerator.

C. Reduced Turn-around time for Early Infant Diagnosis results through the Installation of SMS Printer

FMOH/CHAI collaboration marked yet another significant milestone in reducing turn-around-time (TAT) for EID results with the installation of pilot SMS printer facility at the Michika General Hospital. With this in place, results for EID are transmitted from the PCR Laboratory at Federal Medical Centre Jalingo thus eliminating the time taken to await result delivery by road with improved service delivery as early intervention is initiated for exposed babies.

D. Decentralization and Support to Improve Capacities for Primary Care at the PHCs

Founded on the FMOH plan towards decentralization of services to primary health centers, 6 PHCs within Jalingo, Taraba State were identified for a pilot. In modeling this level of care, MSH has supported the State Ministry of Health to access resources from the Millennium Development Goals project at the State in the procurement and delivery of Laboratory Equipment/commodities to the Primary health care Centers. While MSH will support minimal

upgrade of furniture in the Laboratories, the State Ministry of Health procured the following laboratory equipments as part of cost-share

Table. Showing Lab Equipment procured under Cost-share in support of the Planned Decentralization of Services in Taraba State

s/n	Items	Quantity
1	Binocular light microscopes	6
2	Bucket centrifuges	6
3	Micro-hematocrit Centrifuges + Readers	6
4	200ml Measuring cylinder	6
5	500ml Beakers	6
6	Refrigerators	6
7	Test tube racks	6
8	Microscope Slides	6 packs of 100
9	ESR Stand and Tubes	6

E. Reducing Equipment Down-time through Staff Capacity Strengthening.

As a follow-up to the training the trainers workshop on BD FACSCount system in Lagos, various update sessions focusing on equipment maintenance were conducted by the Lab Systems Specialists in their respective States. This reduced downtimes in BD FACS Count Machine in the quarter under review. Similarly, newly employed staff, volunteers and Corp members were provided



hands-on demonstration of automation systems to support service delivery.

F. **Joint Supervisory Visits with SMOH Kogi State and OGAC TA Visit to Niger**

The Office of the Global AIDS Coordinator (OGAC) TA visit to ProACT supported sites in Niger took place within the quarter under review. Rural hospital Lapai was visited and they successfully displayed mastery of the HIV program in their hospital. They took the visitors through the patient flow and the sample logging process. The OGAC visitors made a number of suggestions on the type of low cost machines that could be provided for RH Lapai including manual estimation methods.

CHALLENGES

Critical among the challenges faced in the quarter under review include but not limited to

- **High Equipment Down-time:** The number of facilities logging specimen across the states are on the increase more than ever before. This is because of the high down-time without a concomitant repair of faulty equipment. In particular, there are 4 Reflotron Plus clinical chemistry analyzers which have not been repaired. This has put tremendous pressure on existing ones with a risk of possible breakdown due to overload. Staff of facilities with functional analyzers have had to contend with high workload as a result of this development.
- **Way forward:** Program has identified an alternative company to provide preventive maintenance service for this platform.

NEXT QUARTER PLANS

- Engagement of consultant to support Niger SMOH with the analysis of the gap assessment
- Identify urgent laboratory needs that require immediate procurement
- Convene a small group discussion to articulate best approaches to carry out integration
- Review proposed agreement for the provision of Preventive maintenance services for Reflotron and QBC.

MONITORING AND EVALUATION

INTRODUCTION

This quarter the M&E unit embarked on activities that will further strengthen the Health Management Information Systems of the facilities we support and the program as a whole. Activities were geared towards identifying gaps, developing frameworks for addressing the gaps and further strengthening the results drive. These activities will ensure that the project continuously builds capacity and systems that will support improved decision making from data generated as well as guiding the measurement of program performance and developing a responsive health system that meets the needs of our target population. Details of key achievements during the quarter under review are highlighted below:

I. Built the Capacity of Records Staff to Collect Data and Use Information for Program Improvement

Despite inherent challenges in the facilities that impede achieving this task we were able to make notable strides this last quarter. Currently, we built capacity on improving understanding of both GON and PEPFAR indicators and how to report accurately, emphasis was also placed on using data for decision making to improve service delivery, clinical care and program improvement.

We believe that these skills when fully strengthened will not only strengthen data management skills of the medical records staff but also place MSH on the center stage as the lead on developing and improving facility Health Management Information Systems in Nigeria.

II. CBOs Data Quality Audit Meeting Held in Kogi State

The ProACT project currently supports six CBOs through the small grants program to provide OVC, Home Based Care and Prevention services in target communities in Kogi and Taraba States. To ensure the delivery of quality services and data reported, the Kogi team held a meeting with the sub grantee CBOs. The main objective was to provide hands on training on data documentation and



Figure 6 M&E Technical support to sub-grantee CBOs

extraction using a simple excel spread sheet as well as how data can be used to identify challenges, plan for subsequent project activities and improve decision making. Additional tools were deployed, to enable them support their work while identified issues were communicated to CBOs concerned as well as next steps that needed their attention. In driving sustainability and ownership approaches, teachers/peer educators were involved in this exercise to ensure they understood how to extract accurate data from the primary source documents. This activity will be ongoing and the project will ensure that the CBOs will conduct regular mentoring and monitoring visits to project sites such as target communities and schools. The key learning from the CBOs data verification exercise showed that the CBOs can deliver quality services if properly mentored. The project plans to sustain this effort and ensure quality service delivery by the sub grantee CBOs.

III. Planned Deployment of Electronic Medical Records in SSH, Jalingo

During the quarter under review the project continued in its efforts to jump start and initiate the Electronic Medical Records System in the SSH Jalingo. To move this process forward, a joint meeting of MSH ProACT and FHI/GHAIN was held in December, 2010. Key issues discussed amongst others was how to jointly work together to deploy and operationalize the LAMIS. At the end of the meeting the following next steps were agreed upon; MSH Project Director to formally request for technical assistance in the deployment of LAMIS by GHAIN in SSH Jalingo; an implementation plan to be developed detailing timelines and key responsible persons as well as each partners role. The ProACT team will be working to follow up on the agreed action points.

IV. Conducted Second Data Quality Audit Exercise in Supported Sites

The ProACT M&E unit conducted a second Data Quality Audit in November 2010 across the 25 supported care and treatment sites in the six focus states of Adamawa, Taraba, Kebbi, Kwara, Kogi and Niger. This activity was a follow up to the initial DQA conducted in May 2010. DQA 1 served as a baseline where key facility M&E challenges were identified while DQA II was conducted to assess if identified gaps from DQA 1 had improved as well as gauge the capacity of the facility staff on data documentation, reporting and use for decision making. Each state M&E lead was assigned to work in a different state. Key areas of concentration using the national DQA tool were: Data Availability - Identifying gaps in data from the documentation tools; Data Consistency - Identifying gaps in the transfer of data from the national PPM forms to Registers; Data Validity - Identifying gaps in the collection and reporting of data by service providers into summary forms used for reporting data from facility to LACA, SACA and IPs; Quality Issues - Identifying gaps in the

facility's patient flow and services provided at the various points of care. To further strengthen the process another tool that assessed M&E systems was developed and used to identify gaps with the M&E systems in SACA and facilities.

The DQA II results demonstrated an improvement in 3 of the 4 data element assessed when compared with the last DQA exercise. The score rate for data consistency improved from 63% to 65%, data validity from 39% to 58% and M&E systems from 69% to 76%, and it was observed that data availability remained the same at 59% when compared with the last DQA. The average overall score rate improved from 58% in DQAI to 67% in DQA II. While 4 of the 6 (Niger, Adamawa, Taraba, Kebbi) states demonstrated varied improvements, one state (Kwara) remained the same while a drop was observed in Kogi from 79% to 60% across the 4 data elements. In preparing for the next DQA, a number of steps will be taken to minimize bias which was one of the identified challenges. To this end, consultants will be engaged to conduct the next DQA exercise for all facilities.

V. Participation in the development of M&E Plan in Niger State

Strengthening NGSACA's M&E systems is one of the key elements in addressing the HIV challenge in Niger state. Last quarter the M&E Specialist participated in the development of a State M&E plan for NGSACA in Kaduna placing Niger as one of the states adhering to the Three Ones by having an M&E plan that will align NGSACA's activities to the national response.

IV. Supported the Initiation of the State Monthly M&E Meeting in Adamawa

During the quarter, the monthly M&E meetings were initiated in Adamawa state. Two MSH supported sites Cottage Hospital Fufure and General Hospital Michika were amongst the facilities that attended with Cottage Hospital Song joining later in the quarter. The aims of these meetings were: to strengthen and improve data sharing amongst implementing partners in Adamawa state- to be coordinated by the Adamawa State HIV/AIDS coordinating Agency (SACA), it will also provide a platform where facility specific challenges can be discussed and addressed within the participants of the meetings, others issues include guiding discussions that will strengthen linkages between the clinicians, pharmacy, TB/DOts, all testing points in the health facilities. MSH will continually provide support to this process ensuring that the state SACA has the capacity and is well placed to coordinate HIV activities.

CHALLENGES

The Challenges identified in the last quarter still applies this quarter with challenges emerging both from the government and the program itself. The new challenges presenting includes

Poor Data documentation that necessitates the need for a refresher training for Data Clerks

It has been observed that data documentation has been affected by the frequent replacement of data clerks in our supported facilities it has become important to conduct another refresher M&E training to strengthen data documentation. It may also be important to extend the training to other facility staff in the facilities

Kogi State SACA not able to conduct monthly M&E review Meetings

At the moment KOSACA is not able to conduct routine monthly M&E meetings which serve as an avenue for compiling and reviewing monthly facility data, and also to share ideas and best practices. This challenge has been attributed to poor funding for this activity from the State SACA Offices.

Non Responsive Attitude of SACA

In supporting the SACA and facility M&E teams, it has been observed that there still persist a non responsive attitude toward MSH support thus de motivating the M&E Specialists in providing technical support. The M&E Unit will liaise with the HSS Team and develop strategies to address this challenge

Inadequate staffing in some of the facilities

In some MSH supported facilities staffing is still a challenge in achieving accurate data documentation; this has a significant effect on the quality of data reported and the decisions that could be made from the data. The M&E Unit will liaise with the HSS Team and develop strategies to address this challenge.

NEXT QUARTER PLANS

3rd Data Quality Audit

The next Data Quality Audit will be taking place from the 23rd – 27th of May 2011, 6 months after the last DQA conducted in November 2010. The next DQA will help the M&E Team identify the level of attainment in addressing the gaps identified in DQA II. In preparing for this DQA a list of consultants will be selected ahead of the program and ensuring that they can perform such a task based on skills and experience.

Full Deployment of the Electronic Medical Records at SSH Jalingo

In concluding the deployment of the EMR, the M&E Advisor will ensure that computers will be purchased, deployed and installed with the LAMIS by April 2011. This system will provide MSH the opportunity to have more in-depth use of patient management data to improve quality and patient care.

Routine drive to use data for Decision making within the facilities

The M&E Specialists will continue to ensure that the use of data for decision making becomes an established practice within their respective CCT sites. We began the process during the 6 months review and hope to continue this during the coming months. The M&E Unit will build on the M&E training ensuring that the facility staff translates theory into practice and ensuring that this process becomes routine.

More M&E Support to Community Based Organizations

The M&E Specialists in the CBO states will continue to provide support to the CBO and ensure that they have an improved M&E systems that will documents and report accurate and reliable data to the MSH state and country office. This process will help improve the capacity of the CBOs to document and report data and also to ensure that the data is of good quality to enable MSH report to our funders USAID.

Conduct semi-annual assessments of CSO program and systems performance against targets and support quality improvements

A review of all supported CBO's activities, achievements, etc from inception up to end of March 2011 will be made, to ascertain their contributions to the MSH target's accomplishments, this will guide target setting based on the recent USAID review of our targets.

Decentralize 1 CCT site in 2 states

We would work with the Clinical Team to actualize the decentralization process in Jalingo.

Table of Key Indicators against Targets for data October - December 2010

	Indicators	FY10 Oct. 10 – Dec. 10	Annual Target	% of Target Achieved >25% is good
	<i><u>PMTCT</u></i>			
1	<i><u>Indicator #P1.1.D:</u></i> Output: Number of pregnant women with <u>known HIV status</u> (includes women who were tested for HIV and received their results)	10,299	49,007	21%

	Indicators	FY10 Oct. 10 – Dec. 10	Annual Target	% of Target Achieved >25% is good
3	<u>Indicator #P1.2.D:</u> Output: Number of HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission	124	2,450	5%
4	<u>Indicator # P6.1D:</u> Number of persons provided with post-exposure prophylaxis (PEP)	2	297	1%
5	<u>Indicator #1.2.N:</u> Outcome: Percent of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT	47%	65%	47%
	<u>Prevention</u>			
	<u>Indicator # P7.1D:</u> Number of people Living with HIV/AIDS (PLHIV) reached a minimum package of PwP intervention	19	11,063	0%
6	<u>Indicator #P8.1.D:</u> Output: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	11,349	49,091	23%
7	<u>Indicator #P8.2.D:</u> Output: Number of individuals reached with individual/ small group interventions primarily focused on abstinence and/or being faithful	11,349	32,727	35%
8	<u>Indicator #P8.3.D:</u> Output: Number of MARP reached with individual/ small group level interventions that are based on evidence and/or meet the minimum standards	10,693	30,000	36%
9	<u>Output:</u> Number of individuals who received testing and counseling services for HIV and received their test results (PICT+LAB)	27,746	63,338	44%
10	Number of individuals who received testing and counseling (T&C) services for HIV and received their test results (including PMTCT)	38,062	115,177	33%
	<u>Umbrella Care Services including OVC</u>			
	PABA		28,768	%
11	<u>Indicator #C2.1.D:</u> Output: Number of eligible adults and children provided with a minimum of one care service	4,858	49,001	10%

	Indicators	FY10 Oct. 10 – Dec. 10	Annual Target	% of Target Achieved >25% is good
12	Number of HIV positive persons receiving cotrimoxazole prophylaxis <i>TB/HIV Services</i>	933	8,406	11%
13	<i>Indicator #C3.1.D:</i> Output: Number of TB patients who had an HIV test result recorded in the TB register			
14	Number of HIV positive patients who screened for TB/HIV Care or treatment setting	1,290	13,275	10%
15	Number of HIV positive patients in HIV Care or treatment (pre-ART or ART) who started TB treatment	74	876	8%
16	Number of eligible clients who received food and/or other nutrition services	0	8,850	0%
17	No of individuals who received C&T for HIV and received their test results at a USG support TB services outlet (including suspect)	598	2,832	21%
18	<i>Indicator # C2.5.D:</i> Output: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	5%	10%	5%
19	<i>Indicator #C5.2.D:</i> Output: Number of orphans & vulnerable children (OVC) that received OVC services	448	5,482	8%
20	# of HIV+ children (0-17)years provided with clinical care services (including those on ART)	115	1800	%
	<i>ARV Treatment</i>			
21	Number of adults and children with advanced HIV infection newly enrolled on ART	1,028	3,795	27%
22	<i>Indicator #T1.2.D:</i> Number of adults and children with advanced HIV infection receiving ART therapy (current)	7,784	6,770	115%
	<i>Total Adult</i>	7,405	5,278	118%
	<i>Total Children</i>	379	492	77%
23	Number of community health care workers who successfully completed a in-service training program	71	1,011	7%