

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

Quarterly Progress Report, July - September, 2010

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Leadership, Management and Sustainability Program, Nigeria

PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT— ProACT

Quarterly Progress Report, July – September 2010



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Photo caption:

Community mobilization of female out of school youths for HCT during prevention outreach in New Bussa

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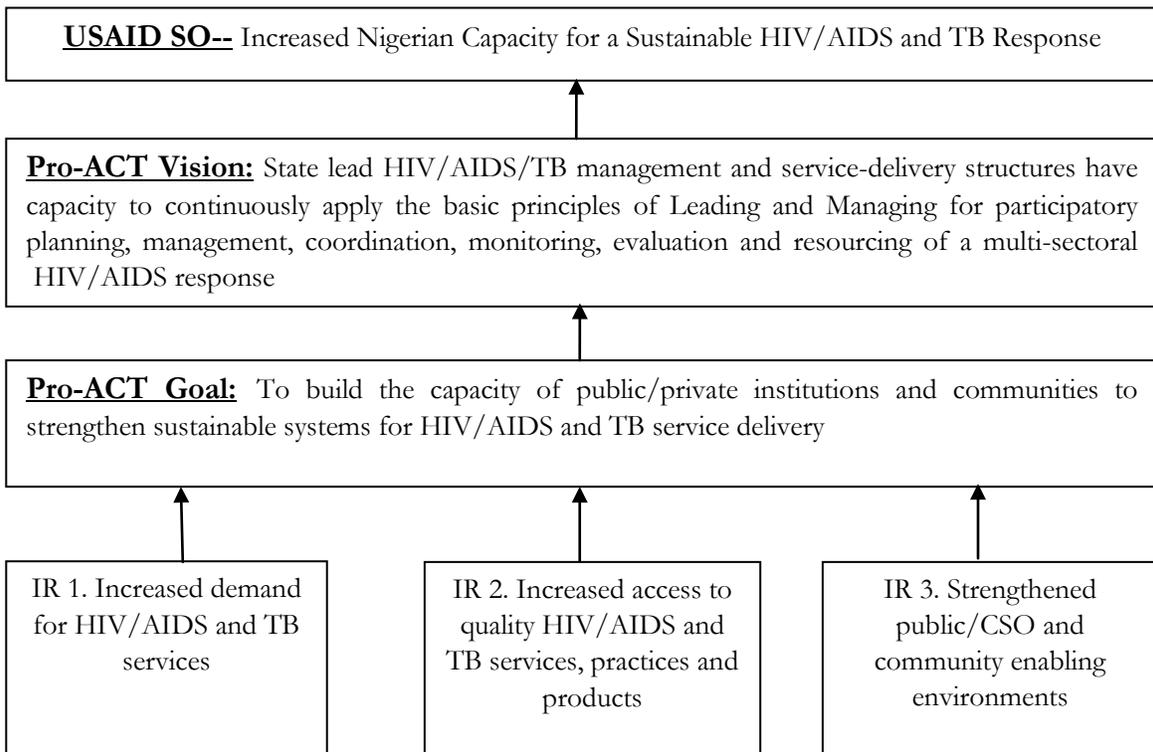
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ABOUT THE LMS PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT (PROACT)

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. Below is a diagrammatic representation of the results the project aims at achieving:



USAID/Nigeria QUARTERLY REPORT

PROACT Project Quarterly Progress Report July-September 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:	\$9,189,947
Accrued Expenditures this Quarter:	\$2,869,038
Activity Cumulative Accrued Expenditures to Date	\$11,807,299
Estimated Expenditures Next Quarter:	\$3,487,360
Report Submitted by:	<u>Paul Waibale, Project Director</u>
Submission Date:	<u>October 25, 2010</u>
Name and Title	

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ACRONYMS

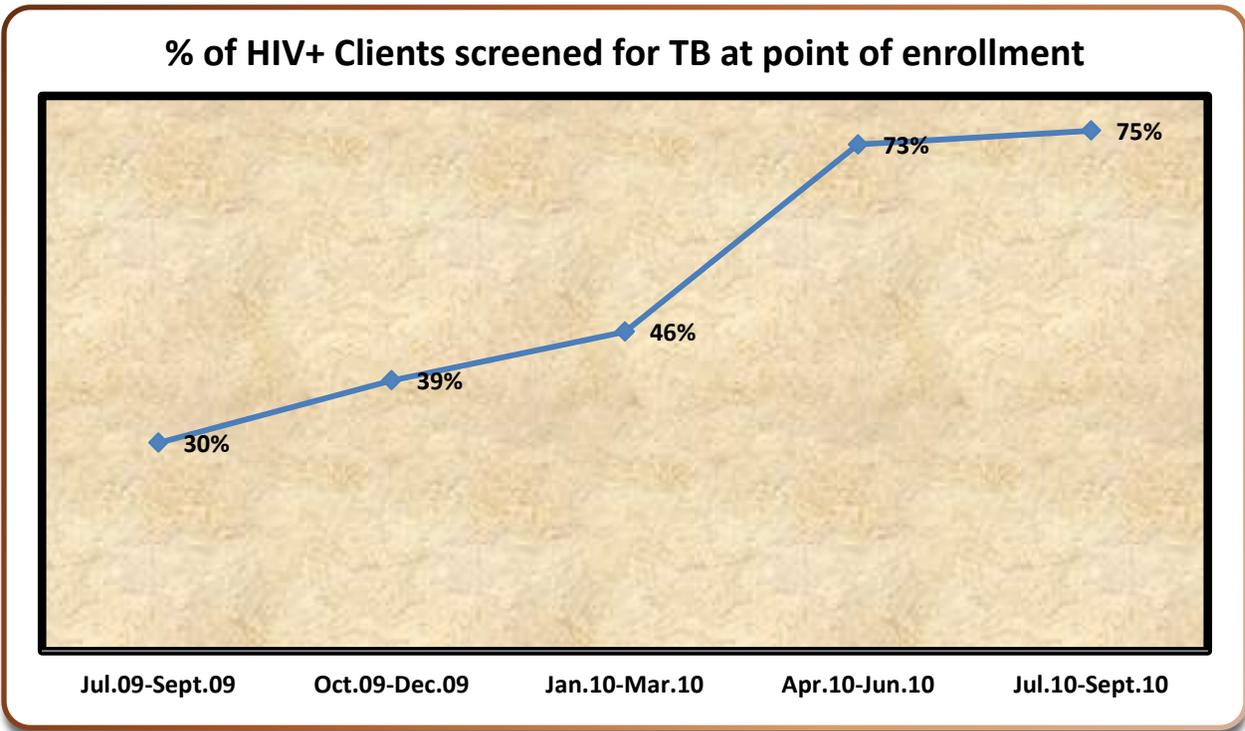
AB	Abstinence Be Faithful prevention strategy
ACT	AIDS Care and Treatment (MSH Project that preceded ProACT)
ART	Anti-retroviral Therapy
ARVs	Anti-retroviral drugs
CCT	Comprehensive Care and Treatment
CHAI	Clinton HIV/AIDS Initiative
CHAN	Christian Health Association of Nigeria
CME	Continuous Medical 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
MOH	Ministry of Health
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
OI	Opportunistic Infection
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

TB
USAID
USG

Tuberculosis
United States Agency for International Development
United States Government

INTRODUCTION

The Prevention Organizational Systems AIDS Care and Treatment Project (LMS ProACT) this quarter highlights how enhanced efforts to integrate TB and HIV have increased % of enrolled clients who received TB screening using the symptom checklist – see chart below.



Also, there was intensified effort to integrate HIV/AIDS information systems into existing HMIS systems at several health facilities. As a result, the hospital management team at Kogi State Specialist Hospital Lokoja purchased a computer to support establishment of electronic data systems at the OPD. The project had about 17 abstracts accepted for poster presentation at the Vienna Conference in July and another 4 abstracts accepted at the Urban Health Conference in New York. Several success stories have been written and submitted to USAID and MSH.

HEALTH SYSTEMS STRENGTHENING

Introduction

The ProACT project during the quarter under review recorded significant achievements in the area of Health System Strengthening across the six focus states in Nigeria. These achievements *include Supported Focus States to Develop 2011 Annual Plans Derived from the State Strategic Plan (SSP) the successful hosting of a round table session at the 5th National conference, ongoing support for the decentralization of ART services in Taraba state, harmonization of hospital management committee meetings with project management team meetings and addressing the human resource for health challenges across all facilities supported by the Pro-ACT project. Detailed key achievements during the quarter under review are highlighted below:*

I. Ongoing Integration of HIV Project Management Teams into Existing Hospital Management Committee (HMC) in Supported Health Facilities

In 2008, the ProACT project inaugurated multidisciplinary care coordination teams -the Project Management Team (PMT) and Patient Care Team (PCT) in the 12 pilot health facilities and additional teams in 13 health facilities in 2009. This was in recognition of the fact that coordinating clinic based HIV chronic care in secondary level health facilities remained a challenge in the face of limited infrastructure, inadequate human resource capacity to manage HIV chronic care. The mandate of PCTs was to ensure patient centered care and delivery of quality HIV service while the PMTs was to provide oversight function and coordination for project related activities. We observed that organizing service providers into teams ensured better understanding of each cadre's contributions towards a shared responsibility. It also enabled care providers navigate challenges encountered in the provision of HIV care.

In pursuance of the project's drive towards sustainability and ownership, efforts were intensified during the quarter under review to integrate the PMT into the existing Hospital Management Committee in six additional supported facilities. The facilities covered in this quarter were; Omu-Aran General Hospital in Kwara state, Serti Specialist Hospital in Taraba state, Lapai and Kagara General Hospitals in Niger state, Mokwa and New Bussa General Hospital in Kogi state and Sung General Hospitals in Adamawa state. Working closely with the existing hospital management committee a new scope of work was developed to address management issues as opposed to operational issues which will be addressed at the departmental levels. The management issues identified to be of interest to the committee include adequate staffing for service, staff motivation and welfare, staff discipline, service improvement, coordination and sustenance across all hospital service delivery units, as well as staff capacity development, departmental plans and the use of data for decision making. With this achievement the project has successfully integrated the PMTs in 12 supported facilities.

II. Supported One Focus State to Develop 2011 Annual Plan Derived from the State Strategic Plan (SSP)

To improve government stewardship in terms of budgeting and allocation of funds for the State's HIV response, the ProACT project in partnership with the Adamawa SACA facilitated a two-day HIV/AIDS stakeholders meeting. The meeting was held in Yola between September 20th and 21st 2010. The main objective of the meeting was to work with state partners to review progress towards the implementation of the state strategic plan (SSP) as well as develop the 2011 annual plans for presentation to higher level authorities with the hope that the annual plan will be incorporated into the state budget cycle for the year 2011. As part of this process, all the HIV/AIDS activities implemented by development partners in the State were collated. Also a harmonized 2011 draft plan of activities which was derived from the state strategic plan was developed. A committee was then inaugurated to finalize the collation towards submitting same to the appropriate authority to link the budgetary requirement to the state budget cycle.

III. Provided Technical Support To One Focus State To Improve Human Resource Deployment For SACA

In pursuance of institution of effective HIV/AIDS coordination platform at the state level, the ProACT project mobilized all the IPs working in Adamawa state and conducted a strong advocacy visit to the executive governor of Adamawa state and His wife in separate visits on September 21, 2010. The purpose of the visit was to solicit for the advancement of the course of Adamawa SACA through the deployment of human resources, gazzeting ADSACA agency bill and integration of SACA annual budget into the state budget cycle. At the end of the meeting the state executive governor requested that a proposal addressing the aforementioned requests be packaged and forwarded to his office for action. The proposal development session was coordinated by MSH on behalf of all the IPs working in the state.

IV. Partners Applying MSH leading and Managing Skills for Ongoing Capacity Development and Resource Leveraging

As a result of leadership and management training conducted by ProACT, Niger SACA LDP team has been able to scan its environment and leverage support from UNDP to step down similar leadership capacity building training to its newly inaugurated seven man board. The immediate outcome of this training was the development of an action plan with SMART objectives. The board has swung into action with endorsement of a memo to the Executive Governor for the release of funds accessed through the World Bank, renovation of the SACA office as well as additional procurement of test kits and ARVs. The board plans for a high level advocacy in the next quarter targeted at the Governor, Secretary to State Government, Speaker of the House and select traditional rulers to sensitize and solicit their continued support for HIV/AIDS activities in the state. Similarly, SMoH LDP team has been able to use their LDP skills to scan and access funds from LGA service commission to the tune of N1.5Million to build the capacity of Directors/MCH coordinators across the 25 LGAs in the state on inter-personal communication and ANC service delivery in order to increase ANC uptake in the state from the current 20% to 50% in six months. The training has been held in 2 out of the 3 zones in the state with 17 out of the 25LGAs

benefitting. As a result the leadership development training of eight senior Directors of the Kogi State Ministry of Health (SMoH) in January 2010, ProACT is supporting the SMoH LDP team to set-up 3 state financed CCT sites in Kogi State. The team obtained the approval and funding by the State Executive Council to conduct this activity with the release of N30 million. In recognition of ProACT technical competence and support to Kogi State, the State Ministry of Health, through the Commissioner invited MSH ProACT team to provide technical support for the design and implementation of this activity. ProACT will through this partnership hopes demonstrate that state governments can effectively take the lead in the scaling up HIV/AIDS care and treatment programs.

CHALLENGES

- A major challenge continue to be that of dearth of HRH and the poor state of key infrastructure like electricity, water and poor state of health facility building. The severity of these challenges varies from one facility to another.
- Most of the SACA in Pro-ACT project states are underfunded leading to little or no activities in their line of duty as a coordinating body.

NEXT QUARTER PLANS

- Support at least 4 states to develop annual operation plans that is linked to SSP
- Build capacity of at least 2 states on HRH management
- Continued support to at least 2 states to facilitate SACA partners coordination meeting and 2 TWG meeting in 2 states
- Conduct LDP follow up workshop for Niger and Kogi state
- Finalize Results management indicators and cop 10 ProACT work plan
- Support National level HSS programs

HIV PREVENTION PROGRAM

Introduction:

Considerable milestones were achieved in the HIV Prevention program in the quarter. The HIV Prevention unit consolidated on the gains earlier made in the year. Efforts were made to reach as many cohort groups in the target population as well as support them to sustain positive behavior changes as regards sexual and HIV prevention. During the quarter under review, HIV prevention interventions using the minimum prevention package standard that targets the individual, his immediate



Figure 1 female condom demonstration in Taraba State

environment and communities were carried out to provide knowledge and skills that supports the adoption and maintenance of the desired behavior. In the quarter, the institutional structure for the smooth implementation of FLHE in schools was initiated with the inauguration of project management structures that include parents and teachers in some States; training on Peer Education Plus (PEP) for Out of School Youth and MARPS selected by the CBOs in Kogi and Taraba States was conducted; the 13 CBOs awarded grants in Kogi and Taraba States began program implementation during the quarter under review; PEP Manuals for Out of School Youth and MARPS were also distributed to the peer educators as a guide to reaching their peers and cohort groups; more condoms services outlets were established to increase access to condoms information, services and products; a states' wide HIV Prevention Outreach tagged the *'heroic approach'* was carried out to saturate selected communities of interventions with messages that promote low risk behaviors that could dispose the individuals and the communities to contracting the HIV infection, this states' wide activity capped the target for HIV Prevention activities for the COP year. During the period under review, the HIV Prevention team was also provided with ongoing supportive supervision and technical assistance as necessary for maximum output of the team. Advocacy and community mobilization are ongoing activities in the Prevention program. With the award of grants to community based organizations in Kogi and Taraba states, all ProACT supported states are set to roll out quality HIV Prevention programs that will be sustainable. Related titles of Information, Education and Communication (IEC) materials in posters and pamphlets were leveraged from CEDPA a USAID funded organization. The materials have been distributed to the states for our various target information. Penile models were supplied during the quarter to all the states to support practical demonstration at the condoms distribution outlets and also at the facilities. These efforts are increasingly raising awareness, knowledge and understanding of sexual and other HIV prevention messages. Inadvertently, should contribute in the long run to reduction in the incidence of new infections while also mounting community support for PLHIV.

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

As part of efforts at strengthening systems through existing structures in the States, was the facilitation of program management committee for the smooth implementation of Family Life and HIV Education (FLHE) in schools. Blazing the trail is Adamawa State with the inauguration of a twenty-one member committee constituted to champion all the processes and inputs required for the smooth implementation of FLHE in schools. The committee is hosted by the State Ministry of Education with the Permanent Secretary as the chair. Members of the committee drawn representatives of 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 emir of Adamawa. Among other things, the Committee which meets quarterly will equally be responsible for advocating to the Executives for enabling environment and the release of funds for the implementation of the FLHE in the State.

B. Capacity Building Activities

1. Step down Training on FLHE and MPP for PEs

To further boost the focus of LMS-PROACT goal which is to build the capacity of Nigeria's public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated within the health system, recently trained FLHE teachers in Kogi and Taraba states successfully completed a 5-day step down FLHE and MPP training for Peer Educators in schools. The training held in selected secondary school across the two states within the quarter. The objective of the training was to equip the selected peer educators in the schools with knowledge and skills necessary to deliver/ reach out to their Peers with abstinence messages, life building skills that promote HIV Prevention and low risk behaviors. The training which ran concurrently at the different schools in the two states was coordinated by the MSH CBO partners and supervised by MSH staff.

2. Peer Education Plus (PEP) Training for Out-of-School Youth and MARPs

As part of capacity building activities to support the 13 CBOs recently awarded grants, MSH facilitated a Peer Education Plus (PEP) training for selected out of school youth (OSY) and selected most at risk population (MARP) in the two grantee States of Kogi and Taraba. The training held concurrently in the two States from 30 August – 3 September, 2010. The training had the objective to improve the knowledge and build skills of OSY and MARP to provide gender sensitive HIV prevention information that promotes adoption of positive sexual and reproductive health (SRH) behavior among their peers and target groups. At the end of the training and field practicum sessions, copies of the PEP manuals were given to the trained peer educators as a guide to reaching their cohorts during peer sessions.

3. Ongoing Supportive Supervision and Technical Assistance to the HIV Prevention team

The team continued to receive ongoing supportive mentoring and supervision from the Advisor and Directors to improve performance and effectiveness especially as the ProACT project focuses more on results management. The team is working towards aligning with the overall project objective of entrenching systems strengthening strategies in the program implementation.

A. Implementation of the Grant by CBO Partners in Kogi and Taraba States

Following the engagement and signing of contract agreement on the grants, the 13 community based organizations in Kogi and Taraba States have begun implementation HIV prevention interventions in their respective sites both in school and out of school youth as well as selected most at risk population target. With their intervention in the quarter, there have been boosts in the number of persons reached with prevention interventions that promote behavior change. Total number of target reached during the quarter is embedded in the overall target data.

D. Distribution of PEP Manuals to Peer Educators

Fifty copies each of the Peer Education Plus manuals with the under-listed titles have been distributed to the trained out of school youth and MARPS in the six States;

- Peer Education Plus Guide for Male Out of School Youth
- Peer Education Plus Guide for Female Out of School Youth
- Peer Education Plus Guide for Uniformed Service Men & Women
- Peer Education Plus Guide for Female Sex Workers
- Peer Education Plus Guide for Transport Workers

These manuals have picture codes to serve as guide to conducting peer education sessions with the different cohort groups.

▪

E. Establishment and Maintenance of Condom Distribution Outlets

Additional condom services outlets were established. The peer educators reported that as a result of their activities in the project communities there is increased demand for condoms. Conversely and of course naturally, it was observed that condom stocks depleted correspondently at the outlets, hence the need to supply more condoms to the sites. In a bid to maintain and sustain the already condom distribution outlets, ‘correct and consistent condom use’ training emphasizing its effectiveness for dual protection was conducted for the focal persons in the condom distribution centers in the states, penile models were also made available to all the centers who hitherto lacked the models.

F. Addressing Women Vulnerability Issues and Empowerment

As part of activities to mainstreaming gender into the program, the women group leader in Kagara, Hajia Rukaya Idris gathered women who are mainly PLHIV and widows and got resource persons within the community that empowered 70 of them in different skills acquisition trainings such as pomade, soap and detergent making. The empowerment focus is to empower them on livelihood as means of reducing their vulnerability to risky behaviors, which is high in their communities as a result of poverty. Community leaders have been sensitized to take this step further by providing seed grants as take off for these group of women who attended the training.

G. States’ wide HIV Prevention Intervention Outreach

As the Country Program 2009 wound down, it became necessary to meet up with the HIV Prevention target for the COP year while also put in place a sustainable program that support the objective of the Government of Nigeria, National HIV Prevention Plan. A states’ wide outreach saturating ProACT sites with HIV Prevention interventions was carried out in the quarter. The states’ wide prevention outreach was carried out through community mobilization and direct HIV Prevention interventions in the project sites. This was done by HIV Prevention Facilitators in collaboration with stakeholders at the State and Local



Figure 2 Reaching USM with HIV Prevention messages in Niger

Government levels. The activity employed HIV Prevention strategies using the recommended Minimum Prevention Package that ensures increased dosage and intensity of messages targeted to the individuals and his community/environment. During the outreach, communities with high volume MARPS and young people that can be reached with HIV Prevention interventions were identified and mapped for services; mobile HCT services were conducted for interested adults, positive persons identified have been enrolled for care and treatment services in nearest facilities. Report of number of target population reached during the outreach is embedded in the overall data figure for the quarter. The outreach is contributing to increased demand for HIV & AIDS services at the CCT sites. There was a tremendous increase in the number of targets reached in this quarter while also ensuring quality programming with the use of various prevention interventions strategies.

CHALLENGES

The program has ran out of condoms for some time but some samples were recently distributed to the various sites

NEXT QUARTER PLANS

- B. Strengthen support for the implementation of FLHE in schools
- C. Facilitate inauguration of school based Program Management Committees
- D. Conduct quarterly monitoring of the program and team
- E. Provide ongoing supportive supervision and technical assistance to the states' teams
- F. Increase condoms distribution and outlets
- G. Roll out implementation of prevention work with MARPS at the LGA

OVC, COMMUNITY CARE AND SUPPORT SERVICES

Introduction

During the quarter under review, the community program focused on strengthening partnership with host communities, State government and facility teams to enhance service delivery in supported sites. The project also focused on community systems strengthening through capacity building of service providers and institutions which ensured optimum provision and utilization of PITC, OVC, and community home based care services. All these interventions are geared towards promoting sustainability, community participation and enhance access. This report highlights key achievements and challenges during the quarter under review.

I. Supported the OVC Division of the FMoH to Conduct Mapping of OVC LGA Structure in Three Focus States

ProACT has continued to support Nigerian Government in her response to HIV/AIDS and related issues particularly in a manner that strengthens government structures to mount an effective and sustainable response to the scourge of HIV/AIDS. During the quarter under review, ProACT

supported the Federal Ministry of Women Affairs and Social Development(FMoWASD) to conduct a mapping exercise of State OVC LGA structure in three states; Niger, Kebbi and Taraba. MSH technical teams in collaboration with OVC desk officers and other designated staff of the State Ministry of Women Affairs and Social Development visited 16, 21, 25 LGAs in Taraba, Kebbi and Niger States respectively to conduct the assessment using already deployed tool by the FMoWASD. Some of the information the team collated included; name of the OVC responsible department at the LGA level, the LGA point for OVC services delivery, implementing partners working in the LGA, availability of community and/or women development officer. Data gathered from this activity have been collated and submitted to the key responsible persons at the Federal Ministry of Women Affairs and Social Development to inform the OVC National response.

II. Strengthened the capacity of PLHV Peer Support Groups To Better Coordinate of Their Activities.

Organizing PLHIV into Support Groups is one of ProACT's strategies to provide ongoing education and psychosocial support. These groups provide PLHIV and PABA the platform to share experiences with their peers and receive further education on other health related issues such as STIs and TB. Over the last year, ProACT has also worked to expand the scope of the peer support groups to include monitoring of defaulters, mother-baby pairs, and patients on care who are due for repeat CD4 investigation. In general, members of the group are psychologically supported, empowered with knowledge and information with emphasis on positive living. In this quarter, ProACT recorded remarkable achievements with the numeric growth in support group membership, active participation at meetings and increased drive towards "ownership" by SG members. Also during the quarter under review, ProACT scaled-up efforts to improve the income generation activities (IGA) by members of the peer support groups, male participation in meetings and advocated for continued support from host communities and government at key stakeholder fora. As a result of these interventions, the Jalingo Support Group in Taraba has secured an office space and also produced membership card for identification of their members and are actively participating in OVC program implementation using leveraged resources from the community. In Niger State the Support Groups have continued to improve their sustainability drive by initiating self help projects, raising seed funds for members who desire to start up small scale businesses. In Kogi State the Ateko Ojo Support Group in Abejukolo community, Omala LGA secured and cultivated a large farm during the year and has provided small loans to some of its members to set-up several small scale businesses. The members of the group have also volunteered with the 2 ProACT partner CBO grantees implementing OVC and CHBC services to gain experience and build their own capacity. In a similar vein, the Women Cooperative Group initiated by some women members of the Irepodun Support Group in Kabba community successfully accessed a hundred thousand naira (N100,000.00) loan from the State Ministry of Women Affairs to set-up small businesses. ProACT will continue to work towards similar group-led IGA interventions and on the resource mobilization skills for peer support group members to further raise funds for more empowerment schemes

III. Ongoing strengthening of PITC services to increase service uptake and improve client enrollment at supported sites

ProACT has continued to provide HCT services in her supported CCT and feeder sites using the Provider Initiated Testing and Counselling approach. PITC continues to remain the operating model for providing HCT services in all the facilities. Following the efforts made to increase PITC uptake and ensure 100% enrollment of identified HIV+ clients in the previous quarters, various state reports have shown significant improvement in enrollment figures and number of clients who have an initial CD4 test done. In Kwara, a total of 4,989 clients were counseled and tested within the quarter out of which 156 of them were positive (3.1%). 87% that is 96 clients had their baseline CD4 investigations done. One client had baseline CD4 less than 350 and commenced anti retroviral therapy immediately. A 100% CD4 investigation was recorded at General Hospital Omuaran. Also in Adamawa State, a total of 3984 were counseled and tested during the quarter under review. 502 tested positive to HIV and 419 had baseline CD4 investigations done. In Adamawa State, community paediatric HCT was carried out at targeted communities' in order to increase access to HCT, care and support services. 81 children tested two positive and were enrolled

Within the reporting period all the CCT sites and most of the feeder sites were consistent in surpassing HCT targets. The renewed focus on the quality of the counseling has however exposed some gaps which the team has started to address by holding a capacity building meeting with counselors from the Kogi State specialist hospital. The adherence counseling services have been expanded to directly target and provide information for clients enrolled for PMTCT services in the facilities. The goal is to develop a mentor-mentee relationship between the adherence counselors and their pregnant clients that will gradually empower the clients to become better informed about the PMTCT interventions and to ensure that clients avail themselves of the services as at when due.

IV. Improved Program Implementation through Public Private Partnership.

A case in reference is the ProACT's partnership with the pasta giant; Dangote Group of Companies that created the "Dangote children's day" an initiative which resulted from the quest for leveraging community support to compliment the provision of care and support services. While MSH team empowers mothers with information and education on nutrition, infant feeding and the importance of HCT using the family centred approach, Dangote offered to provide a packet of pasta per child. The maiden edition of the Dangote children's day was held on the 27 September, 2010. The pasta giant is committed to providing support for children once every month as they gather to receive information and education about HIV and health related issues at the MSH supported site in Illorin, Kwara State. During the activity mothers present were counseled on adequate nutrition and importance of HCT uptake as an entry point to family centered care. The successful hosting of the event was commended by the wife of the governor of Kwara state, Mrs Toyin Saraki who had earlier donated the sum of 150,000 naira through her Well Being Foundation to support the setting up of a children's play room. A total 66 women and 5 children were counseled and tested during the event.

CHALLENGES

- Community engagement and resource leveraging to support service delivery
- Couple counseling request by clients not adequately met due to a few number of couple counselors available in our facilities.

NEXT QUARTER PLANS

- Continue to strengthen community structures through stakeholders forum meeting for resource leveraging
- Continued to Support the CSOs in implementing quality service delivery in CHBC and OVC program in Kogi and Taraba States.
- Continue Care and Support, OVC, CHBC and HCT service delivery with focus on quality
- Follow up on CSOs to review their workplan and provide technical support where needed to close the gaps identified during the first quarter review visits.
- Follow up stakeholders in the communities to ensure they deliver on their promise of economic empowerment to women from the support groups
- Work with State technical teams to conduct Continuous Medical Education sessions for facility staff and service providers on HCT and quality assurance issues

CLINICAL SERVICES

Introduction

Building on the successes of the previous activities, the quarter under review was characterized by ongoing support to the FMoH efforts towards decentralization of ART services, advocacy for increased government funding of TB/HIV activities, pharmacovigilance, continuous quality improvement and structured clinical mentorship to facility multi disciplinary teams as well as 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:

I. Provided Technical Support To FMoH on Decentralization of ART Services

As part of ongoing efforts to support the FMoH on decentralization of ART services, AIDS Prevention Initiative Nigeria (APIN) project in partnership with ProACT supported the hosting of a one week stakeholders' orientation meeting and training of service providers from identified pilot sites in Taraba and Borno States. The meeting was organized as part of the final process towards decentralization of ART services with the main objective of obtaining broader stakeholder support for effective roll out. Participants were drawn from the SMoH, SASCP, LACA, Ministry for local government affairs, and PHC directorates from both states as well as heads of the PHCs and ART focal persons from the ART sites. Deliberations during the first two days of the meeting focused on the rationale for decentralization, technical supervision, infrastructure support and human resource gaps. The last three days of the exercise was fully focused on training the PHC staff on basic

elements of ART service delivery with emphasis on adherence counseling, management of opportunistic infections, appointment scheduling, stigma reduction, as well as drug logistics and coordination meetings with the parent ART site.

A state action plan for Taraba was developed with a state steering committee comprising of Director of Bureau for Local government, and a representative each from LACA, SASCP and Taraba State Specialist Hospital Jalingo. The committee is saddled with the task monitoring implementation of the action plan. Patient mapping is ongoing at the site while the bureau for local government has pledged to upgrade the laboratory and pharmacy units in the PHCs.



Figure 3 PHC Mafindi-a pilot site

II. Ongoing Integration of HIV Clinic with Medical Outpatient Clinic Services

In line with the drive towards ownership and sustainability, the project has continued to work with facility management teams in supported sites to facilitate the integration of the parallel HIV care clinic within existing medical outpatient clinics. As a first step towards achieving this, appointment systems were strengthened and triaging of patients was improved with adoption of non specific clinic days for HIV positive clients. Also the HIV medical records system was harmonized or co-located in most health facilities. HIV clients now access care and treatment services daily with other patients at the same location in most ProACT supported sites. In the quarter under review ProACT assessed the effect of integration on quality of services and client retention in five supported sites in Adamawa State. A before and after design was employed and routinely collected monthly data was analyzed in two different times. Time 1 covered the period between July 2009 to February 2010 and Time 2 covered from February to September 2010. Findings from the data analyzed revealed that the integration of the HIV clinic in the five supported sites in Adamawa has resulted in an increase in the percentage of clients who had baseline CD4 evaluation from 67% to 73% while clients newly initiating ART per month increased from 67% to 83%. Average time spent running the clinic and invariably waiting time for clients also reduced from 8hrs to 5hrs and clients lost to follow up (LTFU) reduced from 47% to 37%. These results demonstrate that an integrated approach to HIV Chronic care improves access to quality ART services and enhanced client retention. The project will continue to monitor the outcome of this intervention and will support additional facilities in the coming quarter to roll out.

III. Pharmacovigilance Reporting Initiative Strengthened in Supported Facilities

Pro-ACT project continued its mentoring initiative to improve healthcare providers' reporting of adverse effects of antiretroviral therapy (ART) with the knowledge that active identification and management of adverse effects is central to quality management of patients on ART. Pro-ACT

technical team has been working with sites across six focus states to mentor healthcare providers on the assessment and accurate reporting of adverse drug events. Providers submit their reports, which are then collated and analyzed to identify issues for discussion at multidisciplinary team meetings. With this approach more clinicians have gradually understood the need to report adverse events using the NAFDAC pharmacovigilance reporting template. Seven cases of adverse drug reactions were reported from three supported facilities in Kogi and Niger states during the quarter under review. Zidovudine related anemia was the most commonly reported adverse event accounting for 57% of reported cases. Other events were reported with the administration of efavirenz and nevirapine. ProACT expects that this mentoring initiative will continue to increase the number of reported adverse event cases and ultimately help improve patient treatment outcomes.

CHALLENGES

- Poorly coordinated state wide ART services and high client attrition is affecting the quality of services
- Human resource gap continue to affect the quality of services delivered across supported sites

NEXT QUARTER PLANS

- Review training curriculum to include emerging issues and lessons learnt as part of competency based ART training.
- Conduct ART refresher trainings for service providers across all supported sites
- Ensure that all newly enrolled clients have access to baseline CD4 and ART clients have access to repeats at six and twelve months
- Continuous advocacy to state government to address human resource gaps
- Support facility multidisciplinary teams to initiate monthly Clinical Quality Audits

B. TB/HIV

I. Applied a Performance Based Model To Improve Clinical Screening of TB in Supported Sites

Following findings from chart reviews conducted in December 2009 which indicated that less than 40% of newly enrolled HIV+ clients were screened for TB using the WHO checklist in over 70% of the clinics due to increased workload on the clinicians. The ProACT project adopted a performance based analysis model to address this challenge. Clinics were ranked based on performance and site specific interventions were design with the aim of strengthening the capacity of clinics with the lowest performance. Of the 25 ProACT supported clinics, four ranked lowest with less than 20% screened while less than 70% were screened in 14 clinics and over 70% were screened in 7 clinics. To improve TB detection, task was shifted to nurses, lay counselors and data clerks who were engaged to apply the checklist at every point of care. Periodic mentoring and supportive supervision was provided by ProACT technical teams with feedback on monthly site performance trends provided to the Patient Care Teams. As a result of this intervention the number of newly enrolled

HIV+ clients screened for TB increased from less than 20% in the 4 lowest ranking clinics to 50%, three months post intervention and to 80% by the end of six months. Over 80% of newly enrolled HIV+ clients were screened in the other 21 clinics with 1 achieving a 100% score rate consistently for six months. We however observed that there was no significant increase in the number of TB suspects as it remained relatively the same at 30% between June-December 2009, 35% between January-March 2010 and 33% between April-June 2010. The project has through this process identified the need for targeted mentorship for non clinical staff in the application of the WHO TB checklist in all supported facilities.

II. Participation at the TB/HIV TWG Meeting Hosted by the NTBLCP

The ProACT project participated at national quarterly TB/HIV TWG meeting hosted by the NTBLCP. Participants were drawn from the Federal Ministry of Health, various implementing partners, and the academia. Deliberations centred on scaling up HIV counseling in TB clinic settings, progress on monitoring MDR TB, TB drug logistics and stock out of anti-TB drugs as well as use of Rifabutin for HIV patients on second line antiretroviral treatment. The meeting also discussed the ongoing decentralization of ART process to PHCs and the need for the HIV/AIDS Division to fully engage the NTBLCP in the process to promote TB/HIV collaboration in the sites. A committee was inaugurated at the end of the deliberations to review the HCT training curriculum with a mandate to incorporate emerging issues.

III. Participation at National TB/HIV Guideline Review

The ProACT project participated in the planning meeting to review TB/HIV guidelines towards incorporation of the new WHO recommendations. The meeting had participants drawn from the WHO, FMOH and USG implementing partners. As part this effort a committee was inaugurated and has identified areas of the reviewed national ART guideline for review. It has also identified the various TB/HIV related training packages currently being used by different development partners for harmonization. The goal is to have a comprehensive training curriculum that will be utilized by all stakeholders to ensure uniformity across sites and streamline quality of services.

IV. Conducted HCT training for TB DOTS officers in Adamawa to Improve TB/HIV collaborative Activities

To strengthen TB/HIV collaborative activities in focus States and also enhance the knowledge and skills of TB DOTS officers, the ProACT project partnered with the Adamawa State TB program to train 43 TB DOTS officers drawn from DOTS sites in the state on HIV counseling and testing services. The training took the form of didactic and field practicum. During the training participants learned global and national TB/HIV trends, basic skills in HIV counseling and testing, TB/HIV referral linkages. The successful application of skills and knowledge gained during this training will significantly improve access to HCT to TB patients. This we strongly believe will improve in the overall treatment outcome for dually infected patients that would otherwise not be diagnosed with HIV across the state.

CHALLENGES

- Stock out of anti-TB drugs for most parts of the quarter across the states which is affecting TB case management
- Low identification of TB clients despite improvement in routine screening of HIV clients

NEXT QUARTER PLANS

- Follow up with the state TB programs and other partners to ensure that advocacy visits address issues such as TB commodity shortages(drugs, reagents)
- Capacity building, supervision and mentoring of health workers, volunteers and counselors on clinical screening to improve TB case detection amongst HIV positive clients.
- Follow up with the Adamawa state TB program to monitor performance of TB DOTS officers trained in HCT

C. PEDIATRIC CARE AND TREATMENT SERVICES

I. Pediatric Targeted Chart Reviews Conducted To Improve Pediatric ART Enrolment

With the low pediatric ART enrolment across all the sites, and with new guidelines approving new sets of criteria for initiating ART in children, the project embarked on pediatric targeted chart reviews aimed at identifying pediatric clients on care that may be eligible to start ARVs. The clinical specialists in conjunction with the site clinicians identified all pediatric charts that were yet to commence ARVs. This process also provided opportunity for pediatric focused clinical system mentorship as part of efforts to enhance the capacity of clinicians in the diagnosis and care of pediatric clients. Clinicians are now better equipped with skills to appropriately stage the disease, initiate ART for HIV infected infants and children and co-schedule appointments with their parents or caregivers to ensure retention. During this exercise, a total of 305 charts were reviewed across the states. About 30 active clients were already identified as being eligible, 14 of whom had already being initiated. Another 86 clients were projected to be eligible based on the new guidelines and efforts at identified clients lost to follow up was initiated to track and review clients. Folders of clients identified to be due for repeat CD4 were sorted for repeat on their subsequent visits for further evaluation and possible initiation of therapy.

II. Engagement of facility teams to improve uptake EID services

ProACT has continued to design ways to improve on the uptake of EID services across the supported facilities. To this end, the project engaged facility multidisciplinary teams on strategies of improving and supporting the logistics system for the transportation of DBS samples. With poor DBS collection recorded as one of the factors delaying results during the last quarter in the facilities in Taraba state, the ProACT in collaboration with the FHI/GHAIN project conducted a 3 day training for staff drawn from the laboratory units from supported facilities. This has led to a significant improvement in outcome with no sample rejected by the PCR lab in the quarter under review compared to the six rejected in the previous quarter.

III. Outcome Of One Year Implementation Of EID Services In Kwara State

A programmatic review of DBS sample collection for EID was conducted for in Kwara for the period between October 2009 and September 2010 in two supported sites in Kwara state: CSH Ilorin and SH Offa. The exercise was aimed at evaluating the program to review progress made, challenges encountered and lessons learnt for better programming. During this period a total of 74 samples were collected as 1st DNA PCR for exposed infants from the two facilities. The results of 58 (78.3%) of the total samples collected were received. 55(91.4%) were negative while 4 (6.9%) came back as HIV positive while 1 sample (1.7%) was reported as indeterminate result. The results of 16 samples (21.7%) of the 74 samples sent were not received at the facilities. No feedback was given on 15(93.8%) of those samples while a repeat was ordered in 1 case (6.3%) Attempts at follow up with the Asokoro lab have yielded no results. A total of 16 DBS samples were collected and sent as 2nd DNA PCRs for follow up for breastfed infants who had negative or indeterminate results at 1st DNA PCR. 11 (68.8%) samples sent to the lab came were reported as negative and were delisted from our care program while 1sample (6.3%) was positive. This was earlier reported as indeterminate result at 1st DNA PCR.A total of 5 infants were thus reported as positive from the 1st and 2nd DNA PCRs and all have since commenced ARVs. The average age of the infants at 1st DNA PCR stood at 2.4 months with a range of 6wks -13 months of age. The main challenges identified during the period include staff attrition, turnaround time for results with average of about 6 weeks for receipt and lack of proper communication between the EID focal persons and the lab unit. Demand for EID services by mothers was observed to have increased significantly as a result of low rejection rate of samples by the lab and the testimonies of mothers whose babies came out negative. This was a result of targeted counseling to mothers before and after sample collection.

CHALLENGES

- Inadequate skills for proper clinical evaluation of HIV infected children and exposed infants
- Slow turn-around time for receipt of EID results in supported sites is affecting the early initiation of eligible pediatric clients on treatment
- Frequent transfer out of trained staff and posting of clinicians with inadequate skills and capacity to provide pediatrics HIV

NEXT QUARTER PLANS

- Strengthen the capacity of clinicians in the area of pediatric HIV care and treatment through ongoing mentoring and supportive supervision
- Organize refresher training on pediatric care and treatment for facility multi disciplinary teams.

D. PMTCT

I. 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 which was 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. ProACT has initiated plans to sensitize facility based teams through CMEs and planned PMTCT training workshops.

II. Enhanced the Capacity of Volunteers to Improve PMTCT uptake in Supported facilities

While a significant progress has been achieved in the proportion of pregnant women accessing counseling and testing services in supported facilities with about 95% of newly enrolled pregnant women receiving counseling and testing in most facilities, the number who access ARVs for prophylaxis was observed to be at about 50% of all identified positives. This was attributed to cultural issues such as women having to seek permission from their spouses before returning for care and treatment, home delivery, poor counseling for pregnant women, inadequate evaluation of pregnant women amongst others. To address this challenge, the ProACT project enhanced the capacity of volunteers to provide better counseling services through targeted supportive supervision and mentorship in all the supported facilities. In addition the counselors were encouraged to ensure that clinicians review all newly diagnosed HIV positive pregnant clients for possible initiation of treatment/prophylaxis. This strategy will be strengthened with involvement of the facility monitoring and evaluation team in the review of appointment systems as well as documentation.

CHALLENGES

- Not all HIV positive pregnant clients are routinely clinically evaluated in most facilities
- Missed opportunities as some HIV positive clients default
- Socio-cultural issues still impact negatively on access and retention

NEXT QUARTER PLANS

- Hands on mentoring of facility staff on proper documentation
- 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.

LABORATORY SERVICES

Introduction

ProACT Laboratory program focused on improving bio safety practices in supported facilities, hosting of the USAID Lab IP meeting, participation at the AIDS 2010 conference in Vienna. The

period under review also featured efforts towards strengthening laboratory units in supported sites towards accreditation by medical laboratory sciences council of Nigeria, capacity building for improved service delivery and enhanced quality management. Details of achievements/results recorded are explained in the ensuing paragraphs.

I. Representation at the AIDS 2010 conference in Vienna Austria:

One of the focus of quality managed laboratory program had been the provision of empirically verifiable data that can support decision making. To this end, through a partial scholarship, an Oral Poster Discussion was presented at a concurrent session on “**Using QI Interventions to Improve Programme Performance**”. The presentation showcased MSH/Nigeria effort at task shifting and the use of retesting program to quality assure non-laboratory staff providing HIV counseling and testing services in primary and secondary health facilities.

II. Improving Biosafety Practices through Policy and Training:

To support the improvement of injection safety and waste management practices in our facilities, we have managed a well coordinated partnership with USAID/AIDSTAR-One project. As a result, **273** staff of supported health facilities in Adamawa and Taraba States were trained on injection safety and waste management as well as provision of safe boxes for sharps handling. Through this partnership, we will host a joint supervisory visit to monitor injection safety and waste management practices using standardized checklist in order to inform quality improvements. Similarly, upon invitation by the Federal Ministry of Health, we have participated in the review of health care waste management policy for the country and a health care waste management workplan for the National Prevention Technical working Group

III. Hosted USAID Laboratory Implementing Partners Meeting: MSH supported the hosting of this meeting to review partners’ laboratory programs update and share best practice. The meeting explored areas of collaboration and improvement. Issues identified for follow-up are integration of laboratory services, conduct baseline situation in laboratories before integration of services, evolution of strong malaria support as malaria is considered one of the opportunistic infections, and to considered malaria in future trainings to improve malaria services.

IV. Analysis of Laboratory Equipment Downtime and Impact on Attainment of ART Targets: We have reviewed the subject of “equipment downtime and its impact on laboratory services”. However, a cursory look at our equipment maintenance database revealed highest downtimes on the BD FACSCount in Adamawa and Niger States. In the period covering January – June 2010. Events occurred as follows

<u>State</u>	<u># of Events</u>	<u>Call Date</u>	<u>Repair/Service date</u>	<u>Stop gap measure</u>
<u>Adamawa</u>				
General	1	12/05/2010	27/05/2010	Specimen logged to

Hospital Michika				General hospital Garkida while service/repair was awaited
General Hospital Garkida	1	15/4/2010	26/4/2010	Specimen logged to Michika
	1	23/7/2010	28/7/2010	Specimen logged to Hong
				S
<u>Niger</u>				
General Hospital Bida	1	21/7/2010	23/7/2010	Specimen logged to Kagara
Gen. Hosp. T. Magajiya	1	20/8/2010	27/8/2010	Equipment was in use until arrival of Engineers for PMS
General Hospital Mokwa	1	20/8/2010	26/8/2010	Logged specimen to General Hospital New Bussa
<u>Kebbi</u>				
Gen. Hosp. Koko-Besse	1	25/05/2010	10/6/2010	Specimen logged to Gen. Hosp. Jega
<u>Kwara</u>	0	-	-	-
<u>Kogi</u>	0	-	-	-
<u>Taraba</u>	0	-	-	-

Table 1. The table above clearly reveals a well articulated system in place to manage laboratory occurrences and specimen management. This specimen transport to point of analysis during occurrences ensured that clients/patients whose blood/body fluids were taken for various assays got their laboratory results.

On ART target attainment: On the challenge towards attainment of ART targets and provision of quality care and treatment services, a five months review of our data from one of the supported States where equipment downtime is recorded to be high revealed as follows

Month	# of new clients enrolled into care	# newly enrolled who had a CD4 test	% of enrolled clients who had CD4	# of clients with CD4 <350uL	# of clients initiated on ART
January	124	93	75	70	63

February	128	98	76	70	83
March	143	117	82	86	85
April	127	97	76	68	110
May	116	102	88	68	71

- **Table 2.** From the two tables above, it was deductive that though there were **no** documented occurrences in the months of January, February and March but yet had 75% , 76% and 82% of clients respectively accessing CD4 with an average of 22.3% not accessing CD4 test at baseline .
- A cursory look at the specific periods in months during which these occurrences took place show that there are proportion of clients that were not accessing services just as it existed at periods with equipment full functionality. Although this review may not rule out impact of equipment downtime on ART target attainment, we were however able to establish that there is need to strengthen every aspect of our program e.g. from quality counseling to adherence & patient preparation, appointment systems/schedule, commodity security etc.

V. Strengthened Laboratory Capacity In Supported Sites Towards Accreditation by Medical Laboratory Sciences Council of Nigeria:

In its efforts towards Laboratory Systems Strengthening in Nigeria, MSH through it's Laboratory program has supported the Niger State Government to commence the process of registration/accreditation of Laboratories in Niger State. Through this effort, a State Government driven team was constituted and inaugurated by the State Ministry of Health. The team's terms of reference includes (a) guide and oversee the development of quality management systems of laboratory networks (b) gap assessment analysis of laboratory situation in the state (c) provide a platform for government of the state to constantly monitor quality assurance and quality improvements activities e.t.c. The team had its first stakeholders meeting in Minna, Niger State where the objectives of the team was shared to partners and also solicited partners to support its cause in managing laboratory activities in the state. This approach which is sustainable is considered a best practice and lessons learned from the planned statewide assessment of laboratories will be replicated in other supported states.

VI. Partnership with Professional Bodies towards Sustainability

MSH effort at leading sustainable programs in Nigeria had a boost when MSH/FHI jointly hosted a roundtable session at the recently concluded Annual general meeting and scientific conference of the Association of Medical Laboratory Scientist on Nigeria. The satellite session with the theme, "**QUALITY MANAGEMENT SYSTEMS, LEADERSHIP, OWNERSHIP AND SUSTAINABILITY**" targets Directors of Government departments of Laboratory services, Policy makers, guild of Private medical laboratory directors and practitioners was aimed at engaging the participants on strategic approaches to sustainable laboratory services delivery in Nigeria. Led in session by the USAID Senior Laboratory/VTC

Manager who unfolded PEPFAR strategic direction for the next five years, MSH utilized the conference to showcase here innovative approaches towards sustainability using the Leadership development Programs, the PEPFAR fellowship programs and health systems strengthening through partnership with Governments at all levels

VII. Staff Capacity Development Programs

In the quarter under review, Laboratory Systems Specialist benefitted from capacity building programs. One of the Specialists was supported to attend a two weeks course on Quality Management Systems in Amsterdam, The Netherlands. Outcome of this course will help to position our effort at instituting quality management systems in laboratory networks in preparation for registration and accreditation. Other Specialists participated at the BD Biosciences (Manufacturers of FACSCount machine) train the trainer workshop. The training was to improve equipment maintenance for better delivery of laboratory services to clients and targeted laboratory personnel who are directly involved in on-site monitoring of staff at ART laboratories

VIII. Equipment Procurement for Quality Assurance laboratories and selected PHCs

To further strengthen diagnosis and improve quality of services within the network of laboratories, additional equipments and testing technologies have been proposed. This include advanced technologies for the confirmation of HIV diagnosis in our laboratories, technologies for the diagnosis of Treponema pallidum, CRAG technology for the diagnosis of Cryptococcus spp., Florescence Microscopy for enhanced TB diagnosis, Biosafety cabinets, UPS etc. These additional infrastructures will improve diagnosis and also safety in the laboratory and will also enhance the capacity of our selected Quality Assurance laboratories to provide oversight services to other laboratories. Procurement of these infrastructures has received approval via the Project CURE.

CHALLENGES

- In spite of the success recorded in this quarter, there are obvious challenges that require immediate attention as listed below
- Burn out due to inadequate human resources in the laboratories across the sites
- High equipment downtime with attendant high cost of services/repairs
- Poor power situation and dearth infrastructure
- Rational/Strategic use of current automation platforms provided free for HIV services and other services
- Inadequate systems for coordination

NEXT QUARTER PLANS

- Evolving new training packages that addresses the vexed issue of integration
- Assessment/analysis of identified gaps from planned assessment of laboratories in Niger State in preparation for registration and accreditation

- Conclude review of Cost implications of equipment repairs/servicing
- Begin assessment of baseline information on integration of services
- Initiate systems for coordination and management of laboratory programs in other States
- Evolve strategies for integration of malaria diagnosis in HIV/AIDS services

SUPPLY CHAIN MANAGEMENT

Introduction:

Axios Foundation is responsible for coordinating the Supply chain management system (SCMS) activities of the Prevention Organizational AIDS Care and Treatment (Pro-ACT) project in 6 states namely; Kogi, Kwara, Kebbi, Niger, Adamawa and Taraba. Axios provide expertise in all fundamental components of supply chain management to ensure uninterrupted flow of ARVs, laboratory reagents, rapid test kits, medical consumables and other medicine to health facilities. The organization also supports the Pro-ACT project in the areas of Pharmaceutical care and Pharmacy Best Practice (PBP) in all supported sites in the states. This report covers the SCMS activities carried out and supported in quarter 3 (July – September, 2010) which include the following areas:

I. Pooled Procurement and Donation of Commodities

The pooled procurement procedures were applied in acquiring commodities during the quarter. Logistics Management Information System (LMIS) data that was collated for the ProACT project was forwarded to SCMS procurement unit for the Adult ARVs, Pediatric ARVs as well as Co-trimoxazole. During the quarter ARVs procured through the PEPFAR pooled process include Truvada co-packed with Efavirenz and Tenofovir/Lamivudine fixed combination as well as Zidovudine 300mg tablets for PMTCT. Donations of ARVs for PMTCT were received from CHAI/UNITAID. Pediatric first line ARVs and few quantities of second ARVs (Alluvia suspension) were also received from CHAI. Donations of Pediatric ARVs were also received from FHI/GHAIN in line with resolution of PEPFAR TWG with the view to reducing expiries in the system for the pediatrics ARVs.

II. Capacity building

2 members of staff of the Niger state ministry of health (SMOH); warehouse manager and the inventory checker of the Central Medical Stores were given introductory training on electronic Inventory Management System at Axios Central Warehouse Abuja. This has accorded them the needed familiarity to the standard expected of them in the discharge of their duties. As part of support in logistics management of ART drugs and other consumables, a one-week on-site training for newly recruited Pharmacists in GH, Omu-aran & SH, Offa. The hands-on training was conducted on basic principles of handling ART drugs and inventory management.

The newly recruited staff have better understanding of procedures for patients counseling and adherence, Good Pharmacy practice which will facilitate compliance by the patients.

The Niger State Government continued to demonstrate ownership drive during the quarter by sponsoring the Pharmacist at the state central warehouse to attend training on commodities logistics.

III. Increased Government Ownership with The Supply Of RTKs for HCT Services:

In Adamawa state an advocacy visit was carried out to the ministry of health to seek government support to resolve the constraint of test kits availability to Pro-ACT supported facilities. The state ministry of health supported the facilities with the supply of RTKs received from the FMOH. The Stat pack that was supplied by the SMOH was helpful in eliminating stock outs and ensuring the national algorithm for testing is been complied with. In Taraba State 4160 RTKs were leveraged from the State Government House Clinic for use in the facilities. In Kwara State, collaboration between the state government and LMS Pro-ACT was strengthened. 300 Tests of Stat Pak were donated to ProACT-supported sites across the state. This laudable support assisted in addressing gaps in commodity availability and consequently increased access to quality testing. Niger State Ministry of Health supported the MSH supported sites in the State with 240 tests of Stat Pak to improve the stock levels of the commodities at the sites especially with the apparent shortage of Stat Pak and Unigold in the facilities. A RTKs utilization collection tool was developed by Niger state SACA to collect information on the distribution and usage of the RTKs for onward presentation to MDGs for better coordination.

IV. Facility and LGA Support to Improve Infrastructure and Service Delivery

The management of GH Mokwa Pharmacy & GH New Bussa carried out some infrastructural activities during the quarter by fixing Air conditioner and purchasing refrigerator for the storage of ARV syrups for use in PMTCT in the maternity unit. The challenge of space constraint in RH Lapai store and dispensary was resolved with the allocation of a new store space for the pharmacy. GH New Bussa is also renovating a block which is hoped will resolve issue of good space for ART pharmacy dispensing. GH Tunga Magajiya and GH Mokwa now receive support from the LGA/State government on issue of power source especially for the storage of cold chain items.

V. Niger state TWG SWOT analysis on logistics

The secretariat of the TWG on Logistics carried out situational analysis of LMIS for various logistics partners. The report of the analysis was submitted to the central committee of the TWG for review. Another TWG sub-committee also met to conduct SWOT analysis of the Supply Chain management system in the state. The report is currently being reviewed by the Director of Pharmaceutical Services after which it will be presented to the TWG at the next meeting.

VII. Ongoing Technical Assistance to Supported Sites and State Government on LMIS

During the period, LMIS reporting system in all the facilities across the zones was supported by zonal logistics officers. The support included collation of data on consumption of HIV/AIDS commodities including ARVs, OI medicines and Laboratory reagents and consumables and

quantification for the commodities needs of the facilities. As part of continuous quality improvements, the bulk stores in most facilities were arranged orderly to promote the principle of First to Expire First out (FEFO), Store Ledgers and Tally cards were also updated.

The quarter activities focused on improvement of documentation and storage of drugs at the facilities. The SCMS specialist in Kebbi assisted two of the facilities to reorganise their Pharmacy dispensary and Store at GH Koko and GH Argungu. To help improve documentation and get accurate usage of commodities, Requisition booklet were introduced in the main laboratories across the three MSH supported facilities in Kebbi State and this improved accountability at PITC points of stock utilization in the facilities.

VIII. Support for Decentralization of ART services in Jalingo

LMS ProACT is supporting the Federal Government of Nigeria through the FMoH to increase access to health care through decentralization of ART services to PHCs. State Specialist Hospital Jalingo in Taraba state was selected as one of the six national pilot sites to decentralize services to six PHCs in a phased mechanism beginning with two in the first week of November, 2010.

During the quarter , the following activities were carried out in preparation for the decentralization, site assessment, development of an implementation strategy document for the process and reviewed of existing inventory tools for adaptability. The strategy provides a framework for the implementation of decentralization of ART services incorporating the accurate quantification of needs at the Hub while taking into account the movement of predetermined quantities of commodities to the spokes sites (PHCs).

IX. Integration and collaboration with government units

SCMS specialist in Taraba conducted a joint supervisory visit with the Directors of Medical, Pharmaceutical, Nursing and Laboratory Services to FRH Donga and FRH Ibi where they evaluated the performance of staff and further encouraged members of staff to do more. They also emphasized ownership of the program by the Taraba state staff.

X. Participation At Waste Management Meeting

The PEPFAR TWG on logistics met to review activities of the last quarter and to apply the lessons learnt from the previous waste disposal exercise and partners were encouraged to adopt various waste minimization strategies. Subsequently a workshop was held in August, 2010 at Kaduna to review the draft national HCWM strategy document and SOPs for HCW management for submission to the FMoH. The documents were reviewed under 4 major objectives;

- Development of administrative framework for the implementation of the USG PEPFAR Action Plan for HCWM
- Develop HCWM Legal and Regulatory framework
- Standardize HCWM practices
- Strengthen Institutional capacity of HCWM stakeholders
- Recommendations/Next steps on HCWM;

- USG to facilitate signing of national HCWM Plan through FMoH
- Partners to facilitate the establishment of Injection Safety and Infection Prevention and Control Committees at supported facilities
- Partners to participate in regular waste drive activities to prevent accumulation of wastes

CHALLENGES

- None compliance to the SOP still remains a challenge in some of the facilities in the states. The areas involved are mainly the storage & fire precaution SOPs. The SCMS specialists are working with the facilities to ensure application of SOPs in all sites.
- Some of the facilities are lacking racks and/or cabinets and as a result, some ARVs supplied to the facilities are kept on the floor especially because quantities/size of deliveries has increased greatly as a result of the bimonthly supplies and increase patient load at the facilities. Joint advocacy by both Axios and ProACT may be useful in addressing this challenge.

NEXT QUARTER PLANS

- Support decentralization of ART services in Jalingo
- Provision of Drug pallets for the main store of the Pharmacy units where they are lacking.
- Carry out on – site data quality audit in the six states in the by the second quarter of the COP year.
- Engage government at various states to employ more permanent staff to assist the services in the hospitals.
- Joint supervisory visits with SMoH officials in all states
- Step-down training on Pharmacy Best practice for HF staff in Adamawa, Taraba, Kwara and Kogi states
- Continue to support to Kogi SMoH in development of integrated system for quantification, procurement, storage and distribution of all Health commodities beginning with KSSH Lokoja
- Continue to support Niger state TWG in development & implementation of Action Plan

MONITORING AND EVALUATION

Introduction

The ProACT M&E team initiated activities geared towards communicating project results on program performance and health system strengthening at our focus facilities. The M&E systems were reviewed at various levels to identify gaps and address challenges and ensure that capacity and systems are built to provide evidence based data, improve program performance, decision making and a responsive health system that meets the needs of the target population. Details of key achievements during the quarter under review are highlighted below:

I. Capacity Building For Facility Medical Records Staff On Data Collection

The ProACT project embarked on an intensive capacity building program for the facility Medical Records teams in supported facilities during the quarter under review. The capacity building program was aimed at impacting skills to accurately collect and utilize data for decision making. Foremost on the process was ensuring the continual availability of the national data collection tools (NNRIMS forms) in all ProACT supported comprehensive site. The next phase involved an intensive supportive supervision of the facility Medical Records Teams which includes the HODs of the medical records, the Data Clerks and the Medical Records Officers. They were mentored and on the use of the NNRIMS ,MSH specific and national and indicators. Currently, the ProACT M&E teams are guiding the facility Medical Records Teams on developing simple and user friendly database that will store routine monthly data and generate information that will guide decision making at all levels at the facilities. Expectedly, 100% of MSH supported comprehensive sites will have medical records staff skilled in collecting and reporting data to both SACA and MSH by the end of December 2010. This strategy will not only build the capacity of the facility M&E teams to better understand, collect, report and utilize data but it will also provide the ProACT M&E team with more time to perform other routine M&E functions.

II. M&E Support to Community Based Organizations

Thirteen CBOs in Kogi and Taraba States have been selected and awarded grants, with the main purpose of building their capacity to write proposals, implement, monitor projects and manage grant funds. Key to the success of the grant process is the strengthening of the CBOs M&E capacity to collect, report and utilize data for decision making. As part of this effort the ProACT M&E team in Kogi and Taraba States provided mentoring and supportive supervision to the M&E Officers of the 13 CBOs on how to document data using national forms and registers for 3 thematic areas (Prevention, HBC and OVC). The mentoring process also enabled the M&E teams identify gaps in some registers which they are currently addressing. This activity has revealed gaps in data documentation in the first 3 months of implementation due to the poor capacity of the CBOs to document data for services rendered and report same to MSH field teams. Though the capacity building process is still ongoing, great strides have been made to improve their data collection and reporting skills. In the next quarter the M&E Team will continue to provide support to the CBOs in ensuring that they improve their M&E systems.

III. Technical Assistance In Identifying Potential CCT Sites In Kogi State

On the invitation of the Kogi State MoH, the ProACT project had made a commitment to provide technical support and assistance in the scaling-up of ART services in the state. This is a state government owned process that will ensure the activation of 3 secondary level health facilities to provide Comprehensive HIV/AIDS Care and Treatment services in hard to reach communities thereby increasing access to HIV/AIDS Care and Treatment. The three assessed facilities were; Comprehensive Health Centre, Iyara – Ijumu LGA; General Hospital, Koton Karfe – Kogi LGA; and Cottage Hospital, Onyedega – Ibaji LGA. From the M&E perspective, the assessment exercise

revealed critical issues such as lack or inadequate manpower in all the records units assessed this poses a challenge to data documentation once the sites are activated. It is recommended that adequate staff be deployed and trained to ensure the success of ART sites once activated.

IV. Advocacy to the Director World Bank Assisted Program

In Adamawa State an advocacy visit was conducted to the Director World Bank Assisted Program by the State team to support the provision of computers to two MSH supported facilities-General Hospital Michika and Garkida. The Director on his part confirmed that approval had been given and attributed the delay to non release of funds to procure the computers. The State team will continue to advocate for the procurement and deployment of these computers that will significantly improve the compilation, analysis of facility data in the selected health facilities.

V. Quality HIV Services at MSH supported sites – Data use/information to Improve on program efficiency:

Data across MSH supported sites are not just stored but used to improve the quality of service delivery. To this end the M&E officers, and data clerks are now presenting their facility data at the quarterly Hospital Management Committee & patient care team meetings. A brief summary of facility performance data, challenges are presented from thematic areas & head/personnel of the unit/department respond accordingly to the issues identified & establish remedial action plan towards addressing them. During this quarter in Kebbi State, we recorded a tremendous achievement in the area of **adherence counseling** for new clients initiating ART from **42%** in July, **37%** in August, and dropped to **21%** in September, 2010 compare with the previous quarter as **29%** in April, **23%** May, and **49%** in June. Equally, the CD4 uptake for newly clients enrolled into care is 100% consistently for GH Jega for this quarter, while for GH Arugungu 100% in July, 90% in August, and rose to 100% in September again, GH Koko maintain averagely 75% to 80% CD4 uptake in this quarter, measures were already put in place to ensure all newly enrolled clients got their CD4 within the time of enrollment. The team was able to set up a concrete system yielding a positive result across all the service delivery point, strengthening the escort service system for all positive clients to ensure 100% enrollment uptake; during this quarter **89.9%** success were recorded for new positive clients versus enrolled into care, **98%** in July, **81%** in August, while **87.5%** were recorded in September, 2010 this shows a **8.5%** enrollment decline compared with the previous quarter reported. This extract from the Kebbi state M&E Specialist clearly demonstrates the use of data for decision making at facility and program level, it also demonstrates that there is an improved system of using data to develop strategies and also track progress or challenges that arise from implementation of these strategies. Ultimately we envisage a system that completely relies on data use at all levels of government and facilities that we support in the MSH ProACT project.

M&E Training in Ethiopia and South Africa and Site Visit to MSH Office in Ethiopia

The leadership of MSH ProACT selected and paid fully for 2 M&E Team members Ikenyei Uche and Chinedu Chukwu to attend Regional M&E trainings organized by Measure Evaluation in Ethiopia and South Africa respectively. The trainings provided a platform for them to better

understand some key M&E issues and also meet with other M&E professionals working in Africa. The Ethiopian Training was a 3 week course that focused on monitoring and evaluating maternal and child health interventions including HIV/AIDS programs while the South African course was specifically for monitoring HIV/AIDS programs. The training has placed the M&E Unit's capacity to better perform their M&E functions and responsibilities especially as the project focuses more on results. The M&E Advisor also conducted a 2 day field visit to the MSH field office in Ethiopia to understand the Case Manager strategy in reducing *loss to follow up* of clients on ART. The findings demonstrated that the successes of low LTFU were centered on 2 key fulcrum, human resources and provision of ART services at the primary level facility. The skills from the training will be used to further improve on ProACT's progress in reducing *loss to follow up*.

CHALLENGES

- **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 demotivating 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

- **Funding of SACA to fully take over the M&E meeting**

The M&E monthly review meetings brings together the M&E Officers from facilities and partners to discuss key M&E achievements and challenges. MSH in supporting this process jump started these meetings in our focal states, this jump start includes funding with the expectation that the MOH/SACA team will take over the responsibility of owning the process, however they have not demonstrate the technical or funding capacity to take over this process. 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.

- **Competences of the HODs records and other medical records Staff**

Due to high turnover of data clerks and poor capacity of the HODs and other medical records staff to perform key M&E functions, it has become necessary to conduct M&E Training. The M&E Unit will liaise with the HSS Team and develop strategies to address this challenge.

NEXT QUARTER PLANS

- **Second Arm of Data Quality Audit**

The next Data Quality Audit will be taking place from the 15th – 20th of November 2010, 6 months after the last DQA which was conducted in May 2010. The DQA will help the M&E Team identify the level of attainment of the gaps that were identified, It will also enable the M&E Team conduct an M&E systems audit, which will ensure that we are well informed with information that will help the M&E Team improve on the M&E challenges at state and facility level.

- **Deployment of the Electronic Medical Records at SSH Jalingo**

In concluding the deployment of the EMR, the M&E Advisor will ensure that computers have been deployed and the EMR has been installed and ready for use against January 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 a norm 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 is very important because the capacity of the CBO will be improved to better document and report data and also to ensure that the data is of good quality to enable MSH report to our funders USAID.