

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

Quarterly Progress Report, July – September 2012

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Leadership, Management and Sustainability Program, Nigeria

PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT—ProACT

Quarterly Report: July–September 2012

Strengthening community systems for delivery of OVC, BASIC care and support services



Photo Caption: A counselor /Tester providing pre-test information in a supported facility in Kogi State

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

The Management Sciences for Health (MSH) Leadership, Management and Sustainability Project (LMS) Program is a global five-year Cooperative Agreement funded by the United States Agency for International Development (USAID) designed to develop leadership and management skills at all levels of health care organizations and programs to effectively address change and improve health outcomes in the areas of family planning, reproductive health, HIV/AIDS, infectious disease and maternal and child health. In Nigeria, the LMS Program implements the Prevention Organizational Systems AIDS Care and Treatment Project (LMS ProACT) is an associate award funded by the US President's Emergency Plan for AIDS Relief (PEPFAR), whose goal is to build the capacity of Nigeria's public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment. LMS ProACT began operations in August 2009 taking over from the AIDS Care and Treatment (ACT) Project that started in October 2007. ProACT now supports 6 state governments of Kogi, Niger, Kwara, Kebbi, Adamawa and Taraba to operate 30 comprehensive HIV/AIDS treatment centers. With its main office in Abuja, Nigeria, ProACT is decentralized to the government states level and has established offices in each of the 6 states to bring technical support closer to the areas of greatest need.

USAID/Nigeria QUARTERLY REPORT

PROACT Project Quarterly Progress Report July - Sept 2012

<i>ACTIVITY SUMMARY</i>
Implementing Partner: Management Sciences for Health
Activity Name: Leadership Management Sustainability – Prevention Organizational Systems AIDS Care and Treatment Project (ProACT). Management Sciences for Health (MSH).
Activity Objective: To build the capacity of Nigeria’s public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated with the health system 1. To increase demand for HIV/AIDS and TB services and interventions, especially among target groups 2. To increase access to quality HIV/AIDS and TB services, practices, and products in selected states 3. To strengthen public, private and community enabling environments
USAID/Nigeria SO: SO 14
Life of Activity (start and end dates): July 16, 2009 – July 15, 2014
Total Estimated Contract/Agreement Amount: \$60,797,873
Obligations to date: \$38,428,588
Current Pipeline Amount: \$5,645,514
Accrued Expenditures this Quarter: \$2,180,819
Activity Cumulative Accrued Expenditures to Date \$32,783,074
Estimated Expenditures Next Quarter: \$2,902,991
Report Submitted by: <u>Makumbi Med, Project Director</u> Submission Date: <u>October 30, 2012</u> Name and Title

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Acronyms

AB	Abstinence, Be Faithful prevention strategy
ACT	AIDS Care and Treatment (MSH Project that preceded ProACT)
ART	Anti-retroviral Therapy
ARVs	Anti-retroviral drugs
CCT	Comprehensive Care and Treatment
CME	Continuous Medical Education
COP	Condom and Other Prevention Program
CSO	Civil Society Organization
DOTS	Directly Observed Therapy Short Course (for TB)
DQA	Data Quality Assessment
EID	Early Infant Diagnosis (for HIV-Infection)
FBO	Faith-Based Organization
FLHE	Family Life HIV Education
HCT	HIV Counseling and Testing
HAF	World Bank HIV/AIDS Funds
HMB	Hospital Management Board
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HRH	Human Resources for Health
IP	Implementing Partner
LACA	Local Agency for the Control of AIDS
LGA	Local Government Area
LMS	Leadership, Management and Sustainability Program of MSH
LTFU	Loss to Follow Up
M&E	Monitoring and Evaluation
MARPS	Most At Risk Populations (for HIV)
MOH	Ministry of Health
MPP	Minimum Prevention Package Interventions (for HIV)
MTCT	Mother-to-Child Transmission of HIV
NACA	National Agency for Control of AIDS
NASCP	National AIDS and STI Control Program (of the Ministry of Health)
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NGO	Non-Governmental Organization
OSY	Out of School Youth
OVC	Orphans and Vulnerable Children
PEPFAR	US President's Emergency Plan for AIDS Relief
PE	Peer Educators
PEP	Peer Education Plus
PITC	Provider-Initiated Testing and Counseling
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PMT	Patient Management Team
RTKs	Rapid Test Kits (for HIV)
SACA	State Agency for Control of AIDS
SAPR	Semi Annual Progress Report
SMOH	State Ministry of Health
SOPs	Standard Operating Procedures
STI	Sexually Transmitted Infection
TA	Technical Assistance
USAID	United States Agency for International Development
USG	United States Government

EXECUTIVE SUMMARY

The period July - September 2012 not only marks the first quarter for ProACT's Program Year 4 (PY4) but is also the last quarter of the USG Fiscal Year 12 (FY12) reporting period. The ProACT project, funded by USAID and managed by MSH, continued to support the government of Nigeria in the provision and scale up of HIV care and treatment services in the six focus States of Adamawa, Taraba, Niger, Kogi, Kebbi and Kwara.

One major key highlight of the quarter was MSH ProACT's contribution to the national PMTCT efforts. Nigeria contributes about 30% of the global mother-to-child transmission of HIV (MTCT) burden, but has a depressingly low PMTCT coverage. In light of this, during this quarter ProACT developed the State-specific hyper-implementation plan to support the ongoing efforts of the national HIV program in increasing access to PMTCT by scaling up PMTCT services to twenty-three more sites situated in underserved and hard-to-reach communities of Taraba State. This has increased the number of PMTCT sites from 58 in the last quarter to 81 by the end of September 2012. The current list of MSH-supported sites is attached as Appendix I.

Other significant achievements attained in the quarter are listed below:

- In the last year (Oct 2011 – Sep 2012) **17,381** clients were provided with Abstinence and Be Faithful (AB) messages while **6,198** were from this quarter alone, **3,835** people from most-at-risk populations (MARPs) were provided with prevention messages, adding up to the **18,218** cumulatively reached during FY12
- In the last year, (Oct 2011 – Sep 2012) **56,652** pregnant women were counseled, tested and received their test results from October 2011 through to September 2012. Of these, **18,296** were in this quarter which was the highest recorded amongst the 4 quarters. Previous quarters recorded were **9,797**, **11,292** and **17,123** for quarters 1, 2 and 3 respectively
- In the last year **71,488** clients have received umbrella care services, which include preventive, supportive and clinical care services.
- This quarter, **2,374** orphans and vulnerable children (OVC) received a minimum of one OVC care service which is slightly better than previous quarters achievements of **1,129**, **1,358** and **2,249** for quarters 1, 2 and 3 respectively

During the quarter **4,313** eligible adults and children received food and/or other nutrition services—a making a cumulative total of **14,141** for FY12.

- This quarter 1,384 new patients were initiated on ART. To date, we have initiated **17,788** patients on life-saving ART while **12,321 (69%)** of them are currently on ART—an increase when compared with the **67%** currently on ART last quarter.
- In this FY12, **64%** of FY11 ART Cohort analyzed were still on treatment 12 months after initiating treatment, a slight improvement from the figure reported in the SAPR of **60%**.
- During the quarter, 511 TB patients were counseled and tested for HIV—slightly higher than the previous quarter’s 460 but a bit lower than the second quarter’s 532.
- The number of HIV patients screened for TB rebounded after falling consistently for the last 3 quarters of FY 12. This quarter’s data was 1,878, while we recorded 4,482, 2,370 and 1,568 in quarters 1, 2 and 3, respectively.

The quarter generally recorded major strides towards attaining the FY12 targets; however though the efforts were significant some targets were not met.

Major challenges experienced this quarter included the flooding that took place in a number of MSH-supported states where we have sites. Many patients were unable to come to pick up their drugs and receive other services that could have improved their health status. Badly affected states included Niger, Kogi and Adamawa, which are also states with high prevalence of HIV/AIDS.

As we plan for Fiscal Year 13, ProACT will put in place a number of activities to enable the project meet and surpass FY13 expected targets.

OERVIEW OF APR PERFORMANCE DATA REVIEW
FISCAL YEAR (FY12) (OCTOBER 2011 – SEPTEMBER 2012)

The Annual Program Results (ARP) for this Fiscal Year 12 began in October 2011 and ended in September 2012. The data below presents the final data computed for the APR period when compared with USAID allocated targets. A breakdown of key performance monitoring indicators below shows the following results thus far: *Please note that, in the appendix, indicators in red did not meet the expected 100% APR targets achievement while indicators in black are either equals to or exceed the 100% targets.*

No of Sites

In the months of July – September 2012, 1 comprehensive site was activated in Adamawa state while 23 and 11 PMTCT sites were activated in Taraba and Kogi state, this has increased MSH sites to 97 from 74 in the last quarter.

PREVENTION AND COMMUNITY SERVICES

Prevention

During the FY12 (October 2011 – September 2012) reporting period the prevention unit achieved over 100% in Prevention with Positives (**150% of 11,063**). The number of people reached for General population was **10,803**, while **6,198** people were reached with AB messaging Much was much higher than the second and third quarter respectively where **854** and **3,251** were recorded respectively. 3835 MAPR were reached during the quarter and a cumulative total of 18,218 were reached during the FY.

PMTCT

During the APR period under review, 56,652 pregnant women (**79% of 72,099**) were C&T and received their results in an MSH-supported PMTCT service site, **291** of them were known positive while **56,391** were unknown. The positivity rate still remains at **1% (291 positives)**. A total of **1,028 HIV+** pregnant women (**which represents 43% of 2,365**) received anti retroviral to reduce risk of MTCT a far cry from the expected APR target. **16% (1,028)** of these women who received prophylaxis were on treatment for their disease while **48%** of the women were on triple therapies and **35%** were both each on single and double therapy respectively. Despite the fact that we were only able to achieve **43%** of the number of HIV+ pregnant women given prophylaxis we were able to place **81%** of the identified HIV+s on prophylaxis, the implication of this programmatically is that we would need to significantly increase the number of pregnant women C&T to enable us identify more HIV+ considering the MSH state pregnant women prevalence of **1%**.

Exposed Infants Data

During, APR reporting period **1,264** exposed infants had their blood samples collected for DBS test. **953 (75%)** of those samples were test for HIV and **87(9%)** were confirmed HIV positive.

HIV Counseling and Testing

During the APR reporting period, the project was able to C&T **197,910 (128% of 154,897)** these include individuals from all C&T points including PMTCT while **109,307(258% of 42,446)** which excludes PMTCT and TB.

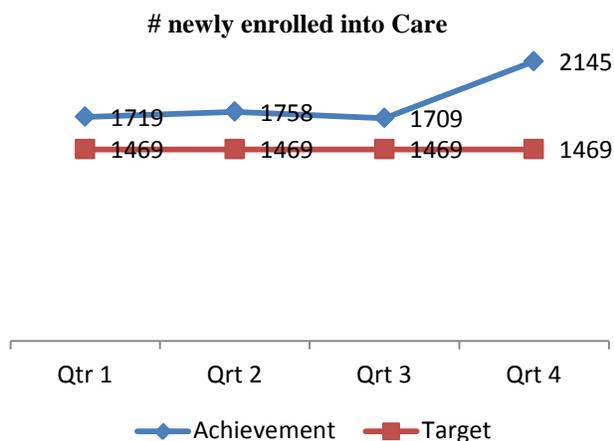
Umbrella Care Services

The M&E team made efforts to review and compile the indicators that make up the umbrella care indicators; this improved the quality of data that we now report for the umbrella care indicators. The umbrella care indicator is made up of 3 main indicators that include the number of HIV+ clients who received at least one clinical care service, number of OVCs who received at least one service and number of PABAs reached. Each indicator that makes up the umbrella care and their achievements are detailed below For the number of people who received at least one clinical service is **69,033 (69% of 73,168)** were reached, for the number of OVCs who received at least one service for the APR period is **7,110 (71% of 10,000)** were reached while the number of PABA reached is **41,282 (98% of 42,112)**

HIV CARE AND TREATMENT

HIV Care Services

Between October 2011 and September 2012, **7,331 new HIV+ patients enrolled into care** with a cumulative of **30,718 enrolled** into care. Of the **7,331 HIV+** enrolled into care 1405 (19%) were from Niger, 928 (13%) were from Kogi, 2443 (33%) were from Taraba, 1626 (22%) were from Adamawa, 475 (6.5%) were from Kebbi and 454 (6.2%) were from Kwara State. Currently 4811 of the total patients enrolled are currently on ART this represents 65% of the patients of the total number currently enrolled into care, programmatically we would have to enroll more HIV+ patients to enable us initiate more patients on ART when we are given new targets



HIV Treatment Services

4,811 new patients initiated ART representing

111% of 4,343 of the FY 11 target. Cumulatively by the end of September 2012 a total of 17,788 have ever initiated ART treatment. The 12 months survival for the October 2011 to September 2012 ART cohort

stands at **64%** (**Niger 58%; Taraba 68%, Kogi 72%, Kwara 64%; Adamawa 67%; Kebbi 43%**) a slight improvement from the SAPR data of 60%.

TB/HIV Services

10,298 HIV+ patients were screened for tuberculosis upon enrollment into HIV care and treatment at MSH-supported sites, 71% of the expected target was met. Of the 10,298, 2529 (25%) were suspected to have TB while 279 patients confirmed TB+ and initiated TB treatment at these facilities during the APR reporting period. 1,950 individuals received C&T for HIV and received their test results at a USG support TB services outlet (including suspect), which represents 69% of the 2,843 FY 12 Targets.

Laboratory

During the APR reporting period of the 7,331 newly enrolled into care 5,523 (75%) had a baseline CD4 test done upon enrollment into HIV care and treatment at MSH-supported sites.

HEALTH SYSTEM STRENGTHNING

Introduction:

The first quarter of the ProACT's PY 4 (July-September 2012) recorded a number of Health System Strengthening (HSS) activities both at the country office level and the 6 ProACT states (Adamawa, Kebbi, Kogi, Kwara, Niger and Taraba). These activities focused essentially on transitioning HIV/AIDS coordination at the state and Local Government Areas (LGA) levels by State Agencies for the Control of AIDS (SACAs) and Local Agencies for the Control of AIDS (LACAs). Among the key activities planned for the quarter are supports to NACA on World Bank HIV/AIDS Funds (HAF) process at National level, and across the 6 project states; strengthen support to support groups of people living with HIV/AIDS (PLHIV) and civil society organizations (CSO) grantees; strengthen organizations such as SACAs, State Ministries of Health (SMOHs) and Hospital Management Boards (HMBs) to enhance quality of health care delivery. There were also a number of unplanned activities of high priority undertaken during the period under review. One such activity was the training of new grantees on proposal development and participation in the performance-based financial and Local Development Plan (LDP)+ trainings.

Key Activities Conducted:

- Conducted Quality State Health Coordination in ProACT Project states through joint MSH/SMOH/HMB supervisory visits to health facilities
- Provided technical support to NACA and SACAs in the 6 ProACT Project states for effective implementation of World Bank HAF
- Strengthened the capacity LACAs, CBOs and support groups for sustained HIV/AIDS prevention, treatment, and care and support services
- Strengthened HIV/AIDS LGA coordination through LACA Stakeholders Forum in Omu Aran and Ibi for improved access to HIV/AIDS/TB services
- Continued the process on the HSS Grants for Human Resources for Health Capacity on HIV/AIDS/TB
- Ward Health Committees (WHCs) were formed and are functional in planning, resource mobilization and accounting for results in the Omu Aran and Ibi LGAs

Description of Activities:

1. Conducted Quality State Health Coordination in ProACT Project states through joint MSH/SMOH/HMB supervisory visits to health facilities:

In line with HSS mandates of promoting effective coordination of state HIV/AIDS response through SACAs and SMOHs across the six ProACT Project states and strengthening leadership and management capacity of respective HMBs for quality health care services, the state team in Niger provided technical assistance (TA) to the SACA, which facilitated the establishment of the Monitoring and Evaluation (M&E) technical working group to monitor HIV interventions in the state. Also as a follow-up to the joint SMOH/HMB/MSH supportive supervision held earlier this year, Niger, Kwara and Taraba states' SMOHs brought into the joint process by harmonizing the supervisory checklists in the states into one document that will be used throughout all the health facilities in the state. The checklist covers all thematic areas of patient care in the hospitals, and the states have designed work plans and budgets for implementation. In Taraba, Kogi and Niger states MSH participated in coordinating the assessment of HIV services in the states through the joint supervisory visits to health facilities across the states. Within this quarter, SMOHs in Kogi and Niger were supported to develop the scope of work for the center for continuous professional health education, as well their one-year operational plan with a budget in line with the grant process. This is to strengthen states' health systems to coordinate the various specialized skills-building trainings and enhance the capacity of health workers in the state towards promoting health outcomes of people utilizing these services. As part of local ownership, Niger SACA started funding quarterly state stakeholder meetings, while the Kwara state government has instructed the SMOH to prepare a budget for the establishment of a CCT site in Okuta in the underserved areas of the state.

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

In line with our role in the second HIV/AIDS Programme Development Project (HPDP2) also known as the HAF process, ProACT, provided both technical and hands-on mentoring support to SACAs across the project states with a view to engendering effective and efficient state HPDP2 implementation and state HIV/AIDS coordination. Below are areas of TA provided between July and September 2012:

- MSH provided technical assistance to the State SACA in the implementation of the HAF process in the area of enlistment of NGOs, CBOs and FBOs
- HAF Advisory Committees were formed and inaugurated, and MSH became a member of the advisory committees, in the 6 ProACT states

- Supported some of the SACAs to develop Terms of Reference and Expressions of Interest for CSO involvement in the HAF process
- Supported the Taraba State Government in developing the Taraba Agency for the Control of HIV/AIDS work plan for the HAF process
- Provided TA on the one-page document to reflect HIV epidemic status in some of the states using available data

ProACT also participated in the NACA-organized SACA zonal meetings for North-East and South-West geo-political zones to address expanding the civil response in the HIV/AIDS Fund and increase the understanding of the process, as well as to design concrete actions that will enhance implementation of the process among the SACAs in these zones. In Niger there was a joint team of PACT, AIDSTAR-One and MSH that assessed SACA institutional capacity using the National Harmonized Organizational Capacity Assessment Tool (NHOCAT) to assist their institutional capacity, identify gaps and develop a plan for SACA.

3. Strengthened the capacity of LACAs, CBOs and Support groups for sustained HIV/AIDS prevention, treatment, and care and support services:

During this quarter, the project continued to strengthen the capacity of LACAs, CSOs and Support groups through assessment of capacity/gaps, training in technical areas and development of systems and processes to ensure sustainability of HIV/AIDS programs. We have developed a well-coordinated, high-quality institutional capacity-building plan for support groups and CSOs to enhance service delivery and program sustainability. Some of the outcomes/impact of the implementation of the organizational development plan include: the review of the constitution of the support groups to be realigned with the Network of People Living with With HIV/AIDS in Nigeria (NEPHAN); improved financial management and documentation; improved reporting of support group activities; registration with the relevant bodies; and opening of bank accounts, especially with some micro finance banks. ProACT conducted capacity assessments with four of the new prevention grantees and developed organizational development plans with them. We have conducted trainings for both the renewed and new grantees, building their capacity in proposal writing for HIV Prevention, OVC, and Care & Support interventions, and provided up-to-date information on modes of engagement between MSH and CSOs. The platform provided the CSOs with:

- Technical updates on related HIV and AIDS issues, HIV prevention technologies and strategies, OVC approaches and strategies, and Care & Support services for the people living with or affected by HIV
- Knowledge, skills and practice on monitoring and evaluation of HIV prevention, OVC and care services

- Updated information on funds management, MSH financial policy, and guidelines and operations.

4. Strengthened HIV/AIDS LGA coordination through LACA Stakeholders Forum in Omu Aran and Ibi for improved access to HIV/AIDS/TB services:

As a follow-up to the advocacy conducted to Ibi and Irepodun/Omu Aran LGAs last quarter to secure their buy-in of the LACA stakeholders forum, the MSH team facilitated the inauguration of LACA stakeholders forum in the two LGAs. The major achievement in facilitating this is the strong ownership of the process exhibited by Ibi LGA where both the LGA Chairman, community leaders and community members embraced the establishment of this forum by driving the process and leading in hosting, financing and committing their time to participate in the inaugural meeting. The next meeting was scheduled by the members in both LGAs to align with the SACA stakeholders at the state level; while Omu Aran is yet to fix a date for their meeting, the Ibi forum will meet in October to develop an action plan for the year that will guide the operations of the forum.

The established LACA Stakeholder Fora will provide the platform for information dissemination of available services in and outside of the communities in Irepodun and Ibi LGAs. The fora will also ensure that the LGAs and the communities take lead in controlling HIV/AIDS and TB in a coordinated and sustainable manner within the local governments and the communities. The membership of the LACA Stakeholders forum include: representatives of PLHIVs, CBOs, faith-based organizations, women, youth, LGA staff, village/ward health committee leaders and traditional/religious leaders' representatives. Others are representatives of private/public service providers and implementing agencies. LACA is the coordinating body.

5. Continued the process on the HSS Grants for HRH capacity on HIV/AIDS/TB:

In our pursuit to improve HRH gap and institutionalize specialized trainings for HRH of all cadres into the existing state health systems, ProACT kicked-off the institutional grant for HRH process in February 2012 in Kogi and Niger States. This grant is aimed at building institutional capacity of the state governments for the State Ministries of Health (SMOH) to own, manage and coordinate health worker training towards promoting health outcomes of the people utilizing their services. The grantee institutions will coordinate trainings of HIV/AIDS/TB service providers with trainers drawn from a mix of public and private organizations. Within this quarter, the SMOHs were provided with technical assistance to develop the scope of work for the Center for Continuous Professional Health Education, and as well technical supports for the development of their one-year operational plan with budget. The scopes of work have been submitted to the MSH home office and are awaiting approval.

6. Ward Health Committees (WHCs) were formed and are functional in planning, resource mobilization and accounting for results in the Omu Aran and Ibi LGAs:

As a follow-up to the Irepodun/Omu Aran Local Stakeholders meeting held, and in line with concept of the LACA Stakeholders Forum, a key forum was held to strengthen the village/ward health committee. In the past quarter, the SACA inaugurated and trained 44 representatives from the LGA (four representatives per ward) on HIV/AIDS prevention, especially PMTCT. The representatives included two religious leaders (a Christian and a Muslim), a WACA representative, and a teacher. The representatives were to do a one-day step-down training in their various wards in community. Six of the wards have conducted these step-down trainings and the other five wards have scheduled different days for the trainings. The ward health committees are now revitalized and function effectively at the community level, thereby bringing the full participation of the community in the HIV/AIDS response.

Next Steps:

- Conduct technical training workshop for the community service (prevention, OVC and Care) grantees
- Provide TA to LACA to organize and coordinate quarterly stakeholders forum meeting to review HIV/TB response and performance in Ibi and Omu Aran LGAs
- Conduct dialogue with community leaders and key-decision-makers to discuss mechanisms for responsive HIV/AIDS health improvement in Taraba and Kwara.
- Provide technical support in collaboration with IP's for the formation of six ward health committees in Kogi, Taraba and Kwara states.
- Conduct series of organizational assessment of grantee CSOs and selected CBOs
- Support model CCT Health Facilities to develop annual operational plans for hospital and Service
- Conduct LDP Plus for CCT sites, SMOHs, Health Management Committees and CSOs in Taraba and Adamawa states.

HIV PREVENTION SERVICES

Introduction:

In strict compliance to the LMS ProACT result management framework of increasing: (1) community knowledge of HIV/AIDS/TB information/services (2) access to quality HIV/AIDS and TB services and products and (3) uptake of HIV/AIDS services by communities in the project states, the sexual HIV prevention interventions recorded the following key achievements:

Key Activities Conducted:

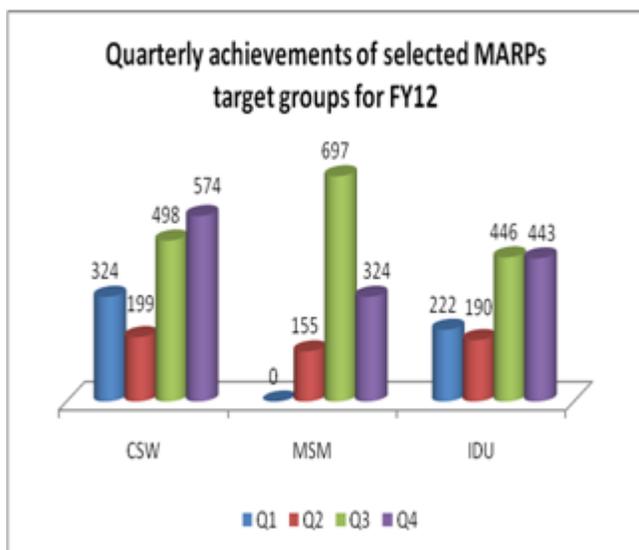
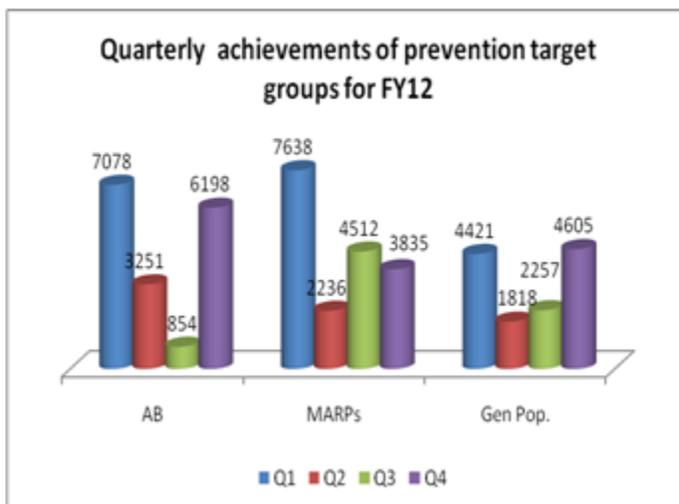
- Peer education activities were held with the various prevention target groups focus such as: in-school youths, MARPs, youths in tertiary institutions, and other general populations using Minimum Prevention Package Intervention (MPPI) strategies.
- HIV Testing and Counseling (HTC) for MARPs, education on sexually transmitted infections (STIs), and improved referral linkages were integrated into the variety of services rendered to the specific target groups.
- Training on proposal development was conducted for 17 assessed new CSOs for FY13 prevention grants.
- Scopes of Work (SOW) and budgets were developed by the eight renewed CSO grantees. They submitted their SOWs and budgets to the grants team for signing of MOUs and release of funds.
- Collaborated and supported the Ministry of Health (MOH), local and state governments.
- Visibility and ownership by the community and state actors increased, geared toward program continuity.

Description of Activities:

1. Individual and structural centered interventions:

Community knowledge of HIV/AIDS/TB information and services continued to improve in quality and quantitative progression. Series of peer educator review meetings and peer-to-peer sessions were held this quarter amongst the various target groups. The number of people reached with AB messages increased significantly 6,198 (36%) progress this quarter alone, compared to a cumulative 10,728 (49%) recorded in the previous three quarters of for FY12. Cumulatively, we were able to achieve 79% of our FY 12 target.

During the quarter, 3,835 MARPs were reached with HIV prevention interventions representing 15% of the MARPs target figure of 25,333 set for FY 12. Of those reached, 15% (574) were female sex workers (FSW), 12% (443) were Intravenous Drugs Users (IDU), 8% (324) were Men who have Sex with Men (MSM) and 33% (1,284) were Long-Distance Drivers (LDD). The total cumulative achievement for FY 12 against this indicator was 18,218 or 71% of the FY12 target of 25,533. MARPs were reached with individual and structural focused interventions across the six ProACT states. Well tailored specific interventions such as essential life skills, promotion of HIV testing and



counseling, vulnerability and gender issues, condoms programming, and small groups discussions (SGD) were relied upon based on the specific intervention needs of the cohorts.

In order to ensure quality intervention, a mix of intervention strategies were adopted with proper documentation. Youth interventions were scaled-up in tertiary institutions in the six project states.

A total of 10,803 (5,306 M & 5,497 F) 10.50% general population comprising of 2, 194 (20.31%) women of reproductive age, and 4, 605 (42.63 %) out-of-school youths were reached with MPPI across board. A cumulative achievement of 30,482 (46%) recorded against the FY 12 general population target of 66,182.

Biomedical interventions: Significant target achievement was recorded in the biomedical intervention options, specifically the MARP HTC target which recorded 7,758(23.58%) progress as against the previous quarter of 580 (1.77%) target achievement status and one thousand, nine hundred (1,900-1,259 M & 641 F) other vulnerable population reached on HTC services, with two hundred and twenty-eight (228) 4.7% reactive cases referred to the MSH comprehensive sites in the project states, this was in compliance with the project result management frame work of increasing access to quality HIV/AIDS / TB services and products in communities in the project states. The HIV testing and counseling services were carried out by the

community volunteers and peer educators trained on HTC. The key activities were HIV testing and counseling (HTC) and STI education, including referral for assessment and treatment.

Improved collaborative networking was recorded in project implementation and synergy with line ministries at the states and federal levels, 10,000 pieces of condoms were received from the MOH for supplies to all the condoms service outlets and to support the projects HIV prevention programs across the project states.

Downward trend recorded this quarter amongst the MSM target group because no intervention was held with them in Adamawa due to various emergent issues in the state.

Challenges:

While significant successes were recorded this quarter in the sexual prevention unit, challenges were experienced in program implementation in some of the project states due to civil unrest/disturbances and/or flooding, affecting scale-up of interventions in those sites.

SUCCESS STORY:

Strengthened and improved collaboration with the MOH led to the establishment of a linkage for supply of 5000 pieces of condoms to the project condoms service outlets across the project states.

Next Steps:

- Award grants to five renewed Civil Society Organizations (CSOs) grantees
 - Procurement of lubricants for condoms service outlets
 - Conduct series of start-up and implementation technical trainings for renewed and new grantee CSOs
 - Development of HIV Prevention quality assurance and improvement systems
 - Mid-term impact assessment of peer education and other prevention strategies across the project states.
-

COMMUNITY CARE SERVICES

Introduction:

The Community Services unit of the ProACT project has continued to provide both facility and community care services across the six supported states. In this past quarter, some of the major achievements included: activation of a CCT sites at General Hospital Ganye and Onyedega in Adamawa and Kogi States, respectively; progress with FADAMA III Grants in Niger and Kwara States; Accelerated tracking activities across the states, which had a positive impact on the client retention rates; and USAID visits to Kogi and Kwara States.

The past quarter also witnessed the active implementation of the joint MSH/URC OVC Quality Improvement (QI) process; the distribution of Basic Care Kits (BCKs) to People Living with HIV/AIDS (PLHWA) and vulnerable children; the increased capacity of PLHWA support groups on village savings and loans models. This was in addition to strengthening of routine services, such as Provider-Initiated HIV Testing and Counseling (PITC); enrollment and delivery of 6+1 services to OVCs in communities; and adherence counseling and Prevention with Positive (PwP) services in supported health facilities.

Description of Activities:

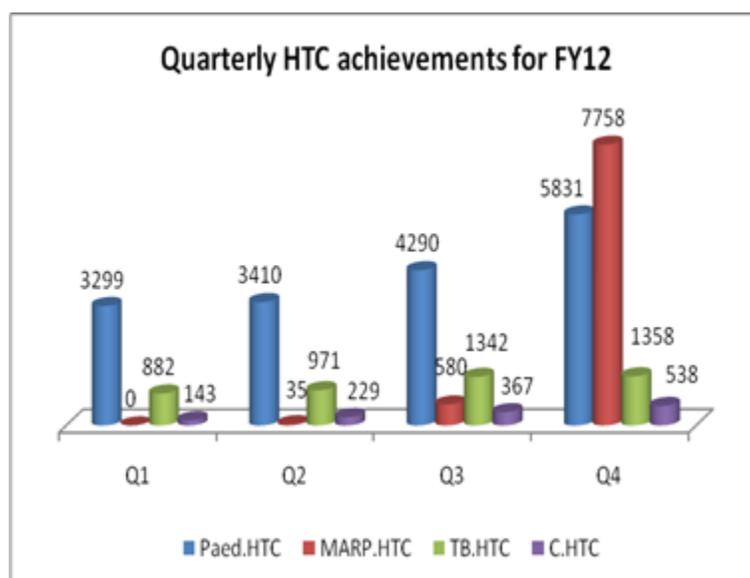
1. COMPREHENSIVE CARE AND TREATMENT SITE ACTIVATION

In the reporting period, the community services unit supported the activation of care and treatment services in Adamawa and Kogi States. The State Ministry of Health and Hospital Management Board took the lead in the activation exercise which was largely successful with high potential for sustainability as evident from the success of advocacy to members of the community and political leaders shown in their commitment and support. For example, the Director Primary Health Care in Ganye provided 400 chairs, the public address system and canopies that were used for the occasion, and the support groups led by the LACA coordinator cleaned the environment in preparation for the activation. Other highlights of the activation exercise included community mobilization for free medical check-ups, free HIV counseling and testing services, deworming, setting up of multiple counseling and testing points, mentoring and coaching of facility staff on HTC. Below is the result of PITC services provided during the activation.

Name of facility Activated	# C&T (incl preg. women)	# HIV+	# enrolled into care	Remark
General Hospital Onyeadega	308	4	3	1 person declined enrollment and revealed that he was already enrolled in Edah general hospital. 38 out the total C&T were pregnant women and none of them were positive. They were all booked for ANC.
General Hospital, Ganye	26	12	12	15 (6+) were tested the first day and 11 (6+) the second day

1. OVC, HTC and CARE and SUPPORT SERVICES

The provision of HTC, OVC and other community services across supported sites were intensified during the quarter under review. Couples HIV counseling and testing outreaches were organized in two LGAs in Niger State. During the Community HIV Counseling and Testing CHCT outreaches, traditional and religious leaders in targeted communities participated in the exercise by undergoing counseling with their wives. The actions of these leaders facilitated mobilization of couples



within communities to come out for the CHCT exercise, which was the first of its kind in the community. A total of 300 couples were counseled and tested across the two LGAs. A discordant couple identified during the outreach was referred to General Hospital Kagara for care and support services. The outcome of this exercise revealed that community outreach, coupled with the participation of the community leadership, are a critical in the promotion and uptake of CHCT services.

Also during the quarter under review, there was ongoing mentoring and coaching of facility staff and volunteers by MSH staff for HTC, OVC and other care and support services including adherence counseling and distribution of basic care kits to clients. Increased number of clients retained in care due to improved quality of adherence counseling/promotion of counselor client strategy (counselors ensuring that clients who are counseled and tested and linked to care, adhere to their clinics as scheduled throughout their stay in care).

The graph below shows the upward trend of ProACT's efforts in provision of OVC and HTC services by quarter throughout FY12.

2. PROGRESS WITH SUPPORT GROUPS

Across the entire FY12, ProACT has made huge investments in strengthening support groups of persons living with HIV to become self-reliant, promoting improved livelihoods for her members and making meaningful contributions to health development issues in their communities. Below are some of the progresses reported across the states during the quarter:



Figure 1: Picture showing locally made box for money keeping as one of the requirement for VSL Model acquired by the Lapai SG for their VSL group.

Support groups are holding monthly meetings on their own without the usual monthly support provided by MSH. Partnership with GIZ and FADAMA 111 in the previous quarters yielded positive results/impact on the support group members: the support group in Tunga magajiya in Niger State were able to bank 23,000 Naira after all expenses following the use of the machines bought by FADAMA 111 project support for the group. Also in Bida Niger State, the support group gave 50 members small loans to help in household economic strengthening. Improve systems across the various support groups structures for ownership and sustainability.

The step-down training on village savings and loans for support group members that began in June came to its conclusion in the month of July. A total of 28 persons were trained in Bida, 28 in Kagara and 24 in Lapai respectively. Two out of the six support groups in Niger have commenced implementation of village savings and loan model and have made the savings boxes required for the process. All support groups now have bank accounts with microfinance banks in preparation for accessing soft loans to improve their livelihoods. Two new arms of Omu-Aran Support Group namely: Ifesowapo and Anu Oluwa Cooperative Groups were registered with the Ministry of Commerce in preparation for FADAMA III Grants in Kwara State.

3. LINKAGES

Across the ProACT supported states, there have been continuous efforts in promoting partnerships and linkages towards greater project outcomes and sustainability. In Niger State for instance, the support groups were linked with CiSHAN in preparation for Global Fund round 8 towards helping them qualify for funding community based interventions while in Kogi, a linkage with the MARPS project was also established to aid the leveraging of condoms and LLITN for HIV and malaria prevention.

4. OVC QUALITY IMPROVEMENT PROCESS

In line with ProACT's I.R.3, which is: "Capacity of community leadership and structures to mount an effective HIV/AIDS/TB response strengthened," URC/MSH under a mandate from USAID have continued to ensure the implementation of the Quality Improvement process in Taraba state. An initial Implementation Monitoring and Child Status Index (CSI) training were conducted for the 2 implementing CBOs (TYPA, Jalingo and GCF, Gashaka, respectively) in the State. The Implementation Monitoring is to ascertain the level of the implementation of the initial work plan that was developed by the State Quality Improvement Team (QIT) during the last QI Process training held in Jalingo in April 2012. The first state QIT Monthly review meeting was also held on Tuesday, 18th September 2012, during which the review of progress of the pilot process by the implementing CBOs in the state took place. The team resolved that URC and MSH should follow up with the CBOs to ensure good progress with implementation before the next meeting in third week of October 2012.

5. Monitoring of the OVC QI Process Implementation

The monitoring team followed up with TYPA, Jalingo and Gashaka Charity Foundation (GCF), Gashaka, to find out their respective level of implementation of Quality Improvement Process.

TYPA had achieved the following during the Quarter:

- Community Quality Improvement Team already formed
- Needs assessment completed and organizational work plan for QI process developed
- The CBOs had also conducted their base-line CSI exercise on the vulnerable children identified
- TYPA had also completed their journal for the period but GCF had not yet completed theirs

GCF was also supported to inaugurate their Community QI Team, which comprised of the following: four ward heads; staff of GCF; community OVC volunteers; staff of Gashaka Local Government, representatives from Social Welfare Development, Local Education Agency (LEA), National Orientation Agency (NOA) and National Population Commission (NPC); Federation of Moslem Women Association of Nigeria (FOMWAN) Chair Person and Secretary of Muslim Council of Nigeria (MCN). CSI Training for Staff and Volunteers of CBOs implementing the QI process: The CSI training for two CBOs were conducted at their communities; Jalingo and Gashaka respectively. 12 persons were trained in Jalingo while 20 were trained in Gashaka. Didactic sessions, group discussions and field practical were training methods used.



Figure 2 Volunteer administering CSI on a household

6. State QI Team Monthly Review Meeting:

The first state QI Team Monthly review meeting was held on Tuesday, 18th September 2012 and the progress of the pilot process by the CBOs was reviewed. While there were notable areas of improvement, the CBOs were urged to put in more effort to be up-to-date with the implementation plans and ensure good progress with implementation before the learning meeting scheduled for the third week of October 2012. Observations and feedback from the community so far revealed that the involvement of traditional council members in the CSI Training and community QI Team made community entry a seamless process. The leaders commended USAID, URC and MSH for their efforts and expressed gratitude for getting them involved in the affairs of their communities. They promised to take up the responsibility of caring for their children by supporting the implementing CBO in all its programs.



Figure 3 State QI Team Meeting in Progress at the Legislative Chambers of Jalingo Local Government Council

7. USAID OVC Sites Assessment Visit:

The USAID team visited Kogi and Kwara States during the quarter under review. The visit was aimed at assessing the quality and impact of MSH ProACT OVC services delivery by key stakeholders and their sustainability plan in the state. The team met with the various stakeholders within the SMOH, the HIV and OVC desk officers, Permanent Secretary of the SMOH and CBOs. Worthy of note is the visit to LEAH Foundation in Kwara State. LEAH Foundation is an NGO founded and managed by her Excellency, the wife of the Kwara State governor, with whom ProACT has initiated a partnership for comprehensive OVC service delivery. USAID commended the partnership with LEAH Foundation and then also visited selected facilities and communities in the States and had an interactive session with the service providers and also some of the vulnerable children being served under the program. While a formal feedback is being awaited from USAID, their observations and technical support during the visits are being considered and helping to chart a new direction toward improving the quality of OVC service delivery across the ProACT supported sites



Next Steps:

- Conduct OVC and care and support training for grantee and non-grantee CBOs
- Transition facility-based OVC services to non-grantee CBOs across supported sites
- Follow-up on the gains of the successful community engagement during the activation of new CCT sites to increase demand and uptake HIV/AIDS and TB services in the supported facilities and communities Kogi and Adamawa states
- Support, mentor and supervise the new grantee CBOs providing OVC and care services across selected communities in Kogi and Taraba states
- Work with state governments to start the decentralization of Support Groups into beta cells in Niger and Kogi States
- Monitor non-grantee CBOs in transitioning facility-based OVC service delivery to community based OVC service delivery

- Hold the first quarterly learning session on Quality Improvement process in October 2012

PMTCT & PEDIATRIC SERVICES

Introduction:

Global prevalence has put Nigeria as the country having the highest number of women of child-bearing age that are infected with HIV. Nigeria also has the highest number of vulnerable children and one of the highest numbers of pediatric infections. ProACT has continued to support the Government of Nigeria to increase demand and access to quality HIV/AIDS and TB services and products (IR2 and IR3) and further to strengthen public/CSO and community enabling environments (IR3). Activities in the last quarter have addressed this as highlighted below.

Key Achievements:

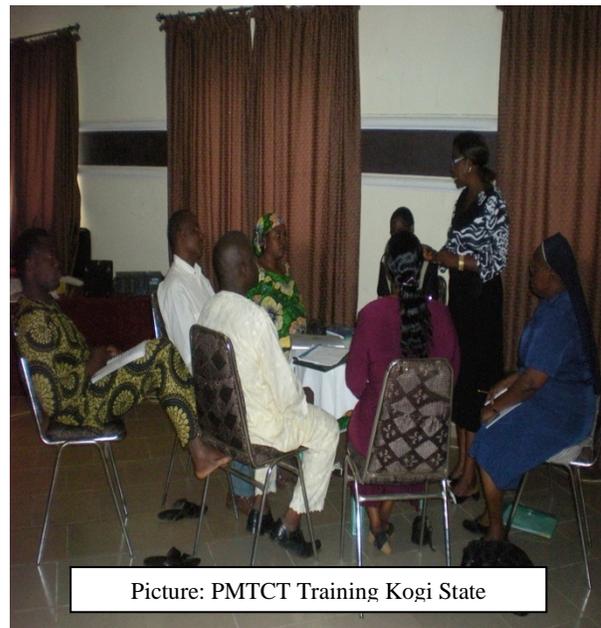
1. Capacity-building

In line with the mandate to increase to quality HIV/AIDS and TB services, ProACT conducted 2 PMTCT trainings in response to the State Specific Hyper Implementation Plan for Kogi and Taraba states.

The training in Taraba state took place between 27th and 31st of August. Twenty-three facilities were represented out of which 41 participants were trained from 7 Local government areas: 24 CHEWS, 9 Local government coordinators and Directors, 4 Nurses and Midwives, 2 Community Health Officers and 2 doctors. There was an average knowledge gain of 19.7%

A PMTCT training also took place in Kogi state between 23rd and 29th of September. Fifteen facilities were represented out of which 11 were new facilities for activation. There were 41 participants comprising 13 Nurses and Midwives, 10 CHEWS, 4 Doctors, 5 Local Government Health officers directly overseeing facilities and 9 State Ministry of Health staff responsible for the facilities supervision and policy making. There was an average knowledge gain of 30%.

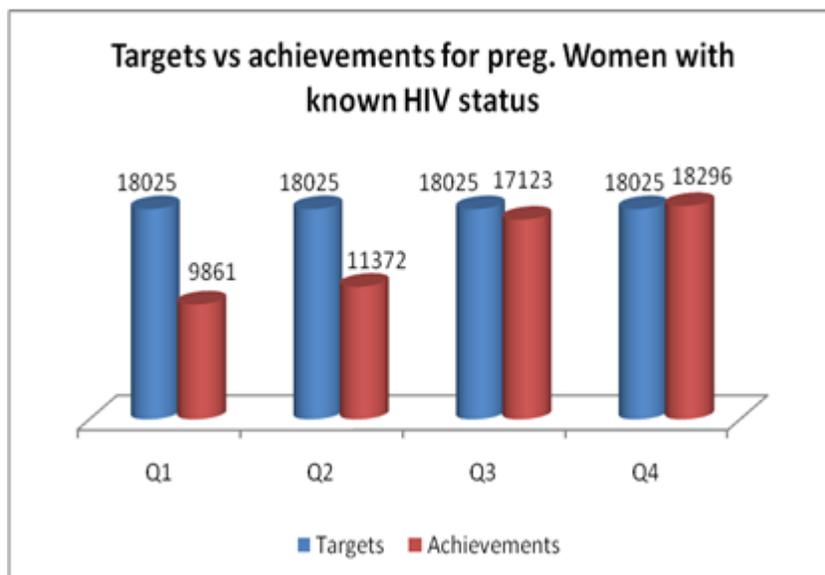
In both trainings a combination of didactic sessions, group work and practical sessions was used. The facilitator from the Federal Ministry of Health was used for the training and the training curriculum was according to the National training manual guide. The Federal Government of Nigeria supported the training with National guidelines for the participants.



Picture: PMTCT Training Kogi State

2. Site activation/ State Hyper Implementation Intervention

In line with the PMTCT Hyper implementation plan for targeted states, ProACT, Taraba SMOH activated 23 (1 Faith based 22 government facilities) stand alone PMTCT sites in Taraba state, this was a joint exercise coordinated by the country office and state teams. Prior to the activation, advocacy to the community leaders along with key stakeholders was conducted, followed by capacity-building during which commodities were supplied afterwards.



All the facilities will provide the full range of PMTCT services according to the National Guidelines for the country. Due to the disproportionate contribution of 30% of the global burden of MTCT and the low coverage of PMTCT, the State Specific Hyper implementation plan was proposed. The concept note and work plan have been developed with the strategies which include; saturation of all PHCs with PMTCT services in a phased approach, making use of LGA mobile teams to provide mentoring and supportive supervision, targeted community mobilization for demand creation, capacity-building for MCH/PMTCT service delivery at the PHCs and strengthening of referral systems and community networks.

The focus communities are Zing local government and Ankpa LGAs in Taraba and Kogi states respectively. About 20% of the work plan was achieved this quarter. In order to improve on the quality of PMTCT services being provided at the facilities, close mentoring with back up CME has been going on at the facility level achieving the following results. The increase in the number that made their first visit to the ANC can be attributed to the increased number of supported facilities and extended ANCs.

However there was a drop in the percentage coverage (the number that got HTC and received their results) which is attributable to some identified newly activated facilities that were not able to test all the women that came to the facility for ANC due to man power challenge.

PEDIATRIC SERVICES

3. Close mentoring and follow up of Pediatric services measured by improved services IR2.2

ProACT has continued to make efforts to increase access to pediatric ART services with emphasis on quality. Ongoing mentoring at the sites, periodic CMEs are among the strategies. Additionally EID and PMTCT training modules that point to pediatric care have been emphasized to further promote identification of infected children and commencement of treatment.

4. Improved EID Sample Logistics:

In a bid to provide quality services, ProACT adopted some measures to increase demand and access. Following the development of the EID grid last quarter as part of engagement with NIPOST, a phased approach to full achievement was also laid out:

- Phase 1; the use of Express Mail Services (EMS) to get DBS samples from the Hub lab to the reference lab.
- Phase 2; the use of ordinary postage mail to get DBS from facility to the Hub.
- Phase 3; the use of ordinary postage mail to get DBS from Hub to facility.

All three phases have been achieved this quarter in the pilot state. This has resulted in the increasing trend of DBS samples collected and DBS samples received over a one-year period. This quarter witnessed a sharp rise in the both the numbers of DBS samples collected from the facility and the number of samples returned: 43% increase for samples collected and 46% increase for samples returned compared to last quarter. The % return rate for this quarter was also maintained high: 74%. This can be attributed to the implementation of the second and third phase of the collection and transportation of Dried Blood Spot samples using NIPOST EMS and ordinary postage stamp in Adamawa state.

	Oct – Dec 2011	Jan – Mar 2012	Apr – June 2012	July –Sept 2012
Number of DBS collected at facility	206	220	252	586
Number of DBS Samples returned	153	166	200	434
Return rate in %	74%	75%	79%	74%

Positive samples	20	26	21	20
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Success Story

ProACT-NIPOST Partnership makes EID Cheaper, Faster and more Sustainable in Adamawa, Nigeria



MSH and Nigerian Postal Services (NIPOST) staff after a one day orientation training session on DBS sample transport

Ensuring early diagnosis of HIV in infants can be a challenge in resource-poor settings. This has been an impediment to effective pediatric HIV prevention and treatment especially in rural areas of Nigeria, where sample collection and transportation to testing centers can be problematic. To address this challenge, MSH's Prevention Organizational AIDS Care and Treatment (ProACT) project decided that partnership was the key. From October 2009 to December 2011, it partnered with the Adamawa State Hospital Services Management Board, which supported Dried Blood Spot collection and Early Infant Diagnosis (EID) of HIV commodities supply and sample transport in ProACT sites in the State.

With the cessation of the Hospital Services Management Board' support for DBS

transportation, from January 2012, ProACT started partnering with the Nigerian Postal Service (NIPOST) to pilot the shipment of DBS samples from hard to reach communities to regional PCR labs. ProACT's use of the NIPOST Express Mail Service (EMS) platform proved a more cost effective (at \$14 per roundtrip) and sustainable approach than the previous mode of transportation by the Board (which came to a total of about \$500 per roundtrip). To facilitate this initiative, ProACT developed a new EID sample transport grid and conducted a one-day orientation session for NIPOST staff, providing them with information on the network of MSH-supported EID sites for timely sample pick-up and return. To ensure coordinated and efficient services in supported hospitals, EID focal persons were identified and mentored on the modalities of this new system to increase their understanding and awareness of the importance of DBS sample collection and transport.

Prior to this intervention, a little over half (51%) of the total number of DBS samples collected from the supported sites and transported by the designated courier company for analysis at regional laboratories were received. Within six months of its implementation, the EMS approach has resulted in the increased rate of receipt of DBS sample results from 51% in July 2011 to 78% by June 2012. It has also led to almost 900 % reduction in annual transportation costs from \$6000 to \$672 in total! The goal according to ProACT Adamawa State Laboratory Specialist, Gabriel Chima, is to have 100% receipt of all samples collected and sent for analysis by the end of 2012.

Receipt of DBS results is critical in the early identification and diagnosis of exposed infants who may be HIV-positive and is also measure of the effectiveness of the PMTCT program. MSH is currently working closely with the state government partners and NIPOST to scale-up this innovative approach across all the six ProACT intervention states.

Challenges:

- SMS printers supplied to sites are not very effective due to poor network and SIM card inactivation due to prolonged non use.

- There is a need to disaggregate the EID data between clients from PMTCT and Pediatric points as this will better help evaluate the program.
- Rapid scale-up of PMTCT to new sites towards LGA saturation is difficult considering that most of the PHCs do not have an ANC service which is a criteria for PMTCT services; for example out of 51 PHCs in Zing LGA, which has a prevalence of 10%, only 7 PHCs have ANC services.
- Community mobilization in collaboration with C-Change for rapid scale up states would not be possible as they are yet to commence activities and will eventually not work directly with partners.

Next Steps:

- Scale up of the EID transportation using the NIPOST process to Kwara and Taraba state.
- Continue community outreach and scale-up extended ANC across the six supported states as on the MSH PMTCT scale up strategy document.
- Move to the second phase of the Hyper Implementation plan: assessment and activation of additional 30 health facilities and to make the HIT team fully functional.
- Follow-up with the process of engaging volunteers at some key facilities in Taraba to support HTC on ANC days.

CLINICAL CARE SERVICES (TB/HIV)

Introduction:

During the outgoing quarter attentions were focused on strengthening linkages between TBHIV collaborations at facility level. This became pertinent due to the below average performance recorded during SAPR reporting in March 2012. The project also scaled up IPT services to additional facilities and strengthening TB infection control practices at comprehensive treatment centers.

Key Achievements:

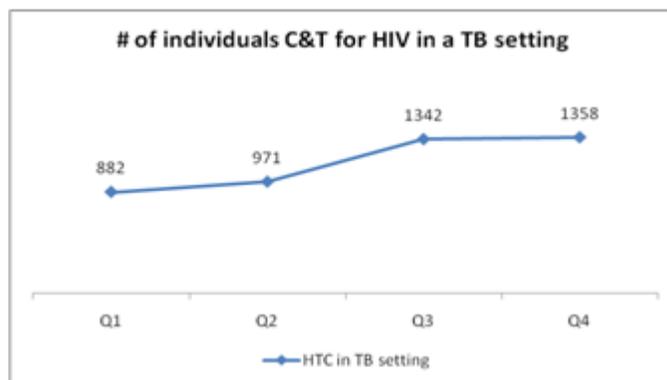
- TBHIV collaborative services audit completed across 29 ProACT supported CCT's
- Isoniazid preventive therapy scaled up to 4 facilities in two additional states
- TB infection control policies strengthened in 18 supported CCT's
- Provided technical assistance at TBHIV collaborative forums at State and National levels

Description of Activities:

1. ProACT conducts TBHIV service audit

As part of ProACT's efforts to improve performance of TBHIV indicators, an audit of all TBHIV collaborative services was completed during the quarter and audit findings were used to strategize and plan interventions for highlighted gaps. The audit was carried out by ProACT Clinical Specialists. A consultant was engaged to assist in Adamawa and Kebbi states. Key audit findings

which contributed to the less than expected performance included; suboptimal referral and linkage systems leading to poor referral completion, shortage of RTK's at DOT's sites, improper completion of registers leading to under-reporting in certain facilities and inadequate TB infection control practices at most facilities. Following the findings targeted interventions were planned to address specific gaps and early results have shown an improvement in some TBHIV performance indicators.



2. Niger and Kogi states commence Isoniazid preventive therapy services

Following the successful piloting of IPT services in Taraba State Specialist Hospital in Jalingo, MSH ProACT planned to scale up IPT services to 4 additional facilities in Niger and Kogi states during the quarter. A limitation to the commencement of these services was the delay in availability of INH at the facility level, which persisted until just before the end of the quarter. Presently 2 facilities in Kogi state (Kogi State Specialist Hospital Lokoja (KSSH) and General Hospital Kabba) have received their supplies and commenced services. Patients are commenced in cohorts with each cohort having a complete 6 month supply of IPT reserved prior to commencement as a means of avoiding INH stock out's. So far 20 patients have been commenced on IPT in KSSH bringing the total number of clients currently benefiting from IPT on the program to 76.

3. TB infection control policies strengthened in 18 supported CCT's

A recurring theme at Government of Nigeria and The US Government convened TBHIV collaborative meetings has been the poor state of TBHIV infection control practices in health facilities nationwide. As part of ProACT's efforts to address this trend at our supported facilities, generic TB infection control plans were presented to facility management teams and technical support was provided to adapt these plans to their specific contexts. TB infection control committees were inaugurated and integrated within the already existing Hospital Management Committees to avoid multiplicity of committees. ProACT is trying to get facility buy-in to ensure that the DOT's focal persons are members of these committees as a means of strengthening collaborative services between TB and HIV programs and facilities who do not have functional TBIC committees and plans will be strengthened in the current quarter.

Challenges:

- Delays in supply of INH to facilities
- Irregular supply of RTK's at DOT's units
- Space and structural constraints in some facilities are a limitation to addressing environmental component of infection control

Next Steps:

- Follow-up on findings from TBHIV service audit to ensure gaps are addressed
- Work with NTBLCP to ensure consistent supply of INH to IPT implementing facilities
- Build capacity of health care workers to ensure adequate screening of clients prior to commencement of IPT

- Strengthen TBIC in 11 facilities were functional committees and plans are not in place
- Improve diagnosis of smear negative TB in TB-HIV co-infected patients by building sputum referral networks between ProACT supported facilities and mapped GeneXpert sites

CLINICAL CARE SERVICES (ADULT TREATMENT)

Introduction:

As part of the projects mandate to scale up comprehensive HIV care and treatment services to areas with an unmet need, MSH ProACT activated 2 additional CCT's to provide services in Adamawa and Kogi states during the outgoing quarter. During this period efforts were also geared towards ensuring that all patients enrolled into care on the program were retained through strengthening of counseling and appointment systems, and the active tracking of defaulters and patients who had recently become inactive.

Key Achievements:

- During the quarter a total of 65,266 were counseled and tested for HIV and 2,145 patients were enrolled into clinical care. 1,384 patients were commenced on ART including 1300 adults and 84 children.
- Improved program-wide retention rates following successful accelerated patient tracking exercise
- Activation of comprehensive care and treatment services in two additional health facilities in Adamawa and Kogi states
- Improved utilization of ARV regimen forecasts
- Provided technical support at various state and national meetings

Description of Activities:

1. Support to Adamawa state in provision of comprehensive HIV services in Ganye LGA

In an effort to expand and enhance access to quality HIV/AIDS and TB services, the project scaled up its activities by activating a new CCT site to cover communities in the southern part of Adamawa. The limited access to comprehensive HIV services in the region was highlighted from mapping exercise of HIV services

within the state and was also highlighted by the Adamawa SACA. Prior to choosing of a facility, needs assessment were conducted which covered GH Mayo Belwa, GH Ganye and GH Toungo. At the time of assessment the region of the state had a large unmet need as there was no CCT site from Toungo (close to Adamawa/Cameroon border) all the way to Yola, which is a 3-hour drive. Based on findings all three facilities were activated initially as PMTCT facilities with GH Ganye immediately upgraded to a CCT.

Site activation was preceded by community mobilization activities and advocacy visits to relevant stakeholders as well as infrastructural upgrade and renovation of Laboratory, Pharmacy and M&E units as well as provision of relevant clinical service items, lab equipment and M&E tools. The capacity of facility staff was built with training in ART, PMTCT, HCT and other relevant areas. The facility formally commenced provision of comprehensive HIV services on the 11th of July 2012 at a ceremony that was well attended by representatives from the Adamawa SACA, State Ministry of Health and Health Services Management Board as well as executive, traditional and religious leaders from Ganye LGA.

Site activation was followed up with intensive site mentoring and supportive supervision as a means to address significant HR gaps at the facility. Ganye and neighboring communities such as Toungo were noted to have a high prevalence and the demand for services seems to have overwhelmed the limited staff strength, which includes just one Physician who also serves as the Hospital Administrator. So far advocacy to the state government to improve staffing (including posting of NYSC corps members) has resulted in the posting of a Lab Scientist and Pharmacist to the facility. In the first quarter the facility enrolled **264** patients into care and placed **106 (40%)** patients on ART. **1,047** pregnant women were counseled and tested while **26 (2%)** were discovered to be HIV+ while **14 (54%)** of them were placed on prophylaxis. There were **25** exposed infants recorded while **12 (50%)** of them had their results sent for DBS.

2. Support to Kogi State government for activation of comprehensive HIV services at CH Onyedega

Cottage Hospital Onyedega is the third in a series of facilities activated by the Kogi state government to provide comprehensive HIV services with technical support from MSH ProACT. Kogi states commitment for state owned CCT's has resulted in the activation of GH Koton Karfe, CHC Iyara and CH Onyedega in the past 18 months with the costs of renovations and procurements handled by the state government. MSH has built the capacity of a team comprised of representatives from the SMOH and SACA to provide supervisory and technical oversight through training and joint supervisory visits to these facilities. CH Onyedega was formally activated from 6th – 10th August 2012 following needs assessment and necessary community mobilization. Out of a total of 270 clients that were counseled and tested, 3 tested positive and were subsequently enrolled into care. The challenge with this facility has been the ongoing flooding in Kogi state, which left GH Onyedega submerged and affected service provision.

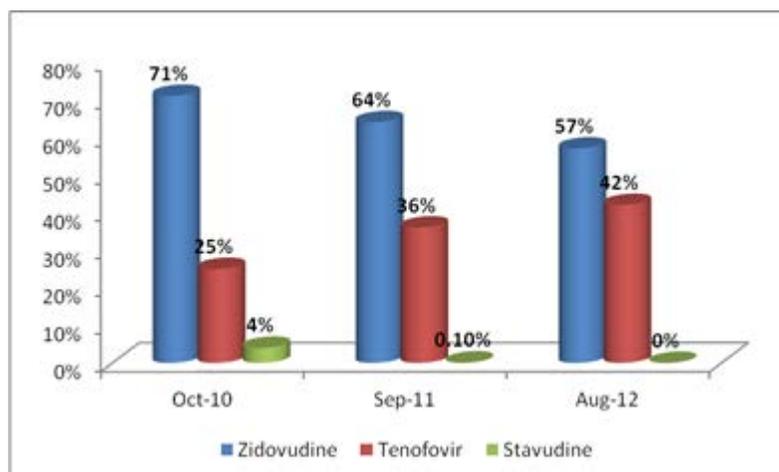
3. Accelerated patient tracking exercise yields dividends

As part of ProACT's efforts to increase number of patients' currently on treatment and improve program wide retention rates, a targeted tracking intervention was carried out across 5 of the 6 ProACT supported states. The process included chart reviews to identify patients that had outstanding investigations as well as patients who had recently become inactive without any definitive disposition attached to their status on the program. During the activity it was observed that a significant proportion of patients had self-transferred to other health facilities and some had passed on while those that were traced were encouraged to return to care and given appointment dates. Patients who returned had appropriate investigations done and were placed on treatment where required. Preliminary results from 3 states are presented below. A comprehensive report of this exercise with outcomes will be presented in the next quarters report.

State	# Tracked	# Returned	#Promised to return	#Had repeat CD4
Kogi	111	70		47
Adamawa	235		43	19
Niger	388	74	101	
Total	764	144	143	66

4. ProACT ART regimen analysis for COP 12

During the outgoing COP year, the program focused energies on streamlining first line regimens in line with National standards, leading to increased utilization of Tenofovir NRTI back bone, which is encouraged for rationale sequencing. Achievement of the planned forecast to step up the ratio of AZT/TDF utilization on the



program to a balanced ratio of 50:50 by the end of FY13 is on course with TDF backbone utilization increasing from 25% in October 2010 to the present utilization rate of 44% of first line regimens.

The program has also significantly increased the use of Efavirenz containing once daily fixed dose combinations (FDC's) with an increase in utilization from 10% to 17% over the same period. Chart below shows regimen trends for AZT, TDF and D4T over the last 2 years on the program. Over the period, efforts to strengthen treatment failure identification and switch to appropriate second line regimens yielded positive results with over 100 patients switched to second line therapy including 40 patients placed on the recently introduced second line agent, ritonavir boosted Atazanavir. The chart below shows the second line regimen trends from the start of 2011.

5. Provision of technical assistance at national and state levels

In the last quarter the Clinical unit of MSH ProACT made representation at several GON and USG convened forums where the team was able to share results of work done and best practices with fellow implementing partners and other stakeholders. The program also provided technical support to GON at a National treatment meeting for experienced ART Physicians in the South-south and South-east zones of the country which held in Enugu where we made presentations on pre and post exposure prophylaxis and management of TB in HIV settings. Other key meetings attended included;

- 6th National treatment task team on ART meeting
- National ART decentralization meeting
- Taraba state ART decentralization review meeting
- USG TBHIV quarterly TWG meeting

Challenges:

- Human resource challenges due to attrition has affected services in Kebbi and Adamawa
- General insecurity in the North East has affected service delivery in Kogi, Adamawa and Taraba states
- Flooding in certain communities has hampered services e.g. GH Onyedega in Kogi state is submerged and unable to provide ART services

Next Steps:

- Conduct advanced ART training for experienced Physicians at ProACT supported facilities
- Conduct care and support training to address adherence and retention gaps

- Provide hands on coaching and mentoring to recently activated CCT's

SUPPLY CHAIN MANAGEMENT SYSTEM

Axios Foundation Nigeria (AFN) as the supply chain management partner on the LMS-ProACT is responsible for ensuring availability of diagnostics and treatment monitoring reagents and other consumables, ARVs, and medicines for prevention and treatment of opportunistic infections (OIs) at designated health facilities in the six focal states being supported by LMS ProACT project. The organization is also responsible for strengthening Pharmacy services in all sites supported by MSH ProACT in the focal states.

1. Commodity management

Commodities management for this quarter witnessed improvements in most facilities. The daily dispensary worksheets (Adult, Pediatrics and PMTCT) and the tally cards were all in use and largely up-to-date except for a few facilities. This continuous improvement in commodity management has continued to have a positive impact and overall increased Access to HIV Services and Health Commodities through enhancement of Pull System of commodities management. Physical stock count and stock assessment were conducted during the quarter. During the process, short dated commodities were moved to the front while long dated ones were moved to the back on the shelves to ensure ease of application of “First to Expire, First Out” (FEFO) inventory management principle. This practice has greatly decreased the rate of stock expiration at the facilities generally. The situation is not the same at Laboratories as equipment downtime has continued to hamper optimal commodity management.

Storage conditions at some of the facilities in this quarter has not being satisfactory largely due to erratic power supplies at some facilities due to infrastructural challenge leaving the commodities at the mercy of atmospheric conditions. Apart from the limited availability of OIs medications, there was zero stock out of full supply commodities at the sites during the quarter. In Adamawa and Taraba States the government has procured essential medicines, which are being dispensed to patients for free. This has impacted on the utilization of medicines at concerned facilities and steps are being taken to support the documentation process instituted by both governments.

2. Integrated Supply Chain Management

During the quarter the SCMS specialists visited all the MSH supported HIV/AIDS CCT sites for retrieval and validation of Pharmacy and Laboratory bimonthly report. Feedback emanating from the past bi-monthly reports from the facilities was shared with the focal persons for the purpose of continuous improvements. Based on the reports, orders were placed for commodities

During the quarter, Cottage Hospital Onyedega in Kogi state was activated as HIV/AIDS CCT center. This is the third of the state run HIV/AIDS comprehensive care and treatment centers. RTK, laboratory commodities and medicines were supplied and properly documented in the tally cards while those dispensed were equally recorded in the dispensary worksheets.

Also activated during the quarter are the PHCs and private health facilities in Ankpa LGA for Hyper accelerated PMTCT program. RTKs and PMTCT medications were supplied to some of the private facilities to kick-start the program. HCT among MARPs activities being undertaken by the HIV prevention team across the field offices were supported with RTKs. Also PMTCT mobile outreach teams set up in Taraba and Kogi states during the quarter under review received supplies of some basic health commodities. RTKs and some consumables were provided for the CBOs and mobile outreach teams executing the programs.

Some minimal level of redistribution of commodities between health facilities were carried out to curb stock out and reduce expiration of commodities to the barest minimum.

3. Capacity-Building

As a follow up to the LMHC training organized by the project last quarter four participants stepped down the training in their respective facilities. A total of 10 participants benefitted from the step down training of which 4 of them have been co-opted into commodities management across the facilities in Niger State. The LMHC training has strengthened the capacity of the health facilities to manage health commodities thereby improving access.

4. Good Pharmacy Practice

As a demonstration of the program's collaboration with the National AIDS and STI Control Program (NASCP) the under-listed items were allocated to ProACT;

S/N	Item	Pack Size	Quantity
1	Amoxicillin Suspension	100ml	1000
2	Metronidazole Tablets	100	500
3	Azithromycin 250mg Tablets	6	3000

This has boosted the portfolio of anti-infective drugs available on the program. The commodities are to be picked up from Central Medical Stores in Lagos.

In second quarter of 2012 the program commenced the process of de-worming of an estimated 10,000 OVCs' and all her clients on care and treatment above the age of two years. This is being undertaken with the use Albendazole 400mg chewable tablets donated by NASCP during the first quarter in 2012. Over a period of four months starting in May 2012 about 4,492 clients on care and treatment were de-wormed. This does not include OVCs, which is to be collated by the end of October 2012. There was no Adverse Drug Reaction reported during the quarter in line with the low detection rate being observed across the program.

Health System Strengthening

5. Establishment of Technical Working Group on Logistics

The Program is facilitating the establishment of a coordination platform for Logistics activities in Adamawa, Taraba and Kogi states. To this end sensitization and advocacy visits to all stakeholders have been completed and formal communication on the rationale has been submitted to Taraba and Adamawa states. It is expected that the inauguration will be held at the two states during the fourth quarter of 2012.

6. Computerization of Hospital Services at KSSH Lokoja

Computerization and networking of all departments of Kogi State Specialist Hospital Lokoja by the Hospital management have been completed. When operational, it will enable information from all the departments to be networked for ease of data assessment and computation. The package comes with Pharmacy stock management but requires little modifications to include project medicines. Training has been conducted for staff on the importance of networking the hospital services via computer system and basic information on the operationalization of the project passed across to the staff. Hands - on training shall be provided in due course. The commencement of the project is being delayed by the supply of the computers for each department. The project is expected to be commissioned by the end of October 2012 by the Executive Governor of Kogi State, Capt. Idris Wada.

7. Strengthening Health Workers Capacity on Logistics Management of Health Commodities to Ensure Product Security – Niger TWG on Logistics Collaborated with NMCP and SuNMAP

As part of the strategies of the Niger State TWG on Logistics to address attrition, human resources and knowledge gap affecting health commodities management in the state, the LTWG collaborated with NMCP and SuNMAP to train 812 health personnel pulled from 25 LGAs on Logistics Management of Health Commodities with bias for anti-malarial products. 770 of the participants were from Public Health Institutions like Primary Health Centers, General Hospitals, Federal Medical Centre, Bida, IBB State Specialist Hospital, SACA, PHCA, SHMB, SMOH and TWG on Logistics. 42 participants from the private

sector also benefitted from the LMHC. It is hoped that this will help the TWG on Logistics in achieving its mandate of effective coordination and integration of Logistics activities in the state.

Two staff of the CMS representing Niger State TWG on Logistics and previously trained by ProACT on LMHC were among the facilitators while five members of the TWG on Logistics were among the participants that benefitted from the training.

8. Strengthening Health Facilities Storage System

To ensure reliable availability of viable diagnostics and treatment monitoring reagents, consumables, ARVs, and drugs for prevention and treatment of opportunistic infections (OIs) at MSH supported health facilities in Niger state, the project supported the institutions with additional storage facilities to improve the existing infrastructures in order to ensure safe storage system that maximizes product shelf life.

HOSPITAL	SHELVES	PALLETS	AIR CONDITION	STABILIZER
GH New Bussa	4	2	one of 1.5 horse power	One of 5000VA
GH Bida	3	3	one of 1.5 horse power	One of 5000VA
GH Mokwa		1		
GH Kagara	1	2	one of 1.5 horse power	One of 5000VA
GH Tunga Magajiya	2	2		

The distribution and installation of these storage facilities across the facilities is on-going.

In line with the recommendation of the TA Mission on Model Pharmacy last quarter, GH Bida Pharmacy recently acquired an additional storage space to improve on the existing one. The compounding room has also been activated for extemporaneous preparations.

Kwara State Action program committee on AIDs (SAPC) under the auspices of SMOH demonstrated strong ownership of ProACT program by donating 1,200 of Determine test unit to bridge the shortage of RTK and support uptake of HCT services across the sites. As part of the MSH ProACT effort to foster Public-Private-Partnership in Kwara state, infrastructural facilities were donated to two Private hospitals providing PMTCT services in Kwara State. The needed Infrastructures identified and advocated for by the SCMS for the Pharmacy unit include: 1hp A/C, Shelves, Tables and Chairs. These items along with other equipment were donated and received with much appreciation by the hospital CMD and the entire staff.

Institution of quality improvement systems coupled with the on-going mentoring on effective usage/management of ARVs, test kits and consumables provided will significantly contribute to PMTCT target drive, enhance scale-up efforts to underserved communities as well as make ProACT more visible to stakeholders in the private sector. Hospital meeting was held between CMD, thematic unit staff and MSH team to identify modalities of addressing HR gaps and improved quality services delivery aimed at maximizing scale-up for PMTCT target.

9. DECENTRALIZATION OF ART SERVICES TO PHCs IN TARABA STATE

Supportive supervision was carried out to the 3 PHCs. The 3 remaining PHCs that were not yet activated were also visited to ascertain their state of readiness for subsequent activation. A decentralization review meeting was held with a view to addressing challenges facing the process. The meeting was attended by 15 persons including the Clinical Care Specialist and Supply Chain Management Systems Specialist. Regimen of clients decentralized to PHCs was collated and ARV drugs were received from the 'Hub' and transported to the PHCs. A buffer stock sufficient for the devolved clients for two months was sent to SSH in a bid to avert any challenges with stock availability.

10. Waste Management

The key USG/PEPFAR IPs waste Disposal strategy requires that all Expired, Damaged and Obsolete commodities be sent to a waste treatment facility in Port Harcourt for final disposal by high temperature incineration at a Thermal facility pre-qualified by USG and other stakeholders.

On 13th August 2012 USAID sent out timelines for all IPs representatives to be at the facility to receive, enumerate and observe the treatment of their wastes as well as sign off and collect a disposal invoice for their respective IPs. ProACT slot was scheduled for the week of 27-31st August 2012 and it was conducted without major hitches in conjunction with JSI SCMS Project .The disposal report is being awaited.

Challenges:

- Most of the staff in the Pharmacy unit of KSSH Lokoja are not computer literate
- Attrition of doctors in some private hospitals, who have been trained on ART services has necessitated the Pharmacy and Lab. Technician to take decisions on placing new HIV positive pregnant women on ART regimen in Kwara state
- Insufficient storage infrastructure such as shelves and pallets in many facilities
- Breakdown of air conditioners at several locations
- Frequent breakdown of Laboratory equipment which has occasioned frequent redistribution of commodities to minimize expiry
- Low ADR identification and reporting across the states
- Non-availability of a wide range of OI medications
- Shortfall in the supply of test kits to the program
- The major challenge that affected commodities management was the erratic power supplies where available and non-functional air conditioners at some facilities.
- The threat of expiration of Atazanavir and Ritonavir stocks at the facilities due to apathy on the part of clinicians in prescribing them for patients commencing second line ARVs regimen. When asked, they complained of not having adequate information of the medicines and the regimen is not on the Pharmacy order form making them often to forget when filling out the prescriptions.

Next Steps:

- The modification of the software in KSSH Lokoja to include project medicines (ARVs and OI's medications) and posting them to the platform at zero cost.
- Inauguration of the TWG on Logistics before the end of the fourth quarter.
- Continue to work with the Clinical and Community Teams to implement the strategy to de-worm all clients on Care and Treatment as well as OVC

- Provide another update to NASCP on consumption of OI medicines received thus far and conclude documentation of cost share value of same with MSH home office
- Follow up with STLs to improve inventory/storage facilities at the sites
- Continue to build capacity of the Health Facility workers to identify and appropriately report ADRs
- Create awareness on the comparative advantages of Atazanavir/r over Lopinavir/r and encourage them to start placing their clients on the regimen. In addition, the next print of Pharmacy order forms should include Atazanavir, Ritonavir and Atazanavir/r
- Replacement of non-functional air conditioner at concerned facilities
- Continue redistribution of commodities to avert expiration

LABORATORY SERVICES

Introduction:

Our thrust has been to strengthen sustained service delivery for the continuum of care in an integrated manner that impacts health systems strengthening. In the quarter under review, MSH laboratory program conducted capacity-building sessions, pre-award proposal development workshop for public private partnership initiative (PPP-I), technical assistance towards systems strengthening in Niger and Taraba State, EID scale up activities, operationalizing QMS activities in Quality Assurance Laboratories as well as partnership for strengthening Laboratory systems with professional association. Details of achievements are chronicled in the succeeding paragraph.

Key Activities conducted:

1. Training on Supply Chain Management for Commodities Security

Without a reliable supply chain management of HIV test kits, laboratory reagents and other supplies and commodities, care and treatment services cannot be provided. The efficient management of health commodities (Laboratory commodities) in the face of increasing demand for over-stretched resources is imperative. To strengthen the ProACT project's ability to effectively manage laboratory commodities and achieve its long-term objectives of providing uninterrupted delivery of laboratory services to persons living with HIV/AIDS and general populations served, two Lab systems specialists for Taraba and Kwara participated in a comprehensive introductory course on "Supply Chain Management for Commodity Security". This course helped increase their understanding of logistics management put together by the USAID/SCMS project. Follow up actions include facilitating CPD programs as well as mentorship for health facility laboratory staff across all MSH supported sites.

2. Scale up of EID uptake in Taraba, Kogi and Kwara State supported Sites

With the successful introduction of the EMS NIPOST for transportation of Dry blood spot for exposed HIV infants continued to receive great attention from all stakeholders from facility staff, NIPOST staff, Specialist Hospital Staff at Yola and PCR lab Jalingo. The established DBS sample and result flow currently runs smoothly with minimal challenges.

In ensuring the continuity of the program and with the new mandate of PMTCT scale up In Kogi state, a service agreement was signed with NIPOST to commence the transport of DBS samples to and from MSH supported sites to Asokoro reference lab for analysis and the return same to designated facilities. With this

arrangement, NIPOST commenced the transport of DBS samples for MSH supported sites in Kogi state from September 2012.

3. Infrastructure support to GH Ganye and CHC Oyedega for Lab Services

The need to scale up ART services to more clients necessitated the activation of laboratory services at General Hospitals Ganye and Oyedega in Adamawa and Kogi States respectively. Onsite capacity-building on Automation, documentations and other laboratory process were ensured. The laboratory was set up with service integration in mind based on lessons learned from other sites that were activated in the past. Similarly, in CSH Ilorin, Kwara State,



A section of the laboratory in Ganye during Activation

two separate rooms have been identified for sputum AFB diagnosis and DOTS clinic. A cupboard for the anti- TB drugs and commodities and a table and chair has also been earmarked for the DOTS room where HIV testing and counseling services will also be provided. As a result of the recent structural renovations at SH Offa and GH Omuaran, most departments in the hospital have faced the challenge of space constraint. These renovations that were undertaken by the State Government also affected the laboratory department as the GOPD lab had to be moved to the main lab ,which is far from the gate and is not easily accessible to clients. At GH Omuaran, completion of this renovation exercise is expected to open up space for a DOTS room where HIV testing and counseling can be integrated and also expand the existing Laboratory space.

4. Follow up on Malaria Diagnosis Training

As a follow up to the ten day training on malaria diagnostics organized by the Management Sciences for Health (MSH) in conjunction with the US Department of defense (USDOD) and the Walter Reed program, Nigeria (WRPN), various step down trainings to other staff on their return. Assessment of the health facilities to monitor their compliance to the W.H.O standard for malaria diagnosis showed that while some facilities are in compliance, others are constrained by lack of resources for the procurement of staining reagents/consumables, indifferent attitude of hospital management towards malaria diagnosis in the hospital amongst other things. Meanwhile SOPs and Job aids have been printed and distributed to all CCT sites to aid improved diagnosis and parasite case detection.

5. Laboratory Internal Quality Assurance (IAQ) program for Taraba/ Adamawa and Niger/Kebbi Regions

Operationalization of the oversight functions of the Quality Assurance labs in Taraba/Adamawa and Niger/Kebbi was concluded in these regions. Inter-performance laboratory assessment was conducted to

monitor and assess the performance of all supported comprehensive sites in laboratory service delivery with support from Laboratory quality Advisor to all QA leads. Specialist Hospital Jalingo was commissioned serve as the QA Laboratory for Taraba/ Adamawa region while GH Bida is for Niger/Kebbi region. The State Quality Lab Management Task Team for the two regions, State Laboratory Directors from the Ministry of Health and Health Services Management Board as well as hospitals' management was part of the program. Operational protocols, terms of reference and the functions of the QA lead in these regions were also shared. Dry tube specimens were prepared, packaged and distributed to all the supported facilities in the two regions. Outcome of participating facilities is given below

STATE	NAME FACILITY	OF # PARTICIPATING OF TESTING	OF # RESULTS RETURNED	OF % CONCORDANT PERFORMANC OF RESULTS	RESULT NOT RETURNED
TARABA	SS JALINGO	8	16/16	100	0
	FRH SUNAKANI	4	8/8	100	0
	FRH, GASHAKA	5	10/10	100	0
	FRH, IBI	5	10/10	100	0
	FRH,DONGA	6	12/12	100	0
ADAMAWA	GH MICHIKA	8	16/16	100	0
	CH HONG	4	8/8	100	0
	GH GARKIDA	8	8/16	100	8/16
	CH SONG	6	6/12	100	6/12
	CH FUFURE	6	10/12	100	2/12
NIGER	GH KAGARA	11	22/22	100	0
	GH LAPAI	8	16/16	100	0
	GH BIDA	9	18/18	88.89	0
	GH MOKWA	8	16/16	100	0
	GH T/MAGAGYA	9	18/18	100	0
	GH NEWBUSSA	8	16/16	100	0
	KEBBI	GH ARUGUNGU	9	18/18	100
GH JEGA	4	8/8	75	0	
GH KOKO	7	14/14	100	0	

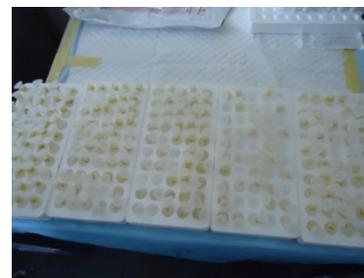
A total of 13 CCT sites and 139 test points were assessed. Non-compliance was observed in 3 out of the 13 (23%).



DTS skills transfer Session



Retesting



Drying process

6. External Quality Assurance

Additional test menus (chemistry and Hematology) for 8 MSH supported were introduced in September by the national external quality assurance center Zaria through AFRIQUALAB Senegal. This also marks the commencement of the anticipated phased shift from the former providers (NHLS and ThistleQA) to AFRIQUALAB. By January, 2013, all the test menus will be fully transitioned to one provider, AFRIQUALAB. Orientation had begun for facility staff to undertake the EQA process fully through the web-based platform.

7. Support to Taraba and Niger State Government

In both Taraba and Niger States, the State Laboratory Quality management task Team (SLQMTT) held its quarterly meetings. Key among issues discussed is closing human resources gaps in the States and the role of SLQMTT driver in transforming laboratory systems. The SLQMTT received technical support in developing activity plans and scheduling joint supervisory visits. Top government functionaries were in attendance at the meeting in Niger state In Niger. The sensitization visit to the new Perm Sec/EMD brought on board the Director of Monitoring and Evaluation (Dir. M&E) as an adopted member of the task team. The laboratory component of the state-designed facility monitoring tool was presented to the Task Team for inputs before the document its finalization. This document has provided the opportunity for the task team to include components that may raise some challenges confronting laboratory services delivery in the state and hopefully, lead to favorable response from the government. Among the issues discussed were: IQA/EQA scheme activities in the state, proposed joint laboratory monitoring visits, work plan for year 2013, step-wise preparation of labs towards accreditation as a catalyst for improvement in lab services, continuous professional education for lab staff, buy-in from other IPs in the task team activities and the need to support a “secretariat” for the task team.

8. Partnership to Strengthen Public Private Partnership Initiative

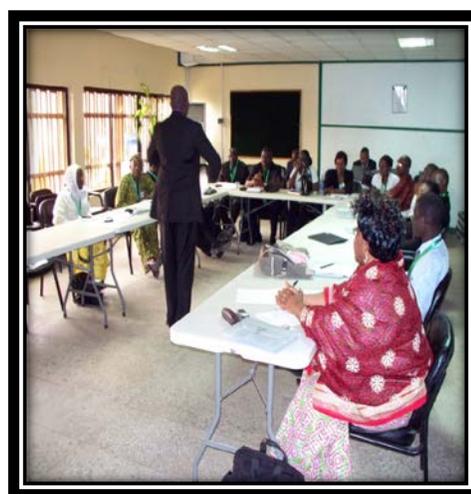
To leverage stakeholder support for the Laboratory small grants program, MSH participated at the annual scientific conference and workshop of the Association of Medical Laboratory Scientists of Nigeria in Benin

City, Edo state. The conference theme was tagged, "HEALTH SYSTEMS IN NIGERIA: THE MEDICAL LABORATORY IMPERATIVES". The conference provided an opportunity for network and building partnerships with critical Nigerian stakeholders for the development of Nigerian Health system. The forum was used to share MSH experience in delivering health systems programs with government and stakeholders. MSH presentation addressed Health Systems Strengthening: PEPFAR Laboratory Integration Effort Using the MSH Approach.

UPDATES ON ADDED SCOPE OF WORK

9. Pre Award Proposal Development Workshop

In view of the existing need to engage all relevant stakeholders in the scale up of HIV/AIDS care and treatment services as well strengthen the delivery of quality services in the private health sector; the ProACT project embarked on a public private partnership initiative (PPP-I). In the previous quarter, the project embarked on a grant assessment survey of nineteen (19) pre-qualified laboratories in six States. In preparation for the award of the laboratory small grants, a five day pre-proposal development workshop was held for private medical laboratory practitioners, the association of medical laboratory scientists of Nigeria, Guild of private medical laboratory



directors, with MSH Laboratory systems specialists in whose States the prospective grantees have been drawn. The workshop was aimed at building the skills of selected indigenous private standalone medical laboratories and the professional association on proposal writing in line with USAID tools was facilitated by MSH grant and technical staff team. It was also to develop a clear understanding of USAID key concept of cost, resource mobilization and proposal development. Final submission of proposals from the participants is expected October 2012.

10. ESTABLISHMENT OF NATIONAL LABORATORY TASK TEAM

MSH has supported the hosting of initial consultative meetings of the various departments and divisions of the Federal Ministry of Health during which the national centers for disease control (NCDC) offered to play host to the secretariat of the Task team is approved by the honorable Minister for Health. Based on this an enlarged stakeholders meeting is planned for purpose of ratifying the outcome of the previous meeting. Meeting has been tentatively scheduled for November 14, 2012.

11. PILOT OF INTEGRATION OF LABORATORY SERVICES

In its drive to pilot integration in 3 sites, MSH will model 3 health facilities. To achieve this, a draft protocol for has been developed while to stepwise laboratory improvement towards accreditation tools of the Medical Laboratory Science Council of Nigeria (MLSCN) will be deployed for the baseline assessment. MSH will request technical assistance from the MLSCN/MELTNA project in improving quality management systems (QMS) in the model sites to help them acquire Council's national certification. Baseline assessment is scheduled for November 11 – 16, 2012.

Challenges:

- Security challenges within the States
- Flooding challenges which have completely cut off two of some supported facilities
- Prolong equipment downtime due to delay in effecting repairs
- Non functional UPS still a major challenge across the states, thus equipment are exposed to power fluctuations
- Massive movement of Laboratory staffs out of Kebbi State due to poor incentive
- Mix up of EQA samples sent directly to the sites
- The timelines of submission of monthly data and EQA results from distance sites affects report submission from the Field Office. Distance and availability of information technology (scanning, internet connectivity) affect data collation.

Next steps:

- Review proposals from Private labs in preparation for the grant
- Conduct baseline assessment for the pilot of integration
- Work with the State Laboratory Quality Management Task Team (SLQMTT) Secretariat for the next quarterly meeting.
- Provide feedback to all HTC points that were involved in the last DTS/IQA program.
- Continuous monitoring of EMS NIPOST DBS Transport system

MONITORING, EVALUATION & OPERATIONS RESEARCH

Introduction:

September 2012 marks the end of not only the fourth quarter but also the end of Fiscal Year (FY12) reporting period. During the quarter, the M&E unit continued to focus on routine M&E activities ranging from data documentation, reporting and data quality checks while also providing ongoing supportive mentoring and supervision of project activities at community and facility levels. New activities to improve the M&E systems, promoting ownership and sustainability in MSH supported states were also conducted during the quarter. Currently, the M&E unit is focusing on data validation, collection and reporting activities geared towards FY12 reporting to USAID, ensuring that all data are entered into the USG DHIS 2.0 platform at the 19th of October 2012 agreed deadline.

This quarter's report is divided into 2 sections; the M&E programmatic achievements and MSH's FY12 data tabulation and description compared with FY12 targets. The M&E programmatic achievement will further be broken down to routine and targeted activities. A summary of the key achievements in the format above is listed and described below.

- **Routine M&E activities**
 - Building the capacity of records staff to collect and report data for use in improving service delivery
- **Targeted Activities**
 - Data Quality Audits
 - Facility staff participation in EOM Data collection
 - Technical Assistance visits to Kwara and Kebbi

Description of Activities:

Routine M&E Activities:

1. Building the capacity of records staff to collect and report data for use in improving service delivery

During the quarter, the M&E team continued to ensure that activities to strengthen all comprehensive, feeder sites and CBOs M&E system in data collection and reporting accurately was conducted. At the health facilities and CBO levels, data reports were reviewed and submitted in a timely manner with the M&E team providing the much needed support to improve knowledge and transfer skills to the various service providers.

Targeted Activities:

2. M&E Data Quality Audit and Review and Pre APR review meeting

The DQA process provided the project M&E team with information to assist primarily in improving the M&E systems, enabled us to assess gaps and data inconsistencies within our facilities and gave us the opportunity to improve on them. The M&E unit of ProACT has conducted 4 DQAs in the past 2 years with observed improvement in each audit. These DQAs are necessary in ensuring accuracy and usability of our data for reporting to our donors, planning and decision making ultimately improving on our support to the HIV response, while also ensuring that we leave behind sustainable systems to ensure continuity of the process. Having built on the results from the DQA conducted in March 2012, the M&E team has conducted follow up DQA in September 2012 prior to the 2012 APR reporting in October 2012 however focusing more on using the NACA DQA tools which is more sensitive to our context.

The strength of this DQA tool were to identify and address the following issues:

- Observe data availability gaps: Here the team aimed to observe the availability and accessibility of all the relevant M&E tools in the various service delivery points visited, this seeks in ensuring that services provided can be documented each time they are provided as services not documented we consider as not provided
- Observe data consistency gaps: Here the team aimed to identify gaps in the transfer of data from the national PPM forms to Registers, gaps here demonstrates the inability of the documentation team to correctly identify where to extract data from on the patient monitoring and management tools(forms) and where to document them to in the registers
- Observe data validity/accuracy gaps: Here the team aimed at identifying gaps in extracting data from the registers into data reporting templates and summary sheets on a monthly and quarterly basis, it also ensures that the reporting flow to LACA, SACA and IPs is well adhered to
- Observe System assessment gaps: Here the team aimed at identifying gaps in the facilities patient flow and M&E systems

While the DQA process will serve the following major objectives:

- Identifying M&E systems gaps using the RDQA tool (if time permitted)
- Identifying the other thematic gaps using the NACA DQA tool
- Validate the data of all key USAID reporting indicators as it is in the tracking template.
- Collect a sample 12 months cohort data for the selected facilities

The findings were a bit encouraging but also a pointer that more needs to be done. The exercise in addition to achieving its aim, also gave room for facilities to be compared across the supported states and sites using the parameters earlier mentioned. On data availability of a total score of 100, Argungu GH scored 91 and New Bussa had the least with 51. Assessing the systems, New Bussa and Mokwa scored 85, which are the highest among the facilities and Donga the facility with the lowest score had 58. On Data Validity, KSSH and Kabba tied in the lead with 53 and Jega got 9 and Data consistency, Omu-aran scored 88 and Donga 46, which is the least in the group of facilities assessed. In comparing the States Taraba had a composite score of 50%, Kogi 72% and Niger, Adamawa, Kwara and Kebbi having 60%, 60%, 55% and 53% respectively. The project overall score in Data Availability, System Assessment, Data Consistency and Data Validity are 75%, 73%, 67% and 35% respectively. The weaknesses observed in this DQA showed the need to improve of the health systems as a whole some of which included; HR shortages and low morale of facility record officers, Inadequate site supervision and mentoring by state office staff, Documentation/extraction error, lack of common understanding of collecting/reporting some indicators, Weak system to track some indicators, Weak data transmission flow in some facilities.

3. Facility staff participation in EOM Data collection

In strengthening the sustainability of the data flow processes in the facilities, effort have been made in 2 states (Niger and Kogi) to build the capacity of facility staff in collecting and submitting reports to the state office for two months consecutively while a 3 month data validation by the state M&E team takes place in the third month. Thus far, we have recorded successes in these 2 states as all the medical records staff are now reporting data from all service delivery points to the MSH office, this has not only significantly reduced cost of data collection and reporting but also served as a platform for building the capacity of the facility staff on data collection and reporting from not only the comprehensive sites where they are resident but also the feeder sites within the same proximity from the comprehensive site.

4. Technical Assistance visits to Kwara and Kebbi

The Country Office M&E Team paid technical assistance visits to Kwara and Kebbi states, these visits took place between the 2nd- 8th of September and 10th – 14th of September 2012 respectively. The trip was embarked upon by the AD M&E; the newly appointed M&E Specialist for Kwara Luther Eshalomi and the Operations Research Advisor Titi Badru for the Kwara leg while the Kebbi leg included the Senior M&E Specialist Femi Dare and the Country Office M&E Officer Musa Naallah. The TA visit was meant to not only identify gaps but also proffer solutions to these gaps; we were able to visit all facilities in Kwara but with varied attention with General Hospital Offa getting the most attention. The findings from the visit included gaps in data documentation due to poor understanding and lack of continuous onsite supportive mentoring

and supervision to the data clerks and service providers, negligence in data documentation, incomplete documentation and poor attention given to the feeder sites, I recommended that there should be a synergy between the M&E Specialists and the other thematic specialists in walking through the systems to address gaps, that way they become more effective in transferring skills and building capacity to the facility teams.

Challenges:

1. Human resource and staff alteration experienced at the facilities is increasing work burden for the remaining staffs remains a key challenge that will prevent us from making significant gains with all the efforts we are making.

Next Steps:

1. Planning to implement the next Data Quality Audit in March 2013
2. Planning to introduce the LAMIS software in SSH Jalingo December 2012
3. Planning to conduct a training on Data use for Decision making in December 2012

Appendix



Microsoft Excel
97-2003 Worksheet



Microsoft Excel
97-2003 Worksheet
