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

Quarterly Progress Report, January – March 2013

Author: Med Makumbi, Project Director

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The following document is a quarterly report written by Med Makumbi for submission to USAID under the agreement.

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

Leadership, Management and Sustainability Program, Nigeria

PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT— ProACT

Quarterly Progress Report, January – March 2013

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Cover photo caption: Health workers are the heart and soul of HIV service delivery. In this quarter MSH ProACT is proud to showcase on the cover page a service provider working at the pharmacy unit of MSH ProACT supported General Hospital Bida, Niger state

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Prevention organizational systems AIDS Care and Treatment Project

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Management Sciences for Health

MSH/LMS Program

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

Telephone: +234 (0) 8077099631

Website: www.msh.org

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

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

MSH's Leadership, Management and Sustainability Program (LMS) is a global five-year USAID funded Cooperative Agreement designed to develop leadership and management skills at all levels of health care organizations and programs to effectively address change and improve health outcomes in the areas of family planning, reproductive health, HIV and 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), a PEPFAR funded associate award with the goal of building the capacity of Nigeria's public, private, and community sectors for sustainable HIV and AIDS and Tuberculosis (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 in Kogi, Niger, Kwara, Kebbi, Adamawa and Taraba states, and operates 30 comprehensive HIV and AIDS treatment centers. With its main office in Abuja, Nigeria, ProACT is decentralized to the state government level and has established offices in each of the 6 states that bring technical support closer to the areas of greatest need.

PROACT Project

Quarterly Progress Report

January-March 2013

ACTIVITY SUMMARY
Implementing Partner: Management Sciences for Health
Activity Name: Leadership Management Sustainability – Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT). Management Sciences for Health (MSH)
Activity Objective: To build the capacity of Nigeria's public, private and community sectors for sustainable HIV, AIDS, and TB prevention, control, care and treatment integrated with the health system 1. To increase demand for HIV, AIDS, and TB services and interventions, especially among target groups. 2. To increase access to quality HIV, AIDS, and TB services, practices, and products in selected states 3. To strengthened public, private, and community enabling environments
USAID/Nigeria SO: SO 14
Life of Activity (start and end dates): July 16, 2009 – July 15, 2014
Total Estimated Contract/Agreement Amount: $60,797,873
Obligations to date: $46,208,086
Current Pipeline Amount: $8,587,978
Accrued Expenditures this Quarter: $2,167,257
Activity Cumulative Accrued Expenditures to Date $37,620,109
Estimated Expenditures Next Quarter: $2,657,450
Report Submitted by: Makumbi Med, Project Director **Submission Date:** April 30,2013 **Name and Title**

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ACRONYMS

AB	Abstinence Be faithful prevention strategy
ACT	AIDS Care and Treatment (MSH Project that preceded ProACT)
AFB	Acid Fast Bacilli
ART	Anti-retroviral Therapy
ARVs	Anti-retroviral drugs
CCT	Comprehensive Care and Treatment
CHAI	Clinton Health Access Initiative
CHEWs	Community Health Education Workers
CSO	Civil Society Organization
DBS	Dried Blood Spot
DHIS	District Health Information System
DOTS	Directly Observed Therapy Short Course (for TB)
EID	Early Infant Diagnosis (for HIV-Infection)
EMS	Expedited Mail Service
EQA	External Quality Assurance
HIV and AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HRH	Human Resources for Health
HSMB	Health Services Management Board
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
INH	Isoniazid
IP	Implementing Partner
IR	Intermediate Result
KOSACA	Kogi State Agency for the Control of AIDS
LACA	Local Action Committee on AIDS
LGA	Local Government Area
LMS	Leadership, Management and Sustainability Program of MSH
M&E	Monitoring and Evaluation
MARPs	Most at Risk Populations (for HIV)
MPPI	Minimum Prevention Package Interventions (for HIV)
MSH	Management Sciences for Health
MTCT	Mother to Child Transmission
NACA	National Agency for Control of AIDS
NASCP	National AIDS and STI Control Program (of the Ministry of Health)
NHOCAT	National Harmonized Organizational Capacity Assessment Tool
NIPOST	Nigerian Postal Service
OI	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PEPFAR	US President's Emergency Plan for AIDS Relief
PHC	Primary health care
PITC	Provider-Initiated Testing and Counseling
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
ProACT	Prevention organizational systems AIDS Care and Treatment Project
Q1	Quarter 1
RTKs	Rapid Test Kits (for HIV)
SCMS	Supply Chain Management System
SACA	State Agency for Control of AIDS
SHMB	State hospital Management board
SLQMTT	State Laboratory Quality Management Task Team

SMoH	State Ministry of Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBL	Tuberculosis and Leprosy
USAID	United States Agency for International Development
USG	United States Government

EXECUTIVE SUMMARY

In Nigeria, Management Sciences for Health (MSH) through the USAID funded ProACT project continues to support the government of Nigeria in the scale up of HIV care and treatment services in six focus states. ProACT has continued to work towards its 3 key result areas; 1) *improving Government stewardship of HIV, AIDS, and TB Programs, 2) supporting healthcare workers to own and deliver qualitative HIV, AIDS, and TB services using an integrated approach, and 3) building partnerships with communities and CSOs to improve their response to HIV, AIDS, and TB in homes and communities.*

Within the quarter, MSH ProACT project implemented several activities which contributed to strengthening health system and increasing access to HIV care and treatment services in the six focus states. The program continued to work closely with government partners through the HIV/AIDS division of the FMoH, SACA and the State Ministries of Health. Activities were also implemented to build the capacity of government and CSO partners to respond effectively to the HIV and AIDS epidemic in their respective states.

During the reporting period, state government partners took leadership role, in the implementation of activities geared towards ensuring a seamless transition of sites between USG IPs in line with the ongoing rationalization of treatment partners. As part of this effort, the state government partners facilitated the hosting of stakeholders meetings which was attended by concerned PEPFAR supported IPs. These meetings provided the USG IPs, an opportunity to clarify stakeholder's expectation on Rationalization, agree on the process for the conduct of joint assessment of sites and the modalities for the development of state transition plan.

Also, during the quarter, MSH at the request of USAID, participated in a meeting to discuss the refocusing of her PMTCT hyper accelerated implementation plan efforts in Niger, in light of the fact that MSH will be transitioning out of kogi and Taraba states post rationalization. Following from this meeting, MSH assessed over 60 health facilities in remote communities and have activated 16 in the first phase of a rapid PMTCT scale up plan.

As part of ongoing initiatives to periodically track performance on targets, we hosted the quarterly performance review meeting (PRM) from the 28th February– 1st of March which had select ProACT field and central office team in attendance. This meeting presented the ProACT team with an opportunity to review first quarter performance (FY13), plan strategic activities towards target achievement as well as assess impact of prevailing security situation on program implementation.

During the reporting period, MSH also participated in activities to commemorate the ***2013 World TB Day.*** The World TB Day provide an opportunity to raise awareness about the burden of tuberculosis (TB) worldwide and the status of TB prevention and control efforts. It is also an opportunity to mobilize political and social commitment for further progress. The theme of this year's campaign was ***"Stop TB in My Lifetime"*** and marks the second year of this two-year campaign and also underscores the importance of the fight against TB. The MSH ProACT project supported activities to mark the day in all six focus states, as well as other activities coordinated by the National TB and Leprosy Control program (NTBLCP) which included a symposium hosted by the Honorable Minister of Health, Prof.Onyebuchi Chukwu.

The major challenge encountered in the quarter under review was the escalation of attacks by insurgents in Adamawa state, where in one incident, 35 people were killed, amongst them, the Chief Nursing Officer of General Hospital Ganye-which is supported by MSH. There were also communal clashes in Wukari community in the Southern part of Taraba state. These security threats significantly affected the provision of technical assistance to MSH supported sites and communities.

This continued insecurity, particularly in these two states where MSH has a total of 10 comprehensive care and treatment sites, has impacted significantly on program implementation and our target drive as these two states contribute significantly to the overall project targets.

The project is continuously educating staff on personal risk reduction and is working closely with state government partners to mitigate these challenges. We have also developed plans to sustain ongoing efforts to ramp up services and sustain progress towards FY13 target achievements. The following sections provide a detailed report of the achievements, challenges encountered, and our plans to mitigate them.

INTRODUCTION

During this reporting period, the MSH ProACT Health System Strengthening (HSS) unit continued to work towards strengthening key health systems areas, provide technical assistance to the State Agency for Control of AIDS (SACA), the State Ministry of Health (SMoH) and other key stakeholders, improve government stewardship of HIV, AIDS, and TB programs in the ProACT focus states, and support healthcare workers to own and deliver quality HIV, AIDS, and TB services using an integrated approach. The section below documents the progress made by the HSS unit during the period of January – March 2013.

Highlights of key activities:

- Trained participants in the use of the new National Harmonized Organizational Capacity Assessment Tool (NHOCAT) and Implementation of 2013 Organizational Capacity Assessment (OCA) tool in three ProACT States
- Implemented the Leadership Development Program Plus (LDP+)
- Implemented HSS Grant for Human Resources for Health Capacity for HIV and AIDS/TB
- Strengthened the Capacity of Community-based Organization (CBOs) and support groups to sustain HIV and AIDS Prevention, Treatment, Care and Support services at community level

Trained participants to use new National Harmonized Organizational Capacity Assessment Tool (NHOCAT) and implement 2013 Organizational Capacity Assessment (OCA) in three ProACT states
NHOCAT findings of less than 40% indicate poor capacity to manage the HIV and AIDS epidemic, and findings of greater than 75% indicate excellent organizational capacity to manage mandates with respect to the HIV and AIDS epidemic. There should be serious concern about investing in organizations that score less than 40%. ProACT conducted NHCOCAT assessments with institutions in three states: Kebbi, Kwara, and Niger. Findings from the NHOCAT in these three states included cumulative scores ranging from 28.38% to 37.46% (see Table 2). The assessed states now have baseline data on capacity that can be measured against ProACT-supported annual performance of technical interventions in these states.

SACA utilized the NHOCAT to assess the capacity of CSO networks and other line ministries (Ministry of Local Government & Chieftaincy Affairs, Ministry of Arts and Council, Ministry of Agriculture, Ministry of Information, and Ministry of Youth and Sports), apart from our priority Line Ministries (MOH, MOE and MOWA). These Line Ministries are to be engaged in the public sector response of the World Bank HPDP 2.

Findings revealed that the MDAs have cumulative scores ranging from 7.0% – 39.4%. ProACT grantee CSOs scores ranged from 17.3 to 47.3%. Kebbi State Agency for the Control of AIDS (KBSACA) scored 63.5%, and Niger State Agency for the Control of AIDS (NGSACA) had the lowest score of 38.7%. Capacity areas that most assessed organizations scored very low on, and which require serious investment, include the following: Coordination and Planning, Resource Mobilization, Reporting, and Monitoring and Evaluation.

These areas of weakness, identified in OCA reports for the various sectors in the state institutions, have resulted in the development of capacity building plans which will be integrated into 2013 operational plans that will be reviewed in June 2013 for implementation. Even though areas requiring improvement were identified, especially among the line Ministries, there was a lack of documented evidence of the reasons for these assessments.

Implemented the Leadership Development Program Plus (LDP+)
To strengthen SMoH and health facilities to deliver effective and efficient health services in all ProACT states, ProACT supported the Kwara SMoH to conduct a Leadership Development Program Plus for health care workers, policy makers at the SMoH, CSOs, and private health institutions. The training aimed to achieve the following:

- Identify priority health areas;
- Align key state health stakeholders with the identified priority health areas, and mobilize resources for delivery of services to address the identified priority health area;
- Foster attitudinal change of health workers to impact health service delivery.

At the end of the training, 35 participants were trained on applying leading and managing practices to scale up PMTCT services in the state. Furthermore, facilities developed six-month work plans for implementing PMTCT uptake.

Implemented the Health Systems Strengthening (HSS) grant for building Human Resources for Health capacity for HIV, AIDS, and TB programs
Under the provision of the grant to health institutions for HSS, the MSH HSS team continued to support and mentor the Niger SMoH to implement a Scope of Work to build institutional capacity of states to own, manage, and coordinate health worker training to ensure sustained improvement of HIV, AIDS, and TB health outcomes. So far the state faculty has adopted and reviewed a state training manual, and is currently identifying master trainers to train the state faculty.

Strengthen the capacity of Community-Based Organizations (CBOs) and support groups to sustain HIV and AIDS prevention, treatment, care and support services at community level
ProACT also conducted capacity assessments for the five new prevention CSOs and 30 support groups using the NHOCAT, and the Quick Scan tool which was developed internally. The NHOCAT assessment focuses on organizations' governance structures, partnerships, human resources, financial management and resource mobilization, HIV programmes, monitoring and evaluation, and gender mainstreaming structures, among others. The process allows for organizations to identify their strengths and weaknesses, and to develop plans for strengthening organizational systems and processes using evidence collected during the assessment. This process favourably positions these CBOs for receiving future grants to sustain delivery of community-care services.

A quick scan of the 30 support groups revealed that all groups are now registered with the relevant authorities: Local Government Council, State Ministry of Women Affairs, Ministry of Youth and Sport, CISHAN, NEPWHAN, etc.

In addition, processes and systems – including an HR policy, a Board Manual, financial management tools and templates, and asset registers – were developed for three ProACT grantee CBOs (Society for Future Health, Living Care Foundation, and Healthy Living Promoters).

NEXT QUARTER PLANS

- Provide technical support to SACA and its partners in all three assessed states for effective implementation of the Capacity Building Plans developed to address the gaps identified during the NHOCAT assessment.
- Support Kwara State MOH to develop the 2013 - 2014 Operational Plan, and provide support to Niger State MOH to develop the 2013 Operational Plan for five comprehensive sites in Niger State.
- Continue to provide technical support to Niger State MOH to implement the HSS Grant for Continuous Medical Education in the state.

- Support SACA and SMOH in the six states to hold quarterly SACA Coordination Forum to assess progress towards implementation of the 2013 Operational Plans.
- Conduct more technical training workshops for the community service (prevention) grantees.
- Provide technical assistance to LACA to organize and coordinate quarterly stakeholders' forum meeting to review HIV/TB response and performance in Ibi and Omu Aran LGAs.

INTRODUCTION

During this reporting period, ProACT's HIV prevention program – in compliance with the project results framework for increasing demand and access to HIV, AIDS, and TB services/products – reached out to specific most-at-risk populations and other general populations across the six ProACT states with the Minimum Prevention Package of Interventions (MPPI). Adopting a combination of approaches to reduce new HIV infections remains the core focus of the HIV prevention unit to promote sustainable positive behaviour change among the different target groups.

Ten CSO staff members from Kwara, Niger, and Kebbi states participated in capacity building activities through the Family Life and Health Education (FLHE) and Peer Education Plus (PEP) programs.

Also in the past quarter, collaborative networks and linkages with the Federal Ministry of Health (FMoH) were quickly mobilized to address issues of condoms stock outs.

The ProACT project recently won the MSH innovation challenge award to implement a new project, *Reporting made easy: A cost effective approach to monitor HIV prevention programming using a Web-based system in Nigeria*. The implementation of this project will improve reporting systems for HIV prevention interventions through the use of electronic devices, and will strengthen existing LACA structures at the Local Government level to improve monitoring of and feedback on prevention interventions at the community level.

Key Achievements:

- Awarded grants to five new CSO grantees in three project states;
- Implemented capacity building activities with ten key officers from five CSOs through PEP, FLHE, and HIV testing and Counseling (HTC);
- Recorded significant progress across all sexual prevention program targets;
- Support from community actors evidenced during community dialogues held in various project states.

Abstinence and Be Faithful (AB): AB program area in this past quarter recorded 3,314 achievement against the target, compared to 4,349 recorded in the last quarter. There is a high expectation of improved target outcomes by end of the next quarter once the new CSO grantees start interventions in their communities.

In compliance with MPPI, the individual-centred interventions focused more on promotional and preventive intervention approaches such as peer education, essential life skills, and community awareness. Under the structural intervention approach, emphasis was more on consistency of health clubs' activities and continuous mentoring of trained FLHE facilitators in MSH model schools across the six ProACT states on expected supervisory and directory roles.

Condoms and Other Prevention: Under the condoms and other prevention program, the following interventions and strategies were adopted for most at-risk populations and general population target groups:

- **Behavioural/Individual centred interventions**: Peer education remains a key strategy in reaching out to different target populations in most-at-risk populations and general population groups. In addition, core behavioural interventions such as essential life skills, promotion of HIV testing and counselling, interpersonal communication (IPC), and

vulnerability and gender issues were amongst the Minimum Prevention Packages of intervention (MPPI) used in reaching out to target groups this quarter.

- **Structural approaches:** In this reporting period, a series of issues and challenges came up in some project states regarding increased sero-positivity rates. To address these issues, the project embarked on advocacy and stakeholders meetings and community dialogues for getting support and sustaining an enabling environment for increasing demand and uptake of HIV, AIDS, and TB services and products in the communities in crises. For instance a meeting of stakeholders was held in Borku LGA involving LACA coordinator, LACA M&E, Lab coordinator at the MSH supported CCT site, the Deputy Chairman Borgu LGA, the Director and Deputy director of the primary health care department in Borgu LG, a representative from the emirate council and the peer educators of different target groups. The meeting resolved that the LACA would develop a six month HIV prevention plan to saturate high prevalence communities with HIV prevention interventions, including HCT. In addition, 74 condom service outlets were established this quarter, compared to 61 established in the previous quarter, a 21.3% improvement recorded across the six project states.

- **Biomedical interventions:** In compliance with the project results management framework for increasing access to quality HIV, AIDS, and TB services and products in communities in the project states, HIV testing and counselling (HTC), STI education services, and distribution of condoms remained the key services delivered to MARPs and general population target groups.

- **Most-at-Risk Population Interventions:** The MARP groups reached in this reporting quarter included Commercial Sex Workers (CSWs), Intravenous Drugs Users (IDUs), Men who have Sex with Men (MSM), Transport workers (Long distance Drivers-LDD) and Incarcerated Population. Following intensified efforts to reach more people in these populations, this quarter recorded a target achievement of 1,265, compared with anachievement of 1,101 in quarter 1 of FY 13. This shows a 14.8% increase compared to the previous quarter, and a cumulative achievement of 2,366 out of the FY13 project target of 5,367, which places the MARPs target achievement percentage at 44.08%. The target achievement was attained through the grants and non-grants platform.

- **General population interventions and results:** 5.99% progress was recorded this quarter in our general population target group interventions across the six project states. A total of 3,729 general population target groups were reached in Q2 of FY 13 with various HIV prevention intervention strategies, compared to a 3,518 target achievement recorded in Q1 of FY13.These interventions were implemented in compliance with minimum prevention package interventions (MPPI) requirements. For Q2 of FY 13, a total of 2,675 Most-At-Risk-Populations (MARPs) were reached with HIV Testing and Counselling services. Over a 100% target improvement was recorded when compared to the 592 MARPs reached in Q1 of FY13. Demand for condoms continued to increase this quarter; total condoms distributed in Q2 of FY13 was 11,437. Condom distribution remains one of the key biomedical interventions implemented across all target groups under the Condoms and Other Prevention category.

Challenges

- One of the key challenges this quarter was the civil disturbances encountered in two of our projects states – Taraba and Adamawa states – which slowed down HIV prevention interventions and services in some parts of the states.
- Condom stock outs continued to be a challenge this quarter. However, a strong collaborative network established with the National AIDS/STDs Control Program (NASCP) has started to have an impact. The HIV Prevention specialist in Kebbi state received 5,000 male condoms, while other states are awaiting delivery of allocated condoms.

Conclusion: Quarter 2 of FY13 recorded significant progress in achieving targets and continued quality improvements in providing HIV prevention services. Intervention outcomes have provided informed areas of priority for improved performances in the different target areas in quarter 2 of FY 13.

NEXT QUARTER PLANS

- Assess the next group of CSO grantees.
- Implement and assess the innovation challenge (INCH) project in Niger state.
- Develop HIV prevention quality improvement systems.
- Conduct impact assessment of peer education and other prevention strategies across the project states.

INTRODUCTION

The community care unit of the ProACT project, through continuous support for the delivery of quality services to targeted populations in both supported facilities and communities, made remarkable achievements during the quarter under review. Routine community activities such as advocacy and sensitization visits and community mobilization were strengthened. People Living with HIV (PLHIV) and OVC caregivers got small loans to start Income Generating Activities (IGAs) for empowering themselves economically, and older vulnerable children were linked to skill acquisition centres in their communities to improve their livelihoods. Through continuous advocacy, SACAs and community leaders have provided funds to sustain support groups, and the VC quality improvement committee also received food donations to address food security challenges VCs and their caregivers.

The quarter was also characterized by the joint USAID monitoring visits, which provided a platform for technical mentorship and generated recommendations towards improving ProACT's program for vulnerable children. Provision of VC, HTC, and care and support services were intensified to impact positively on target achievements. Activities were particularly aimed at supporting CSO grantees to continue the delivery of quality community care services through continuous site visits and project staff and volunteer mentoring. The ongoing collaboration between ProACT and University Research Company in the Vulnerable Children Quality Improvement pilot implementation witnessed a significant milestone with a second Learning Session where the two supported CBOs shared the results of their pilot. This report highlights details of activities and achievements in line with ProACT's intermediary results.

Capacity of state and local government leadership structures to mount an effective HIV, AIDS, and TB response strengthened

The drive towards ongoing ownership and sustainability yielded results this quarter. Kogi SMWASD organized a day-long capacity building program for CBOs implementing OVC services. The aim of this program was to update all CBOs' and relevant stakeholders' knowledge on the VC programing following the new PEPFAR re-authorization, and also to support appropriate documentation of VC services using the VC program national tools. Beneficiaries of the capacity building program included two CBOs implementing MSH supported VC grants in Kogi States. The participants appreciated the new knowledge, which further strengthened ProACT's strategy of leveraging community resources for sustainable OVC service delivery. In addition, the MSH Kogi team paid an advocacy visit to the Kogi State Honourable Commissioner of Women Affairs Social Development to strengthen relationships and solicit support for providing resources to boost income-generating activities for support groups of PLHIV. The Commissioner promised her support and reaffirmed her commitment to improving the lives of the less priviledged in the state.

Increase Demand for HIV, AIDS, and TB services

On-going advocacy and community mobilization is one of ProACT's strategies for engaging with communities to increase demand for HIV and TB services. The traditional leader of Ganye community (Ganwarin Ganye), Vice-Chairman of the local government, and Director of Primary Health Care were visited by the MSH team in Adamawa State. The aim was to share with the traditional leader the alarming HIV and AIDS situation in Ganye community using data from the recently activated site. The purpose of the advocacy was to solicit the community leader's support in mobilizing and encouraging his community members to get tested for HIV and promote positive behaviours to prevent new infections. The community leaders reaffirmed their commitment to fight HIV and promised to hold meetings with their people and find ways of improving the situation while creating an enabling environment for the care and treatment programme to thrive.

Strengthen the technical capacity of community structure to provide services
Government support and commitment is one of the major ways to ensure sustainability of the various interventions supported by MSH. Through ongoing advocacy, ProACT has continuously engaged with government to take responsibility for supporting care initiatives that help to improve the quality of lives of PLWHA in targeted communities. Following a series of advocacy visits, the Kwara State Agency for the Control of AIDS (KWASACA) issued a cheque for 50,000 Naira to support a local group of PLHIV in Offa to enable them to register for the last round of the FADAMA III World Bank assisted grant project. A total of nine groups have registered for the FADAMA Community Association (FCA) grant. Registration of these vulnerable groups is an important step for them to position themselves for a FADAMA grant that will help to economically empower members of the various groups.

Increase uptake of HIV and AIDS services by communities in catchment areas
In line with the World AIDS Day theme, "Getting to zero new infections," the ProACT project in Taraba State is partnering with primary health centres (PHCs) in five LGAs of the state. This first Town Hall meeting with focal persons from participating PHCs and representatives of LGCs for the Taraba South Coordinating Office was held at the MDG maternal-child health clinic, Donga, during the quarter. The meeting brought together participants from the LGAs around Donga, Takum, and Kurmi LGAs. The aim of the meeting was to build participants' skills in community advocacy and mobilization to increase access to services in PHCs, and increase attendance of pregnant women accessing care and treatment.

Challenges

- Security challenges in some communities affected the turnover of clients in the facilities and reduced volunteer access to caregivers in the communities.
- Delay in the verification of CBO data delayed the disbursement of 2nd quarter grants for renewed grantees.
- On-going renovation of some supported sites affected the uptake of HTC services.
- Non-availability of rapid test kits (RTK) made for missed opportunities with patients, and grossly affected our figures for counseling and testing.
- Challenge in retention in care and treatment resulting from increase in transportation fares, which has led to default of some clients.
- Increasing demand for basic care kits.
- HTC services at TB unit remains poor across our supported facilities.
- On-going strike by health workers posed a significant threat to access to HTC and other care services.

NEXT QUARTER PLANS

- Strengthen Pediatric and Couple HTC at the different states and testing points.
- Continue to provide hands-on mentoring and coaching to service providers across supported sites.
- Continue to strengthen the capacities of support groups to be independent CBOs.
- Support, mentor, and supervise the new grantee CBOs providing OVC and care services across selected communities.
- Closely follow-up with FADAMA III grants from the Local Government Areas and the State Office to ensure that support groups secure the grant.
- Follow-up with the CBO working on OVC program to ensure that they work with the drawn workplan and SOW to provide family centred OVC services.

- Capacity building for support groups on Village Savings and Loans Associations (VSLAs) to enhance skills on money management, budgeting, savings, and financial control.
- Continue to support the groups to foster client's retention in care and continued access to psychosocial support and economic empowerment to better improve their means of livelihood.
- Work with ANC units in facilities to close testing gap for pregnant mothers, and increase pediatric and couples counseling and testing.
- Follow-up with the support groups to ensure they are able to access the HAF funds from the Kogi State Agency for the Control of AIDS (KOSACA).

INTRODUCTION

ProACT's clinical unit activities for this quarter focused on sustaining the gains of the PMTCT hyper-accelerated implementation plan in Taraba and Kogi states, strengthening TB and HIV collaborative activities, building capacity of health care workers, and participation at various meetings to discuss the rationalization process with USAID and implementing partners such as FHI360. The section below highlights in greater detail key activities implemented, successes achieved, and challenges encountered during the quarter under review.

Adult Treatment Services

Treatment activities for this quarter aimed to increase access to quality HIV services in ProACT supported states. Some key activities carried out during the reporting period include retrospective chart reviews for patients in care, improving enrolment of identified HIV positive clients, and switching clients from emtricitabine/tenofovir to lamivudine/tenofovir combinations. Through these strategies the project was able to achieve the results below:

- **953** new patients were initiated on ART (699 adults and 28 pediatric) in the first two months of the quarter under review, compared to 834 in the first two months of the last quarter. 708 (74%) of the clients were retained in care.
- Of the **1,472** HIV+ enrolled into care, and **1,005 (68%)** were retained in care between January to February.
- **353** (**340** adults and **13** pediatric) patients charts were reviewed during reevaluation of in-care patients across selected MSH facilities, and **119** were identified as eligible for treatment and tracking instituted to prepare these patients for initiation of ART while the activity is ongoing at other facilities.

Re-evaluation of in-care patient population identifies patients eligible for treatment

As part of the IR2 drive (Increased access to quality HIV, AIDS, and TB products and services), MSH ProACT conducted chart reviews of active clients in care to bridge gaps in identification and commencement of ART that arose following the implementation of the test, stage, and treat strategy. The reviews covered adult and pediatric clients in care, staging, and CD4 eligibility. The activity was carried out jointly by the facility records unit with support from ProACT Clinical Services Specialists. The opportunity was used to share job aids highlighting ART initiation criteria, and to strengthen facility staff capacity to perform these reviews routinely. Eligible patients identified are being traced and prepared for commencement of ART. Other interventions included improving documentation of the tracer card and reconstitution of tracking teams where necessary with the aim of improving client tracking outcomes.

Introduction of Tenolam by the national drug procurement system

A systematic shift towards balancing AZT and TDF containing regimens has resulted in a steady increase in the number of patients commencing regimens with a Tenofovir backbone. At the start of the year, 38% of clients were on TDF containing regimens. However, the ratio of clients on TDF as compared to AZT containing regimens has gradually increased to the present 46% to 54% across the program. The program over the period has sensitized the facilities on the introduction of tenolam as an alternative to truvada, which has the same efficacy as the available TDF combination in-country. Clients already on truvada are being switched to tenolam, and presently 18% of clients on TDF containing regimens are on tenolam.

MSH ProACT provides technical support at national and USG convened meetings

In the last quarter, the Clinical Unit of MSH ProACT attended several GON and USG convened forums. This included the USG care and treatment technical working group meeting which was hosted by MSH ProACT. The team was able to present results and share best practices with other

organizations. Some of the key meeting highlights included the following recommendations from the OGAC team:

- Scale up ART for the 1.4million persons requiring treatment to reduce new infections
- Increase pediatric enrollment
- Streamline ARV regimens in the PEPFAR Nigeria program
- Adopt a standard package of services (minimum standard of quality of care) for all clients across the various programs

Improving client enrolment of HIV positive individuals

A desk review revealed low client enrolment across some facilities in the program. As a result of this, a site audit was conducted that revealed some gaps. Post-test counselling was found to be an important contributory factor. Some other factors were staff attitude, non-use of proper referral forms, poor referral networks, and use of electronic medical recording systems that did not factor in HIV client flow. Interventions to address these gaps were implemented during the reporting period using the patient care meetings, and mentoring and supervisory visits as avenues. Activities include running through referral protocols, instituting the use of referral forms for all intra-facility referrals, use of escorts where feasible, and meetings with management about staff attitude and ownership of the program. During the reporting period these activities were carried out in 14 MSH ProACT supported facilities in five states.

Challenges

- Human resource constraints at facility level continue to affect quality of services. Gaps in initiation of therapy were more pronounced at facilities where nurse driven services are pronounced.
- The insecurity, especially in North Eastern Nigeria where MSH has a total of 11 CCT's which contribute significantly to our targets, has impacted negatively on the program. This has affected level of site support as well as retention rates due to displacement of patients.

NEXT QUARTER PLANS

- Task shifting/sharing training to address staffing constraints
- Continued client chart review of in care patients for treatment eligibility, clients on treatment for identification of treatment failure
- On-site capacity building of facility clinicians in identification of treatment failure through CMEs
- Conduct basic ART training for staff from identified sites with training needs
- Tracking of clients identified for ART initiation and switch to 2nd line therapy

PMTCT services

Global prevalence has identified Nigeria as the country having the highest number of women of child bearing age that are living with HIV. This has a direct impact on the infant/child survival rates and paediatric ART cases. ProACT MSH 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 to strengthen public/CSO and community enabling environments (IR3). Activities in the last quarter have addressed this as highlighted below.

Capacity building

The USG in a meeting late last year mandated the use of triple regimen across all USG supported sites regardless of the level. In order to ensure the provision of quality services, MSH has decided to introduce adherence to its PMTCT programs at the PHC level as a prerequisite to the change in drug regimen. Improving adherence is expected to have an impact on client retention at the facility level. As a result, MSH ProACT organized a three day adherence training with the goal of setting a standard for adherence for PMTCT that can be built on in health care facilities providing PMTCT standalone

services. The training was held on the 20th to 23rd of March. Participants were drawn from supported facilities from Adamawa and Taraba states. A total of 37 Participants (15 male and 22 female) from 37 Health facilities (31 PHCs and 6 CCT) were trained. The training was delivered using power point projections, group work/discussion sessions, case scenarios, and demonstrations.

The pre-test revealed an already existing knowledge about adherence of 50% prior to the training, and the post-test demonstrated an average knowledge gain of 27%. The training was also used as an opportunity to jointly develop an Adherence protocol and introduce the use of triple regimen for PMTCT sites.

PMTCT adherence protocol modification

MSH developed an adherence protocol as part of the output from the adherence training to standardize practices across all sites. The protocol, which is to be used for all positive pregnant women following diagnosis, consists of two preparatory sessions before starting ARVs and multiple ongoing sessions with instituted methods of assessing adherence during visits. Implementation has started in Taraba and Adamawa states.

Implementation of the modification in PMTCT regimen

As a follow-up of the directive from USG last quarter to all supported implementing partners to adopt the use of triple regimen for PMTCT across all types and tiers of supported health facilities offering PMTCT services, MSH began this implementation in Adamawa and Taraba states. The adherence training was used as a platform to introduce this to sites that were trained in these states. The triple regimen taken once daily is: Tenofovir (TDF) 300mg + Lamivudine (3TC) 300mg + Efavirenz (EFV) 600mg. All facilities are to commence all new pregnant clients on this triple regimen as soon as they get the drug supply delivered to their sites. Older clients already on Zidovudine would not change regimen. It is expected that by July, all the old clients on Zidovudine would have delivered and all facilities in these two states would be on the recommended triple regimen.

Hyper implementation team, pilot, and assessment in Taraba state

Further efforts in line with the mandate to increase the quality of HIV, AIDS, and TB services included the formation of the Hyper Implementation team. This is a team of consultants sourced from the local community and engaged to provide mentoring and oversight functions to primary health facilities offering PMTCT services while reporting directly to the state team. The drive for this was to ensure that quality services are provided considering the rapid scale up of sites in Taraba state over a short period of time. A further advantage was that it provided the opportunity to develop local capacity for PMTCT among staff at the community level who could serve as PMTCT champions for sustainability.

Two teams were constituted to cover Taraba North and Taraba South, with each consisting of two nurses (team lead/PMTCT nurse and community nurse) and a data clerk that would work closely with the state M&E specialist. All of them were carefully selected because of their past experience with PMTCT or HIV programs and proximity to the communities of intervention. A three day training was designed and carried out that focused on the following:

- Update their knowledge of PMTCT;
- Introduce ideal PMTCT model of care to set up and maintain at the primary health care level;
- Review basic PMTCT standards of care and methods of assessment;
- Strengthen result-oriented clinical mentoring skills.

Their scope of work includes:

1. Ensuring quality at 23 primary health care PMTCT standalone sites, which includes mentoring and supervisory visits, conducting basic standard of care assessments on the facility data, and coordinating Town Hall mentoring meetings.

2. Ensuring uptake of services, conducting/supporting community outreach, community sensitization for increasing demand at the community level, and coordinating TBA targeted demand creation activities at the community level.

Their contract was for three months and the state team is currently assessing their performance and cost effectiveness for possible recommendation to scale up in other states.

Instituting a mentorship program at the Town Hall Cluster mentoring meeting

The monthly half day Town Hall cluster (TCM) mentoring meetings to closely evaluate PMTCT service delivery at the primary health facilities instituted last quarter continued this quarter. During these meetings, CMEs focused on quality HIV testing and counselling. The TCM meetings have helped improve the quality of services at the facilities, evidenced by improved knowledge about PMTCT, and better quality of services in their facilities as measured by standard of care assessments reports. Facility best practices were easily replicated and it served as a forum for networking and client referral coordination. The cost of mentoring was reduced to a quarter of what it used to be with routine site visits. Government Health officials attending the meeting also built their capacity and felt carried along. Taking it further, a mentorship program was developed during the last TCM for Taraba North and South.

Mentorship program

- Each PMTCT focal person is to :
  - Carefully select a mentee who is self-motivated, passionate about the work, and hard working.
  - Formerly inform the mentee about his proposal for his/her buy in.
  - Submit the names of the mentees at the next TCM meeting.
  - Commence step down at the facility level with active participation in the facility's PMTCT program.
- The mentee replaces the focal person for the next two TCM meeting (two months after). During this meeting the knowledge of the mentee is evaluated through a written exam on PMTCT basics. Criteria would be used to assess pass (not necessarily pass mark because the FP may not have good training/mentoring skills). Those that pass would officially become assistant PMTCT focal persons.
- The assistant focal person would, from then on, replace the focal person once every quarter for the TCM meeting and subsequent trainings where further capacity building would continue.

State specific hyper implementation plan

Following the plan to transition out of Kogi and Taraba states, state specific hyper implementation efforts were refocused to Niger state. Niger state was selected because of its HIV prevalence of 4.0%, the highest among our supported states. In February, MSH constituted an assessment team to Niger state that assessed sites across 10 LGAs selected because of their relatively high prevalence. Of the 203 facilities initially identified from the national health facility directory, only 57 were not supported by IPs and had ANCs that qualified them for assessment. Eventually, 31 facilities were identified as viable for providing PMTCT services using the following criteria: high ANC numbers, availability of HRH of at least two trainable staff per facility, relatively high LGA prevalence, and access to facility. Five private-for-profit health facilities within Minna metropolis were assessed and found to be viable with high ANC. The activation training is planned for the last week in April and first week in May.

PMTCT data and analysis report

The number of pregnant women that make their first visit to the ANC has been steadily increasing and can be attributed to the increase in the number of supported facilities and ongoing outreaches.

However, there was a drop in the first quarter in both coverage (number of women who came for ANC that had access to HTC) and uptake of ARVs among those who tested positive. This coincided with the stock out of test kits across most of our supported states. However, following the quick resolution of the stock out, the second quarter experienced a sharp rise in both coverage and uptake of ARVs.

Improved EID sample logistics

Apart from the primary purpose of early case identification for paediatric infection for intervention, early infant diagnosis (EID) has remained a very important quality indicator and measure for the PMTCT program. In recognition of this, PROACT has continued to record increased quality in the coordination of the process, evidenced by the increasing return rate for samples sent per quarter.

Dried Blood Spot (DBS) NIPOST transportation system

The NIPOST process of DBS sample transportation that was piloted in Adamawa state has clearly demonstrated reduced turnaround time and uptake of DBS tests for infants. Average TRT for Kwara state has decreased from an average of seven weeks to an average of four weeks since the process started. Kwara state has successfully commenced Phase 1 (EMS from hub facility to Reference lab and back) and Phase 2 (ordinary mail from PMTCT facilities to central hub facility), and is going on to Phase 3 (ordinary mail to send the DBS results from Central Hub back to the PMTCT facilities). The process has also helped to identify more infected children. For the MSH program, 85 children were identified as positive in 2012, compared to 51 in 2011 before the process started. For Adamawa state alone where the process is about a year old, there has been a threefold increase in the number of positive infants identified.

Adamawa state has successfully implemented all three phases and is identifying challenges and suggesting solutions towards fine tuning the process. It was recently observed that the TRT for some facilities in the state was gradually increasing. This challenge was attributed to the artificial pooling of samples at the hub facilities; due to increased uptake of DBS, more samples from PMTCT facilities are arriving just after the bi-weekly EMS shipment to the reference lab has left, and as a result the TRT is increased by two weeks. To address this, EMS shipments in Adamawa state are now weekly.

Monitoring and tracking EID process on MSH mail alerts

Last quarter, in a joint effort of the Adamawa state lab specialist and central IT unit, a tracking template was developed and was made available and accessible to all on SharePoint. SharePoint has been helpful for monitoring and calculating TRT for states' samples sent by batch, and it also has helped to identify potential points that increase the TRT. The IT team took it a step further to make the process more active by developing an automatic email alert system once there is sample shipment from any point and the data is updated. This alert is available by subscription. This has helped to monitor sample shipment by facility, and promises to quickly help identify samples not returning from the reference lab for quick intervention.

Paediatric services

Pro-ACT has continued to make efforts to increase access to pediatric ART services with an emphasis on quality (IR2.2 .Close mentoring and follow up of paediatric services measured by improved services). A key strategy is provider initiated testing and counselling at the paediatric wards and OPD. Still ongoing is mentoring at the sites, and periodic CMEs. The impact of these activities is reflected in the number of children enrolled that are placed on ART, as indicated by the spike this quarter from 59% to 89%.

National Meetings

- There was a meeting with USG held on the 8th March 2013 at the USAID office Abuja to debrief the USG on the outcome of the rapid PMTCT site assessment exercise conducted in

Niger state. MSH presented the site assessment findings and the plan to activate 32 new standalone facilities for PMTCT.

- There was a meeting of the PMTCT National Task Team on the 26th and 27th March at Elim Suits Nassarawa State. One of the highlights of the meeting was the presentation of the draft mapping exercise for health facilities by the Federal Ministry of Health. From the report, Sokoto and Zamfara, the states MSH is transitioning to, were identified among the states having the lowest doctor/nurses ratio (0.55 per 1000 population) in the country. IPs were asked to send their 2012 annual report to the Federal Ministry of Health – and ProACT has complied with this request.

Challenges

1. Security is a major challenge, especially for the PMTCT program that is supporting facilities located in interior, insecurity-prone areas. The use of locally sourced consultant for mentoring is being proposed as a way forward.
2. Inadequate infrastructure at the primary health care facilities.
3. Poor access to primary health facilities is another main challenge. Some facilities can only be assessed by a two hour ride on a motor bike. This has also made logistics supply difficult. The monthly mentoring meetings (TCM) have helped to address this.
4. There is a need to disaggregate the EID data between clients from PMTCT and Paediatric points; this will assist with program evaluation.

NEXT QUARTER PLANS

1. Scale up of the EID transportation using the NIPOST process to Niger and Kebbi states.
2. Continue PMTCT community outreach and scale up extended ANC across the six supported states, as stated in the MSH PMTCT scale up strategy document.
3. Commence community demand creation activities involving Traditional Birth Attendants in Niger state.

TB/HIV COLLABORATIVE SERVICES

MSH ProACT participated at the collaborative TB/HIV activity technical working group meeting organized by the USG team (USAID and CDC). The meeting served as an avenue for providing program and technical guidance for FY13 collaborative TB/HIV activities in supported states.

Highlights of the meeting included:

- Discussions on target sharing and justification for target shared among IPs
- Focus on women and children, as they remain vulnerable to infection with TB
- Identifying DM cases among co-infected HIV and TB patients
- New focus on community TB

The MSH ProACT project participated at the national collaborative TB/HIV quarterly Task Team meeting. The meeting provided opportunity for discussions on DOT expansion plans, including programing for IPT and Rifabutin for PLHIV on second line ART.

Key highlights and recommendations included:

- The national government has procured 40,000 INH tablets to support IPT intervention in implementing sites.
- Recommended use of combined requisition report and issue forms (CRRIF) for seamless request and reporting of INH at the central level.
- Shared DOT expansion plan for the year with emphasis on activating DOT sites in facilities providing comprehensive HIV and AIDS care and treatment services.

During the MSH quarterly program review, the HIV/TB activities in the 2013 project work plan were harmonized and reprioritized and a way forward for the remainder of the calendar year was charted. A harmonized capacity building curriculum for IPT implementation in supported facilities, including infection control plan policies and a generic implementation guide plan, was developed for adoption to meet facility specific needs.

MSH ProACT worked with colleagues to draw up strategies focused on meeting program targets and improving quality of care. Some of the agreed strategies include:

- Integrated on-site capacity building for health care workers using developed curriculum on IPT intervention, HTC client intake forms, and infection control plan implementation.
- Conduct community based TB/HIV intervention with a focus on case detection/TB suspect and referral to comprehensive care and treatment (CCT) sites.
- Active engagement and collaboration with GON for the supply of INH to support IPT intervention in facilities across the states.
- Conduct a registers review to address missed opportunities for co-infected patients to commence cotrimoxazole and TB treatment.
- Retrospective cotrimoxazole initiation for identified co-infected patients.

Capacity building

Across the supported states, efforts were geared towards bridging knowledge gaps in the area of collaborative TB/HIV activities using a facility based CME model. In this quarter, a mix of physicians, nurses, pharmacists, laboratory technicians/scientists, community health extension workers, record clerks, and state and local government TB focal persons were trained. This combination of health care workers can provide the necessary TB/HIV services in the state. The table below shows the number trained per state.

S/N	State	Number of health care workers trained	Number of facilities
1	Niger	132	6 CCT sites
2	Adamawa	117	5 CCT sites
3	Kwara	30	2 CCT sites

Infection control

- In this quarter, 3 new infection control teams were set up at three facilities in Adamawa state (Ganye, Hong and Michika) while other infection control teams were strengthened through updating their infection control policies and plans across the state.

Linkages and collaboration

- Through strategic partnership with Kwara state government, the identified TB DOTs room in CSH Ilorin was furnished to support TB DOT services in the state. See photo below.
- Active interaction with the STLCP lead in Adamawa has helped link all CCT sites supported by MSH to the only GeneXpert machine in the state-Yola. Two client results received following referral were negative. Logistics for client referrals are still being worked out with the state.
- In Niger state, work plans have been shared with the STLCP lead on collaborative TB/HIV activities to facilitate harmonization with the state strategic plan.

Active TB case detection

- To ensure 100% screening of PLHIV at enrolment, including screening during subsequent visits, HTC client intake forms are currently being used across service testing points. Mentoring on screening for subsequent visits was also given priority during the quarter.

Challenges

- Lack of infrastructural support to provide adequate TB/HIV service in two facilities in Kwara state (Omuaran & Ofa).
- Continual clashes/sporadic shootings in Adamawa and Taraba states has prevented constant engagement of technical staff with implementing facilities, creating gaps in needed support for effective service uptake.
- Still working out modalities for active supply of INH for IPT implementation across the facilities.

NEXT QUARTER PLANS

- Full implementation of collaborative TB/HIV project. Review plans to meet FY13 program calendar targets.
- Support integrated CME for sustainable collaborative TB/HIV implementation across all facilities.
- Implement intermittent prophylaxis with INH as part of the 3Is strategy across all supported facilities in the next quarter.
- Share collaborative TB/HIV activity data across supported states, proportionate to the time remaining in the program calendar year.

INTRODUCTION

The Laboratory program focused principally on strengthening quality of service delivery, capacity building for health workers, and instituting collaborative partnership with NIPOST across the states to scale up transportation and delivery of EID services for exposed infants in a timely manner that would help serve its prevention purpose. The section below highlights, in greater detail, key activities implemented, successes achieved, and challenges encountered during the quarter under review.

Improving HRH and Strengthening Lab Systems in Kogi state

With the need to ensure uninterrupted clinic flow and continuity in service delivery to clients attending clinic despite the low workforce, Laboratory Specialists continued the capacity building of Students Industrial Work Experience Scheme (SIWES), where students are posted to the laboratory unit to bridge the human resource gaps arising from leave time-off of staff, internal postings, and shift duties. Whereas some are successfully assisting in documentation, thus freeing time for the Scientist to focus on conducting assays, others are able to handle most of the machines. This has continued to ensure client results are made available the same day for their next clinic. With the state team's new approach of bringing the facility staff closer to the program staff, continuous Joint State Visits (JSV) are conducted at one facility at least once a week. This serves as a boost to government staff morale and speeds up resolution of challenges identified across the various facilities.

Strengthening TB microscopy in MSH supported sites in Kogi State

The continued advocacy visits to the State Tuberculosis, Leprosy, Buruli Control Program (STBLBCP) Coordinator, on the need to support and strengthen TB diagnosis in MSH supported sites especially General Hospital Abejukolo and General Hospital Oguma which lack basic equipment like work benches, wash-up sinks etc. has generated results. The Program Coordinator has directed the State TB laboratory focal person to carry out a needs assessment of the facilities. With technical assistance provided by the State Laboratory Systems Specialist, it is hoped that the outcome will result in critical infrastructure upgrades for the TB Laboratory with eventual improvements in TB bacilli microscopic detection rate, and will contribute to improved management of tuberculosis. Similarly, the new microscope supplied by the state Ministry of Health (MOH) to some facilities in the state has resulted in the commencement of TB microscopy services in the facilities. The state Quality Assurance focal person is also in the process of administering TB proficiency testing panels to strengthen diagnosis across the facilities.

The installation of the Gene Xpert machine at the Kogi State Specialist Hospital (KSSH) Lokoja, deployment of two dedicated laboratory staff, and the donation last year of the Chest Clinic through a corporate social responsibility program of the Joint venture oil partners, have all helped to take the diagnosis of tuberculosis to the next level. The center now serves as a reference center in the state and diagnosis turnaround times have improved. The project has continued to support the facilities with job aids to further improve diagnosis.

State Laboratory Quality Management Task Team (SLQMTT) 2013 Work Plan Development

The State Laboratory Quality Management Task Team (SLQMTT), with technical support from country office and state teams, has continued to support laboratory systems strengthening efforts in the states. In a two-day work plan development workshop, the SLQMTT developed a strategic framework for the development of laboratory systems for improved services delivery in Niger State with clearly designated roles and responsibilities defined for all stakeholders. The framework is aligned with the objectives of the Niger State Strategic Health Development Plan document, which reflects the National Strategic Health Development Plan. Cost implications for the activities in the

work plan are documented. The participants – drawn from policy makers in the State Ministry of Health and Hospitals Management Boards of the State, the Health providers from the facilities and other stakeholders – also developed shared Mission, Vision and Goals statements:

> *VISION: To achieve quality medical laboratory services in the state by the year 2020*
>
> *MISSION: To adopt and implement set national medical laboratory quality management standards, diversify same to primary health care facilities involving all the stakeholders in the state*
>
> *GOAL: To improve the health status of all residents of Niger state through the development of strengthened, quality assured and sustainable medical laboratory services in the state.*

These statements are also linked with the overarching mission, vision, and goals statements in the Niger State Strategic Health Development Plan document (2010-2015). The 2013 strategic plan document was produced from a highly participatory process with inputs from all stakeholders in the SLQMTT. The lessons learned during this exercise points to having the plans developed before the state's annual budget preparation process concludes so adequate allocations can be made for next year's budget.

Integration of HIV Laboratory Services into routine Health Care Services Delivery: Phase 1 Implementation

To demonstrate ownership and sustainability of HIV programs in health facilities, MSH commenced Phase 1 implementation of the Integration of HIV Laboratory Services into routine laboratory services pilot. Following the initial assessment of General Hospital Bida in the year 2012, a physical integration was conducted with re-arrangement of laboratory automation to designated laboratory units. The Country Office Laboratory Team – in conjunction with Niger SMoH Hospitals Management Board, State Agency for the Control of AIDS (SACA), State Laboratory Quality Management Task Team (SLQMTT), and Heads of Hospital Services (HHS) – participated in the process and made significant contributions that enriched the process. As part of management integration, MSH Laboratory team is supporting the expansion of a test menu to improve health financing by strengthening laboratory cost recovery schemes in this site, as requested during the assessment by the State Managers. Physical integration conducted thus far also included definition of signage points in addition to equipment re-arrangement for the following units: Phlebotomy, Hematology, Microbiology, Clinical Chemistry, Parasitology, Blood Banking, and Immunology. Early integration efforts, which took place in Taraba and Kogi states, has helped to improve turnaround time of various services.

Internal Quality Assurance

The success of every treatment program lies on the quality of test results generated in the laboratory. The internal quality assurance (QA) plan encompasses a range of activities that enable the laboratories in MSH supported sites to achieve a high level of performance that is consistent with national and international standards and harmonized across sites and states. Objectives of the internal quality assurance program include: ensuring the production of relevant, reliable, timely and correctly interpreted test results; monitoring and improving testing performance; and ensuring the production of reproducible and accurate results through inter-laboratory performance monitoring.

This quarter marked the first time that the Regional QA Focal Persons across the regions went through the whole process of panel preparation, distribution, result collation, and analysis with minimal support from MSH staff, demonstrating significant capacity transfer in the process. Logistics support was provided by MSH Field Offices. This remains a critical milestone in our quest for

sustainable capacity building to support quality management in the public laboratories within the states. Summary of the result are outlined in the table below.

External Quality Assurance Program

In the quarter under review, the winding up from the former External Quality Assurance (EQA) providers – NHLS and Thistle QA was concluded. Also, the transition to the new providers – AFRIQUALAB – commenced with the receipt of the first proficiency testing panel which included the full complement of all monitoring tests, including HIV serology, CD4, hematology, and clinical chemistry tests. A total of 25 MSH supported facilities participated in these first proficiency testing panels. Each laboratory received five samples of each, and two for HIV serology. Facilities using QBC auto-read plus didn't receive panels for this event. Results of proficiency testing were web-based, but due to late arrival of the login details, results were scanned and forwarded to the National External Quality Assurance Laboratory, NEQAL, Zaria.

NIPOST DBS transport

NIPOST DBS transport successfully continued in Adamawa, Taraba, Kwara, and Kogi states during the quarter. Adamawa team supported Kwara team in uploading DBS activities onto Sharepoint. Seventy-eight dried blood spots (DBS) samples (100% of the DBS samples received) from various sites were successfully transported to the PCR laboratory in Jalingo via the NIPOST service, with 64 results received, a success rate of 82%. One DBS sample was returned from PCR lab due to improper documentation; it was not noticed until tracked by Sharepoint, which prompted immediate tracing by the laboratory system specialist. The lesson learned from this process was to include patient IDs in Sharepoint to improve sample tracking and decrease missing samples. Activities can be viewed in Sharepoint here: www.mshnigeria.org/var/ProACT/NIPOSTDBSTRACKINGTOOL.

Equipment Functionality/Preventive Maintenance

Equipment functionality was given due priority. Service contracts were signed for various platforms with planned preventive maintenance concluded for Reflotron Clinical Chemistry analyzers. Equipment management also included monitoring parametric factors that informs need for equipment servicing or case base repairs. Other activities this quarter included:

- Mentoring and Coaching Visits: Across all supported states, there is an expanding definition of the scope of support provided to sites in order to improve technical content. Use of clearly defined scopes of work, abridged checklists, and technical assistance templates has intensified.
- Assessment of Health Facilities for PMTCT Scale-Up In Niger State
- As part of the hyper-accelerated effort to scale up PMTCT services, an assessment of both public and private healthcare facilities was conducted in ten Local Government Areas (LGAs) of Niger using pre-determined criteria and a standardized checklist. The assessment, led by the MSH Country Office team, drew participation from Niger State SACA (NGSACA), SMoH and Niger State Primary Health Care Development Agency (NGPHCDA) officials. The laboratory team provided inputs in laboratory facility and safety, staff competencies for HTC, DBS collection, referrals, and potential for service expansion.

Challenges

- Ongoing strike by the State health care workers in Kogi.
- Faulty QBC machine at the State Specialist Hospital.
- Delay in repairing the Faulty Reflotron chemistry for GH Koton Karfe by the State after repeated visits to the chairperson of the committee in charge of the state-supported CCT sites.

- Stock out of Vitros DT 60 II reagents at GH New Bussa not only impacts patient monitoring in this site, but also affects sample logging from GH Mokwa.
- Insecurity within the state, especially in Ganye.

NEXT QUARTER PLANS

- Follow up on equipment repairs and supplies.
- Continuous hands on training and supportive supervision.
- Continuous monitoring of EMS NIPOST DBS Transport system.
- Upgrade Sharepoint to capture 1st and 2nd DBS and point of entry.
- Support the State Laboratory Quality Management Task Team (SLQMTT) to implement some of the activities listed in the work plan.
- Host Stakeholders Forum on National Laboratory Task Team.
- Continue with Pashe implementation of integration pilot.
- Support SLQMTT to develop a work plan for 2013 in line with the strategic focus for the Task Team in the coming year.

INTRODUCTION

Axios foundation is the commodities logistics partner on the ProACT project. The key mandate of Axios as the supply chain management partner in the LMS ProACT project is ensuring reliable availability of diagnostics, ARVs, and drugs for prevention and treatment as well as other consumables at designated health facilities in the six states being supported by the project. The organization is also responsible for strengthening pharmaceutical care, pharmacy best practices (PBPs), and development of a pool of locally-based health facilities leaders and managers with capacity and capability to become recognized in their own fields and be able to mobilize stakeholders from across the health community to ensure local ownership, create sustainable health solutions, maintain high standards, and better respond to changing needs and challenges to help advance the quality and impact of program implementation. During the reporting period, Axios ensured that all inventory tools across the facilities were updated promptly, pallets were supplied to facility stores, and staff were mentored on the principle of making sure that commodities were dispensed based on first to expire, first out. The section below highlights, in greater detail, key activities implemented, successes achieved, and challenges encountered during the quarter under review.

Commodity management

In order to ensure access to qualitative commodity commodities at all times, Health Commodity Management was enhanced across the central warehouses in Minna and Abuja as well as in facilities. Activities undertaken include review of the various logistics tools including the Tally cards and daily worksheets at Laboratories and Pharmacy units to ensure updated and accurate capture of commodity utilization.

The inventory Management Principle of FEFO was applied program-wide to minimise the risk of stock expiration. Physical stock count was undertaken and stock disparities were resolved in a bid to ensure an effective inventory management system.

Provision of National Logistics SOP Manuals for MSH ProACT supported facilities

In order ensure standardised application of inventory management practices in line with the Federal Government requirements across the sites, the program requested copies of National Logistics SOP Manuals from the Federal Ministry of Health. These were received and distributed to all the Laboratories and Pharmacies in the program. Facility staff were encouraged to study and apply the content at all times.

Support to KSSH Lokoja

At the Pharmacy Unit of Kogi State Specialist Hospital Lokoja, it was observed that some large quantities of commodities were kept in the dispensary unit and the tally cards in the bulk store were not updated to reflect that. A meeting was convened with the Director of Pharmaceutical Services, along with the other staff of the department, to address the issue and it was resolved. Another issue included for discussion at the meeting was provision of ART services at all the dispensing cubicles.

Extensive deliberations at the meeting led to the following resolutions, which are being implemented:

1. Decentralization of ARV dispensing to all dispensing units (cubicles) was acknowledged as the way forward in view of system integration, but implementation may not begin until data for all HIV positive clients is captured/entered into the electronic database currently in use at the facility.

2. MSH state leadership should join the department in talking to the hospital management for provision of infrastructure at the Drug Information Unit to make it conducive for use. The office will require an air conditioner and ceiling fan to be put to full use. This particular recommendation is yet to be implemented. During HMT meeting this issue was raised and management asked for time for further discussion.
3. All the stocks in the dispensing cubicle should be transferred to the store and the remaining stock issued to the Drug Information Unit, currently used for ARV dispensing. This has taken effect to some extent but space challenge still hampers the effective use of the Drug Information Unit as it is yet to have an air conditioner to enable it to accommodate more stock that will stay for a longer period.
4. The tally cards are to be updated as soon as possible and by end of February all should be certified as updated and physical stock count conducted same day as closing stock for the month. This was accomplished as at the close of the quarter, 31st March 2013; all the tally cards in both Pharmacy and the laboratory are fully updated. It is worth noting that in this facility with mentorship from the state logistics officer and the support of the management, tally cards of hospital DRF commodity are also in use and regularly updated.

Support to health facilities

In order to maintain a continuous flow of health commodities and avoid stock outs, Supply Chain Management Systems (SCMS) provided technical support to the CCT facilities on data entry, collation, validation, generation, and collection of bi-monthly reports for January - February 2013 review period. Stock balances were cross-checked physically, and counselling and testing points RTKs utilization reporting were strengthened to ensure test kits received are properly accounted for.

Commodities replenishment for Laboratory reagents and drugs were received from Central Stores across the CCT sites during the quarter to improve the stock status of these commodities. This ensured improved availability of drugs, diagnostics, and treatment monitoring reagents and other consumables to improve service delivery at the sites.

During the quarter, quality technical support was continually provided on the substitution of Tenofovir/Lamivudine for Tenofovir/Emtricitabine and vice visa across all facilities. This ensured smooth regimen substitution. Moderate redistributions were carried out during the quarter to ensure stable logistics situation.

All Niger State CCT sites were replenished with additional Truvada/Efavirenz fixed dose combination in preparation for the roll out of option B for all PMTCT feeder sites in Niger following a CME to be conducted by the CLS. Instructions have been given out for redistribution to the PMTCT feeder sites immediately after the CME.

Bimonthly overview of activities of each site was done twice during the quarter and feedback provided to each site with the view to ensure improvement in best practices, service delivery, and management.

National ARV Supply Chain Unification Project

PEPFAR pooled procurements is the source of ARVs, Co-trimoxazole, CD4 commodities and RTKs to the program. Over the years we have received steady supplies through that mechanism. To make the existing HIV and AIDS commodity supply chain more efficient and cost effective, the USG is in the process of unifying the Logistics system nationwide. This is being done in phases to minimize potential disruption to services, and to ensure a seamless process with the target of unifying the HIV and AIDS commodity supply chain in the entire country by January 2014. The project was expanded to facilities in Kogi State in January 2013 with the full support of MSH ProACT. The implication is that SCMS would be directly responsible for the last mile of distribution of ARVs, CTX, and RTKs to facilities in Kogi. The program retains responsibility for distribution of CD4 commodities, and discussions are ongoing as to how best to include it in the process.

The program has taken delivery of ARVs and CTX from SCMS warehouses and dispatched to all facilities except those located in Kogi state. The PEPFAR Logistics system design is for all IPs to have a minimum of two months of stock at health facilities and for bi-monthly refills to take the stock to a maximum of four months of stock. The allocations received from the pooled procurements mechanism in February 2013 were not sufficient to meet the minimum required condition for two important ARVs (Truvada and TDF Triple FDC). Approximately 40% of clients currently on ARVs receive TDF either as Truvada or Triple FDC. Because of this under-supply, only about 42% of facility orders for TDF molecule were filled because the available stock was rationed. Also because of stock shortages experienced in January 2013, the program had to ration commodities as well as redistribute commodities among facilities to delay stock outs. The supplementary supply has been received and distributed to the facilities. This under-supply increased the frequency of deliveries and overall cost of operations significantly as the supply chain unit was frequently re-distributing among facilities.

In the light of these developments it was recommended that facility staff should not dispense more than one month of Truvada, Tenolam, or Atripla to clients until stock availability stabilized. This instruction was withdrawn by the end of February 2013, when supplies were received.

Application of hub and spokes model

During the quarter, in order to maintain uninterrupted availability of health commodities to all CCT and PMTCT facilities, on-site technical support was provided for all the Comprehensive Care and Treatment (CCT) facilities in January and March 2013 on data entry, collation, validation, generation, and collection of bi-monthly reports. Additionally, support was provided to the newly activated PMTCT sites in Kogi and Taraba states in the areas of report generation and stock replenishment. The “Hub and Spoke” model applied to supply chain management was observed to be promising judging from the enthusiasm demonstrated by the facility staff/management. It was particularly so with the private health facilities, but a lot still needs to be done by the project management to ensure full implementation of the model.

Supply Chain Management System (SCMS)

To increase access to quality services by ensuring adequate inventory management and maintain a responsive distribution system throughout the 30 CCT and their feeder sites in six MSH supported states, the MSH/Axios supported State Program Depot in Central Medical Stores Minna, took delivery of ARVs twice from PEPFAR within the quarter to boost the stock status of the commodities. Single dose Ritonavir was also donated to the project by CCFN, which was promptly dispatched to Taraba state with the available single dose Atazanavir to ensure prompt consumption, as it was short-dated.

January and March distribution cycles were completed successfully this quarter to 23 of 30 MSH Pro-ACT supported CCT in five states. Only OI stock replenishment to Kogi State has been taken over by the PEPFAR Unification system. No stock outs of any supply commodities were recorded at any sites, except for the one week that CD4 FACSCount reagents were not available during the early days in January.

Donations received from FMOH (NASCP)

During the period under review, the program leveraged a donation of medicines for treatment of Opportunistic Infections from NASCP as demonstration of our collaboration and synergy. The items donated include Metronidazole tablets, Vitamin B Complex tablets, Acyclovir tablets, Ibuprofen syrup, and paracetamol syrup. The medicines have been distributed to the sites.

De-worming of clients on treatment and care

In the second quarter of 2012, the program commenced the process of de-worming an estimated 10,000 OVCs on care and treatment above the age of two years. Albendazole 400mg chewable tablets, donated by NASCP during the first quarter in 2012, are being used for treatment. Over a period of ten months starting in May 2012, about 8,100 clients on care and treatment were de-wormed. Another 5,300 doses were used to de-worm OVCs on the program during the period. The balance of about 11,000 packs of Albendazole 400mg tablets that were short- dated were released during Q1 2013 to the MSH CUBS Project to de-worm children at Akwa Ibom, Bayelsa, Delta, Enugu, Ekiti, Gombe, Imo, Kebbi, Rivers, Taraba, and Sokoto States.

CAPACITY BUILDING PROGRAM

Capacity building is a key activity in enhancing the performance of the supply chain system to ensure that the system continues to support access to quality products and services at all times.

The purpose of the capacity building is to ensure that staff at both facility and SMoH levels are able to manage their inventory, generate relevant data for decision making, and use the information gathered to quantify their needs as accurately and timely as possible. In addition, the data generated is expected to meet the minimum requirements of the national unification system into which it is fed.

Training on Logistics Management of HIV and AIDS Commodities (LMHC)

MSH has invested in capacity building starting from the higher levels at the SMoH and HMB, and has cascaded it down to facility level. The current focus area is the adoption of a coordinated system where the state MoH has capacity to monitor and support health facilities in a sustainable way. Staff attrition has been quite a challenge at the health facility level, but to a much lesser extent at SMoH and SHMB levels. To address attrition, the program conducts capacity building activities on a hands-on basis and also centrally. Also, training is provided on LMHC based on the national curriculum. A training needs assessment tool has been administered to determine the actual training requirements of the designated nominees. A number of participants have been selected for the LMHC course based on the responses received. All participants are expected to participate in a follow-up process to determine the actual impact of the training on service provision and improvement of access to commodities.

Hands-on support and mentorship

During the quarter, all CCT sites and their PMTCT feeder sites were visited. Quality supportive mentoring session, revisions and hands-on training on inventory management and documentation on LMIS tools were carried out as appropriate for each site. The Daily worksheets, tally cards, GON CRIRF were reviewed with the facility staff. This exercise greatly improved the documentation capacities of staff of Pharmacy Department at GH Lapai and GH Tunga Magajiya in Niger state, with more staff now able to appropriately document their ART services.

There is an ongoing on-site mentoring of facilities staff in various aspect of health commodities logistics management. In Helping Hands Women Hospital Lokoja, the capacity of the Pharmacy Attendant and the Medical Laboratory Scientist was built on the use of GON CRIRF in preparing the bimonthly commodities report.

The quarter under review also witnessed the decentralization of ART services to General Hospital Oguma. The immediate challenge was the knowledge gap as the site Pharmacist was recently employed and has not worked in any site rendering ART services. He was put through the use of tally cards and dispensing worksheets. Consequently, cards were opened for each of the medicines and they are now fully in use at the facility. Entries in the dispensing worksheets were checked over time and there is gradual improvement in documentation as errors identified were corrected.

GOOD PHARMACY PRACTICE

Leveraging Ritonavir from CCFN

The program commenced the use of Atazanavir in April 2012 soon after its introduction through PEPFAR pooled system. The program protocol implemented specifies that all clients commencing second line ARVs use boosted Atazanavir (ATV) while those previously on Lopinavir continue on it. The initial supply of ATV was single tablets with separate Ritonavir (RTV). The supplies did not have corresponding quantities of the drugs so during the first quarter review for 2013 the program had 160 Packs of Atazanavir 300mg program-wide with no Ritonavir to pair with. The entire stock of 160 was to expire in November 2013 and there was none available at the PEPFAR central pool so successful efforts were made to leverage 25 packs of RTV from a CDC partner-CCFN. This was used to pair with ATV.

Pharmacovigilance

Three incidences requiring Post Exposure Prophylaxis (PEP) were reported during the quarter at Kogi state specialist Hospital Lokoja. All the patients were given expanded PEP comprising of Combivir and Efavirenz tablets.

One incident of Adverse Drug Reaction (ADR) involving a pregnant woman on Nevirapine containing regimen (Combipak) was reported at Helping Hands Women Hospital Lokoja. The drug was discontinued immediately. After the resolution of the effect, she was counselled and restarted on Combivir plus Efavirenz. She was asked to report to the hospital if she notices any untoward effect.

HEALTH SYSTEMS STRENGTHENING

Adawama State TWG on logistics

In continuation of the health system strengthening activity, the logistic technical working group which was inaugurated in December 2012 to coordinate Supply Chain activities in the state with a view to eliminating multiple distribution channels and avoid duplication of activities held a meeting at which 15 stakeholders were in attendance. The focus of the meeting was a SWOT analysis of the SMoH and that of the various stakeholders present in the state.

The IPs represented in the meeting were SFH, PPFN, FHI- 360, PACT Project, AXIOS and CCFN. The purpose of the coordination platform is to create opportunity for the various partners delivering healthcare interventions in the State to take advantage of each other's strengths, avoid duplication and as much as possible eliminate running of parallel systems. The body will look at commodity management in its entirety to see how this can impact commodity logistics for Malaria, TB, and HIV, though HIV has a better organized logistic system than most others. Various stakeholders made presentations on the components of their supply chain management systems.

Meeting on integration of ART services at KSSH Lokoja
During the quarter under review, Kogi state Specialist Hospital Lokoja had Hospital Management Team (HMT) Meeting and Patient Care team (PCT) meetings were held other CCT centres. At KSSH, issues such as integration of ART services in the hospital, gaps in PMTCT services, programme ownership and sustainability, and space challenges in the pharmacy were discussed, and an action plan to address/implement the resolution was set in motion. Closing the meeting, the CMAC promised there would be more discussion between the management and the MSH State Team on how to improve service to all the patients.

Decentralization of ART services at General Hospital Oguma
The State Team carried out decentralization of ART services to Oguma General Hospital in Bassa LGA successfully this quarter. At the close of the quarter, 50 patients who indicated their interest were 'transferred out' of Zonal Hospital Dekina to General Hospital Oguma. 40 out of the 50 transferred have registered their presence in the hospital and have since been enrolled. Medicines have been mobilized from Zonal Hospital Dekina to take care of these patients' supplies. The laboratory unit equally received some commodities from the State Office and sample logging has commenced in earnest.

Implementation of service integration model at General Hospital Bida
In 2011 the program commenced baseline assessment of five facilities for implementation of a model facility concept which was proposed as a model for service integration. In the early days of mounting a response to HIV and AIDS in Nigeria, most PEPFAR-funded services were not integrated into routine Pharmacy services, thus creating parallel structures in the hospitals and within the health system in general. To this end, MSH/Axios, in collaboration with the Niger State Ministry of Health, conducted an assessment last quarter on the current status of Pharmacy services within the concept of a Model Pharmacy which was initiated some time ago in General Hospital Bida to strengthen the hospital health care delivery system through standard/best pharmacy practices. Analysis of the assessment tools was done this quarter, and followed by a sensitization meeting which was held to further review the analyzed reports.

Subsequently, a seven person team made up of DDPS SHMB (Chairman), DDPS SMOH, Director of Pharmacy, GH Bida, ART Focal Pharmacist GH Bida, two SCMS Advisors from Axios and the Niger State SCMSS worked together to develop an action plan that would guide the implementation of the model pharmacy concept in GH Bida.

Of note is the commitment with which the team worked assiduously to ensure that a workable plan was developed for the implementation. Some actions were implemented while other work is in progress in areas such as identification of a dedicated pharmacy record room. Some are to be implemented without delay e.g. Schedule of duties, pharmaceutical care, dispensing and performance management issues. Infrastructural matters, computerization and matters involving some levels of bureaucracy and funds were given specific time to ensure their completion.

Technical support to Niger SHMB on quantification of OI medicines
Last quarter, support was provided to State Health Management Board (SHMB) to extract data needed for quantification exercise but the process could not be completed because General Hospital Suleja, a high yield facility on SHMB Drug Revolving Fund did not submit the reports needed for the exercise, continuous follow up with the facility through the SHMB DDPS was able to yield 3 months' reports within the review period and an additional 3 months' report outside the review period.

Improved cost maintenance and efficiency of the CMS internet system
In order to ensure reliable availability of internet system at the CMS, the Niger State SMOH liaised with the HSPDP to install a V-Sat and set of computers at the CMS and initial subscription to an internet provider with the expiration of the first three months of subscription (Axios and HSDPA were paying for the subscription quarterly). With the introduction of a 3G network system in Minna

by the GSM providers, the SPD Niger was moved from the V-sat system and reconfigured on a 3G network with faster internet system, thus improving the availability of the mSupply electronic inventory software for quick upgrade, more efficient synchronization with the CO server, better communication with remote users, and reduced cost of maintenance of the subscription by 85%.

Update on operationalization of mSupply inventory system for Niger State CMS
In line with the mandate of Niger State Technical Working Group to place the State owned facilities on a real time inventory management system with multiple visibility platforms, Axios Foundation facilitated a five day training last year in June for staff of the Central Medical Store and General Hospital Bida on commodity management using the Electronic Warehouse Inventory Management System (eWIMS) - mSupply.

This quarter, advocacy to stakeholders (Permanent Secretary, DDPS HMB, DPS SMOH, DDPS SMOH, Chief Store Officer, Director of Administration and the Chief Accountant of the SMOH) yielded positive results as approval was secured for the commencement of the mSupply. AFN will continue to provide support to SHMB and SMoH to ensure sustainability of the services.

Update on Laboratory Equipment Database
As part of the services provided in the program, Axios is to maintain a database of all the equipment available at the Health facilities including their operational status, which will be reported periodically to MSH. During this quarter, a laboratory equipment update was carried out by crosschecking the various records of equipment at the facilities with the database. No discrepancy was found between the serial numbers recorded in the last quarter of 2012 and the present label on the equipment. The GH Bida CD4 machine was repaired during the quarter. The GH Tunga Magajiya CD4 machine is faulty and has been reported by the LSS. The General Hoispital Mokwa reflotron has not been returned to site. The QBC machine at Abejukolo was repaired and returned to the facility in January while that of KSSH is presently faulty and has been reported by the Laboratory Specialist unit for onward action.

Waste management
Provision of TA and support to HF on waste management was carried out across sites. Staff are encouraged to ensure that the demarcated area for quarantined items remain clearly marked at all times, and to also ensure timely removal of expired items and separation from usable commodities. Staff are encouraged to adhere strictly to the SOP on Health Care Waste Management.

The Niger State LTWG secretariat was used as a platform to facilitate waste management activities in the state which has yielded positive result in view of the drive for evacuation which has been slated for next quarter. As agreed on in one of the TWG on logistics meeting, all health facilities will document appropriately, package and forward their expired and unusable commodities to the Central Medical Store as a central collation point from which place the central aggregation of all documented expiries/obsolete/unusable commodities will be effected and handed over to NAFDAC.

Challenges

The following challenges were encountered during the quarter under review:

1. Following the January – February 2013 report submission, orders were placed from all states for stock replenishment for ARVs from the warehouse. There was a delay in the January ARVs allocation replenishment to the warehouse from SCMS due to none availability of stock at the SCMS central product depot (CPD). This delay caused disruptions in the dispatch of commodities to requesting States. In response to this setback, there was increased redistribution of Truvada based regimen between health facilities to prevent stock out. Many patients were refilled of their ARVs for one month, thus increasing the burden of frequent visit and workload on the staff. Logistically this delay has negative implications on the system, because it lowered the Average Monthly Consumption

(AMC) and consequently quantity to order. However, these challenges were addressed in the March distribution cycle.

2. The major challenge associated with commodities management is the erratic power supplies where available and non-functional air conditioners at some facilities

3. Adverse Drug Reaction reporting is still minimal. Under reporting may be an issue here.

NEXT QUARTER PLANS

1. Replacement of the non-functional air conditioner at Facilities.
2. Increase budgetary provision for the purchase of more OIs medications.
3. Efforts will be intensified to encourage facility staff to probe and report adverse drug reaction.
4. Completion of the Hub-Spoke arrangement for hyper accelerated PMTCT sites so that stock can be delivered directly from SCMS to the Hub site for distribution.
5. Continued provision of mentorship and other capacity building activities to the facility staff and introduce more staff to logistics activities/documentations to improve staff proficiency, and close gaps created by attrition towards ensuring maintenance of stable logistics situation at all times.
6. Follow up on the quantification Task team to ensure the completion of the Essential Medicines quantification exercise in Niger state.

MONITORING, EVALUATION, AND RESEARCH

INTRODUCTION

MSH ProACT's Monitoring and Evaluation unit considered January – March 2013 a fully packed quarter. It came with a lot of expectations for the roll out of MSH's rationalization HIV and AIDS services to Sokoto and Zamfara and complete takeover of services in Kwara, Niger, and Kebbi States but that didn't happen.

Despite this, the M&E Team was still able to embark on and conclude some systems strengthening activities, capacity building, and Data Quality Audits (DQA) conducted by USAID in 2 states (Niger and Kwara). Routine M&E activities were also conducted by the M&E Specialists with support from the AD M&E and Officer, all in the bid to further strengthen the ProACT project's M&E unit.

Highlights of activities
The key achievements for the quarter are summarized below:

- **Supporting states to strengthen and sustain M&E systems**
  - The M&E Unit worked with State SACAs to promote ownership and sustainability of their projects through trainings and other technical support.
- **Strengthen community and health data management systems for improved performance**
  - The M&E unit worked to improve the skills of facility staff in data collection and reporting.
  - Adamawa States have initiated the Adamawa State M&E Technical working group meeting.
  - The skills of the community based organizations were further strengthened to improve their data management capacity.
  - Capacity of data clerks to document using the new National HMIS tools was strengthened.
- **Strengthen M&E systems**
  - USAID conducted a Data Quality Audit (DQA) to assess our M&E systems and quality of data report by the project.
  - MSH collected data for the Retention and Audit Determination Tool (RADET) to enable USG compile accurately the total number of patients on ART in Nigeria.
  - The M&E Team had a review meeting to take stock of our M&E systems and discuss other key M&E activities and challenges.

SUPPORTING STATES TO STRENGTHEN AND SUSTAIN M&E SYSTEMS

Improving sustainability and ownership of Taraba State's HIV and AIDS response
Taraba State Action Committee on AIDS (TACA), in demonstrating a leadership and ownership role for the states' HIV response, took ownership and facilitated the implementation of key trainings to build capacity and strengthen the data systems, including the following:

- **Data Quality Assurance/Audit (DQA) Training:** TACA conducted a 3 day training for facility M&E officers, including M&E officers from the five MSH supported sites. The main objective of the

training was to build the capacity of all facility M&E officers in the state to be able to conduct internal data quality checks using the National DQA tool to identify gaps and recommend solutions. This training will ensure that they have the right skills to validate their data and ensure its quality for use in decision making.

- **District Health Information System (DHIS version 2.0):** NACA, in collaboration with TACA, conducted a 3 day training on the DHIS version 2.0 data reporting platform, with an emphasis on ensuring timeliness of data reporting. The facility M&E officers from State Specialist Hospital Jalingo, First Referral Hospital Donga and First Referral Hospital Gashaka attended this training. They were tasked with the responsibility of inputting their routine facility data into the state Web-based reporting portal on a monthly basis by logging into ***www.ennrims.com/dhis*** with a username and password. The implementing partners working in the state are expected to review entries of all their facility data as often as possible and provide feedback on data inconsistencies.

STRENGTHEN COMMUNITY AND HEATH DATA MANGEMENT SYSTEMS FOR IMPROVED PERFORMANCE

Improved data reporting in Adamawa State as observed during the quarterly data validation
The M&E Team in Adamawa transitioned the responsibility of collecting and reporting routine data to the facility M&E teams. The facility teams are now responsible for collecting and reporting their respective monthly data for the first 2 months each quarter, and the M&E team validates data during the third month.

During the quarter, the Adamawa State M&E team was at the various sites to validate data reported for the 1st quarter of FY 13 (October - December 2012). The performance and quality of data for all facilities except cottage hospital song was commendable. This shows that the medical records officers and data clerks of these facilities are now skilled in reporting data with the national HMIS reporting tools and can now work with little or no supervision.

Strengthening health facility capacity to collect and report routine data
ProACT, in following up with the strategy of capacity building for ownership and sustainability, conducted a meeting of all focal staff of the Kogi state hyper accelerated PMTCT sites. The meeting brought together stakeholders to review data reported for the last two months. The meeting had a main objective of bringing the participant understanding of MSH ProACT data collection and reporting strategy to a level that meets national standards. They were also meant to use this opportunity to identify roles they play and strategize how to sustain the process.

Emphasis on the importance of team work was clearly elaborated; capacity building on the ProACT reporting indicators and collection procedures and data quality check and reporting were also key to the whole process. The meeting was fruitful and we are confident that the results of this meeting will demonstrate stronger ability to collect and report data and a stronger sense of ownership.

Inauguration of state M&E Technical Working Group (TWG)
The Adamawa M&E TWG was finally inaugurated in the state. The TWG is an advisory body for the state response to HIV and AIDS with ADSACA as the coordinating body. Membership comprises of coordinating bodies from the government, international and local implementing partners, NGOs and CBOs including other relevant organizations.

MSH ProACT, being one of the IPs in the state was selected to be a member of this group and was placed in the Program Management Information system (PMIS) subcommittee. This committee is saddled with the following responsibilities:

- Identify and track program MIS in order to provide technical assistance, training and problem- solving;
- Facilitate harmonization of the state HIV and AIDS database system;
- Collaborate with relevant MDAs to implement unique programs with regards HIV and AIDS in the state.

The secretariat of the TWG will be based in SACA and also chaired by SACA. The group is expected to meet quarterly to deliberate on emerging issues and the previous quarters tasks

Strengthening capacity of Community Based Organizations data management processes
In strengthening the data management capacity of Community Based Organizations (CBO), efforts were made by both the Kogi and Taraba M&E Teams to put the M&E officers through the use, functions and relevance of the national HMIS tools. Their data documentation, collection and reporting skills were also enhanced in the process thereby ensuring that the CBOs have the right knowledge and skill sets to not only deliver services but to ensure that services rendered are documented and reported accurately for their projects.

Improving the quality of facility data documentation, system management and communication
In Kogi and Adamawa state, the M&E Team supported the Comprehensive Care and Treatment site's medical records units with skills to input their routine monthly HIV and AIDS data into the ***web based Electronic Nigerian National Report Information Management System (eNNRIMS)*** platform, the national DHIS data reporting platform which collates data from all HIV and AIDS service delivery point in the country into the state and national data pool using their personal laptops and internet modem.

M&E training for Data Clerks on the use of the new national Health Management Information System (HMIS) tools
The M&E unit conducted M&E Training for data clerks from MSH supported comprehensive sites in Niger, Kwara and Kebbi in two batches. The training was conducted in Kogi state and was held in February 2013. The objective of the training was to impact skill necessary to understand and complete the new national HIV HMIS tools for both data documentation and reporting. It was agreed during the training that the data clerks will return to their respective states and facilities and complete the following tasks:

- Transfer client information from old (present) Pre-ART and ART registers to the new Pre-ART and ART registers
- Replace EID and Exposed Infant registers with Child follow-up register and domicile at M&E Unit
- Replace individual single hematology, chemistry and immunology forms with 3-in-one pharmacy order forms with

Follow-up on integration of HIV and AIDS services at general hospital Michika
Some time ago, General Hospital Michika was selected as the MSH supported site in Adamawa to demonstrate the effectiveness of integrating the HIV and AIDS medical records unit into the main stream records units. During the quarter, the M&E team was at Michika to assess the state of the integration, to address challenges, if any, and to offer possible ways of improving the current M&E system in that facility. With much advocacy during support group meetings and on the part of the hospital management during Hospital Management Committee meetings, the set objective of a one folder system for all clients has been achieved as all patients now use the same HSMB folder while HIV positive clients are identified by the unique ART number. This is expected to drastically reduce stigmatization because it has become more difficult to differentiate a HIV positive from other

patients from their folders unlike before when separate folders were used. One other achievement of the integrated system is that it has gotten the medical records staffs actively involved in rendering HIV services. Before, most HIV activities were seen to be MSH activities and so were left to MSH volunteers with little support from facility staff.

Supports ADSACA in DHIS training for all CCT Sites in the state
The M&E unit supported the Adamawa SACA (ADSACA) in conducting DHIS training for all HODs of medical records in all CCT sites supported by both MSH and FHI 360 in the state. MSH team did some presentations during the training but the most impactful of all the presentations was the practical use of the PMM tools. This session was rated by participants as very useful and well presented, and although they felt that the time allocated for the session was not enough, they acknowledged getting some basics in documenting some of the PMM tools.

After the training, ADSACA promised to provide one set of desktop computer to each CCT site that wads represented at the training.

Appointment card in use in Adamawa
MSH Adamawa has been advocating to the ADHSMB to introduce the use of appointment cards by all in-patients and other patients using the hospital folder system. A new appointment card has been introduced by the Hospital services management board.

STRENGTHEN M&E SYSTEMS

Data Quality Audit by USAID/NMEMS
USAID conducted a Data Quality Audit (DQA) of 6 selected MSH sites in Niger and Kwara States between the 3rd – 16th of March 2013. The major focus of this DQA exercise was to validate data reported from MSH for 9 key indicators which cuts across the key HIV and AIDS thematic units, the process sought to not only view MSH's M&E systems but also more importantly cross check data which MSH reported from our sites to the Government of Nigeria, USAID and the data in MSH Country Office. Recommendations from the findings will help the M&E unit improve on existing systems and data reporting gaps. The DQA exercise for Niger began during the 4th – 8th of March while that of Kwara was held the following week. Three facilities, GH Bida, Lapia and Kagara were selected by the team for the visit. The team arrived at the Niger office on the 3rd of March 2013 with a brief meeting with the M&E Specialist before proceeding to General Hospital Bida for the DQA assessment. Lapia and Kagara were later subsequently visited during the week with a debrief taking place in the field office on Friday. The team visited three comprehensive sites MSH supports in Kwara and also provided feedback of their findings. Some of the observations they made include the following:

Strengths

- They were very happy with the fact that there was evidence that data collection and validation takes place in MSH sites as they observed that each register had signatures at the end of each month. This was a clear demonstration that the data was collected and validated: a practice which they commended.
- They also observed that facility staff were able to respond to questions on M&E system and data reporting processes in their facilities promptly and with demonstrated confidence of acquired and practical knowledge. This was a demonstration of their capacity built over time by the M&E Specialist.
- Key strength mentioned was the integration of HIV services in Bida, which they commend as a best practice worthy of replication to other implementing partners.

- Ability to trace data with ease: some of which the GON did not have the necessary tools to capture but MSH had tools to capture and report this.

Weakness and recommendations

- They observed that data completeness of some fields in the registers were not optimal, they encouraged the data clerks to ensure that they complete all fields in all registers.

- They observed that data corrections were done with tipex which they considered not appropriate as it could be interpreted as manipulation of information, they recommended that rather than use tipex, information that needs to be corrected should be crossed off with a pen, this will ensure that whatever information was in the register that was a mistake was still visible.

- They observed that there were 2 functional defaulters tracking registers in Bida – this was addressed immediately by informing the data clerks to withdraw one and merge the information into one register.

- They observed that across most of our facilities, routine monthly data reporting to the SACAs dwindled with time. This was as a result of supervision in that area reducing and the non- availability of the new data summary forms in the facilities. We plan to print and distribute as soon as possible.

- There were lack of cabinets in the facilities which left the register accessible and not under lock and key. This had the potential to compromise patient information. Advocacy efforts will be made to address this. It was even observed that in Kagara even though SACA had given lockers for the HIV unit, the NHIS unit in the facility took possession of this. The facility head has promised to divert it back.

- Poor data use for decision making despite rich data source in the facility. We made them understand that we had planned to conduct a data use for decision making workshop for May which should stimulate data use over time. The AOR signifies his interest to join the workshop and be a part of the follow through after the workshop.

Retention and Audit Determination Tool (RADET)
In ensuring that the country accurately reports on the number of patients ever and currently on ART, USAID developed a template Retention and Audit Determination Tool (RADET) that requires that all IPs submit for each of their facilities providing ART services patent level information for all patients who have ever initiated and currently are on ART. It is a user friendly excel based template that captures all patient records regarding ART. The tool is worthwhile except that the timeline to update the RADET was short. A data clerk/Medical records staff from each of the 6 comprehensive sites spent 3 days each. Each data clerk engaged the services of a typist who assisted in data entry. The data will be compiled, analysed and reported to USAID as soon as possible.

Monitoring and Evaluation Unit meeting review
The M&E Team held a meeting in Abuja to deliberate on the key issues that affect the project from the M&E perspective; a number of key issues were raised and discussed in detail with the aim of ensuring that solutions be identified. Discussion on data collection and reporting challenges were discussed citing the prevention unit as the focus for discussions our indicators were trimmed and their reporting expectations for the project were clearly outlined, review of new registers, printing and their deployment, findings from the recently concluded DQA and its implication on the project were also discussed in details, what we need to do in supporting the facilities to use the Monthly Summary Forms (MSF) to report to the Government of Nigeria (GON) also formed a key part of the discussions.

The team took time out to discuss Key M&E challenges with the project management, transitioning from the paper reporting to the DHIS, 6 months data validation exercise in preparation for SAPR, DDIU training from planning to implementation. It is expected that the outcome of this meeting will be clearly demonstrated in the outputs of the M&E team in subsequent months.

Key technical assistance provided to other thematic units in Kwara State

- The M&E Team in Kwara facilitated the training workshops of the CBOs participants in the development of their M&E Plan, driving achievement of against targets, as well as on the use of Prevention tools and database for timely reporting during the Prevention CBOs SOW development held at Minna from Jan 14 – 18th 2013, 5 CBOs were successful in the grant selection process out of which two were from Kwara State.

- The M &E Team participated and provided guidance during the LDP+ senior alignment meeting in Kwara State which held from the 18th -19th February 2013 as well as during the LDP+ workshop held from 11th – 15th March 2013. The Government of Kwara and MSH ProACT/Plan Health developed systems to be able to track progress in the increase of PMTCT service uptake in the eight selected facilities due to six quality and quantitative indicators agreed upon.

CHALLENGES

1. **Insecurity:** Patient attendance is expected to decline due to the communal crises in Offa town where the GH Offa resides this could lead to high loss to follow up.

2. **Renovation and Office Staff:** Lack of space in GH Omuaran makes it difficult to both provide and document services, while in GH Michika, the space provided by the facility is not sufficient especially considering the integration of services current being implemented by the facility.

3. **Workload on data clerks**: as the number of patients increase so does the burden of documentation. With the number of data clerks not increasing, the workload will begin to affect the quality of documentation, as registers are not updated as promptly and accurately as they should be.

4. **Shortage of HSMB folders**: In Adamawa, the HSMB folder are printed in Yola the state capital and distributed to the various hospitals in the state. Due to its high demand from facilities across the state, HSMB often run short of these folders thus causing data clerks to resort to the old system of filing using flat file pending when the HSMB folder are made available.

NEXT QUARTER PLANS

1. Conduct M&E training for key stakeholders in the facility to utilize data for decision making in May 2013

2. Conduct training for the Taraba State SSH Jalingo staff on the LAMIS in May 2013

3. Working with the management in taking over the PEPFAR sites in Sokoto and Kebbi and there other 3 states where M&E is the lead

4. Compiling and submitting data for the SAPR April 2013

Data Summary

Table of Key Indicators against Targets for data October 2012 - March 2013

	Indicators	Qrt 1 Oct-Dec 12	Qrt 2 Jan-Mar 13	Total	Annual Target	% of Target Achieved
	PMTCT					
1	***Indicator #P1.1.D*:** Output: Number of pregnant women with **known HIV status** (includes women who were tested for HIV and received their results)	16140	20094	**36,234**	**238,138**	**15%**
2	***Indicator P1.1.N:*** Outcome: Percent of pregnant women who were tested for HIV and know their results.	80%	95%			
3	***Indicator #P1.2.D:*** Output: Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	332	338	**670**	**4004**	**17%**
4	***Indicator #1.2.N:*** Outcome: Percent of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT	82%	82%		**82%**	**83.5%**
5	***Indicator #P8.1.D:*** Output: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	7914	8978	**16,892**	**8,137**	**183%**
6	***Indicator #P8.2.D:*** Output: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the	4261	3575	**7836**	**2,712**	**283%**

	minimum standards required					
7	***Indicator #P8.1.D:*** Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1108	2080	**3188**	**5,367**	**44%**
8	***Output:*** Number of individuals who received testing and counseling services for HIV and received their test results (PICT+LAB)	24154	32581	**56735**	**154,484**	**36%**
9	Number of individuals who received testing and counseling (T&C) services for HIV and received their test results (including PMTCT)	41325	53965	**95290**	**405,826**	**23%**
10	***Indicator # P7.1D:*** Number of people Living with HIV/AIDS (PLHIV) reached a minimum package of PwP intervention	4299	4186	**8485**	**17,989**	**47%**
	Umbrella Care Services including OVC					
11	***Indicator #C1.1.D:*** Output: Number of eligible adults and children provided with a minimum of one care service	59982	70407	**70407**	**73,572**	**48%**
12	No of PABAs reached	36872	40772	**40772**		
13	***Indicator #C5.2.D:*** Output: Number of orphans & vulnerable children (OVC) that received OVC services	**4901**	7077	**11978**		
14	No of Clients who received at least one clinical care service	**19197**	**20517**	**20517**	**29,982**	**69%**
15	Number of HIV positive persons receiving	5220	3396	**8616**	**23,986**	**34%**

	cotrimoxazole prophylaxis					
	TB/HIV Services					
16	No of individuals who received C&T for HIV and received their test results at a USG support TB services outlet (including suspect)	433	788	**1221**	**9,200**	**13%**
17	Number of HIV+ patients screened for TBHIV Care or Treatment setting	4126	2183	**6309**	**26,984**	**24%**
18	# of HIV+ patients in HIV Care or Treatment (pre-ART or ART) who started TB treatment	57	93	**130**	**1,836**	**8%**
19	***Indicator # C2.5.D:*** Output: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	2.8%	4.7%			
20	# of HIV+ children (0-17)years provided with clinical care services (including those on ART)	132	128	**260**		
	ARV Treatment					
21	Number of adults and children with advanced HIV infection newly enrolled on ART	1234	1381	**2615**	**7,716**	**34%**
22	***Indicator #T1.2.D:*** Output: Number of adults and children with advanced HIV infection receiving ART therapy	13386	14496	**14496**	**14,991**	**97%**
	Total Adult	12584	13626	**13626**	**14117**	
	Total Children	802	870	**870**	**815**	
	Health Systems Strengthening					
23	# of community health care workers who successfully complete an in service training					

In our effort to build the capacity of the public, private and community sectors for sustainable HIV, AIDS, and TB prevention; care and treatment using. The ProACT grant component continues in its expansion in working with Civil Society Organizations to effectively saturate the communities in the 6 states with community HIV/AIDs/TB services that will complete the continuum of care and support for People Living with HIV (PLHIVs); increase and expand prevention activities in these communities; and incorporate a strong *community component* through small grants to CBOs that will support community-based services and promote "hub and spoke" referral systems and improve quality HIV and AIDS/TB community services within a sustainable framework. We have worked and supported the grant/contract unit to award 5 grants on community prevention services in Kebbi, Niger and Kwara states. The 5 CBOs are:

- Mindset Community Development Initiative- Kebbi
- Bright Capacity Initiatives for Community Enhancement –Kebbi
- Living Care Community Development Foundation – Kwara
- Healthy Living Promoters- Kwara
- Physicians (Doctors) for Social Justice- Niger

These five (5) civil society organizations joined eight (8) others providing OVC, Care & Support and Prevention services to scale up community prevention services in 3 states. Also during the period under review ProACT sub-granted its first institutional grant to Niger State Ministry of Health to strengthen continuous medical education (CME) for human resource for health bringing the total number of grantees to 14 (6 new grantees and 8 renewed grantees).

Highlights of the Grant Activities During the Period under Review Included:

- Continuous mentoring, coaching and supervision to enhance the quality of the OVC, Care and Support, Prevention and system strengthening services.
- Follow up on monthly and quarterly reports from renewed grantees
- Scope of work and budget development training for new prevention grantees
- Pre-survey assessment for those CSOs that will be prequalified for grant.

Continue mentoring, coaching and supervision to enhance the quality of the OVC, Care and Support, Prevention and system strengthening services:

- To ensure that the grantees have the requisite technical and operational competence that will enhance quality implementation of the HIV and AIDS/TB services across the selected project sites particularly for the provision of prevention services sub-contracted to 5 CBOs, the following training were undertaken to equip them:

    1. Scope of Work and Budget Development training
    2. Technical Start Off training
    3. MARPs Identification and Tracking Skills training
    4. Family Life & HIV Education (FLHE) training

5. Peer Education Plus (PEP) and Minimum Package of Prevention Intervention (MPPI) training

All these training sessions provided were to enhance operations and sustainability of these community services. To further ensure the quality of ongoing services provided by the renewed grantees, the technical team continued to carry out monthly visits to the grantees to provide ongoing review, mentoring, and coaching in budgeting, project management and implementation and monitoring and evaluation.

Under the provision of grant to health institutions for health systems strengthening, the HSS team and the Niger state team has continue to give support and mentor Niger State Ministry of Health to implement the Scope of Work that will build institutional capacity of states to own, manage and coordinate health workers training to ensure sustained improvement of health outcomes. So far the State faculty has adopted and reviewed a state training manual and is identifying state pull of master trainers for the faculty.

Scope of Work and Budget Development for New Prevention Grantees
Five (5) CSOs selected through the competitive process were invited for scope of work and budget development workshop to kick start implementation of community prevention services across some LGAs in Kebbi, Kwara and Niger States. These CSOs were supported by a group of ProACT prevention team, MSH grant/contract team with support from the Capacity Building Advisor to come out with the final develop scope of work and budget submitted for signing of the MSH agreement document. Implementation of this has started since February.

Pre-survey assessment for those CSOs that will be prequalified for grant
We have also conducted capacity assessment for the 5 new prevention CSOs using National Harmonized Organizational Capacity Assessment Tool (NHOCAT) and have developed capacity support plans for each of the 5 CSOs. The assessment focused on the organization's governance structure, partnership, human resources, financial management and resource mobilization, HIV programme, monitoring and evaluation and gender mainstreaming structures among others. The process is to identify their **strengths** and **weaknesses** and to strengthen organizational systems and processes from an informed perspective as well as position these community-based organizations for more grants that will sustain the provision of the already existing community-care services.

Furthermore, we have developed/designed Human Resource Policy, Board Manual, financial management tools and templates, asset registers for 3 of our grantee CBOs (Society for Future Health, Living Care foundation and Healthy Living Promoters) and other community structures that the project is supporting.

As a follow up to the Expression of Interest **(EoI)** published in Daily Trust Newspaper for interested CSO's to indicate interest for the proposed grants to provide OVC, care and support and prevention services, 47 CSOs across Kebbi, Kwara and Niger indicated interest and copies of the pre-qualification were sent to them but only 37 completed and sent back their forms. Out of the 37, 28 were recommended for the pre-award assessment in line with USAID requirement.

Key achievements of the grant process:

- Continuous training and mentoring of 13 CSO and SMOH on HIV and AIDS/TB core Programme areas
- Increase community uptake of HTC services outreach services conducted by the CSOs in the targeted communities across the 5 states
- Increase functional Community Child Protection Committees across ProACT states

- Improve community linkages with HIV and AIDS service providers
- Formation and inauguration *community savings and loans association (SLA)* in the targeted communities
- Contributing to the community service target of the project.

Challenges

- Delay in submission of report
- Overload of information between the state and country team on the CSOs

Recommendations

- There is need to improve communication between the Country office team and the state teams for improved synergy and support to the grantees.
- More of hands-on-training for these grantees as the conventional training has shown little improvement in quality services especially on the M&E.
- Encourage joint supervisory visit (prevention, community, M&E and financial team) to enhance quality and ensure effective implementation of the agreement by the CSOs.

NEXT QUARTER PLANS

- Continue mentoring, coaching and supervision to enhance the quality of the OVC, Care and Support and Prevention Services.
- Follow up on monthly and quarterly reports from renewed grantees
- Proposal development training for the new CSOs
- Scope of Work and Budget Development for new Grantees
- Continue mentoring, coaching and supervision to enhance the quality of the OVC, Care and Support and Prevention Services.

Automation and Integration Transforms Laboratory Services at State Specialist Hospital Jalingo Taraba state

> ***"I like coming to this laboratory because their services are faster and they don't waste time in attending to us."***
> - *Patient accessing laboratory services in SSH, Jalingo.*

Taraba State Specialist Hospital Jalingo (SSHJ) has experienced a 300% increase in patient influx for laboratory services. This increase - a response to the reduced cost of laboratory services and improved turnaround time - comes after the introduction of an automation system in the SSHJ laboratory by the Prevention Organizational Systems for AIDS care and Treatment Project (ProACT) implemented by Management Sciences for Health (MSH). To strengthen HIV services in 2008, the PEPFAR/USAID funded project deployed automated laboratory equipment platforms for the sole purpose of providing lab services to persons living with HIV and AIDS. Over time, the number of HIV+ and general outpatient clients accessing services at the lab significantly increased due to the high quality of care there, resulting in heavy workload, burn-out and frustration among laboratory staff, which in turn caused errors in test results and created a vertical care system.

Consequently, patients had to wait for up to 36 hours before receiving their test results due to the high volume of samples to be analyzed. Ironically, HIV+ clients were handled differently in the HIV designated labs, resulting in discrimination and stigmatization. To address these challenges, in 2010 MSH ProACT began the process of integrating PEPFAR supported laboratory services into the mainstream lab services across three levels: service integration, human resources and management integration processes.

These interventions resulted in crucial improvements in the hospital's laboratory services; diagnosis became automated and integrated. Patients now receive their test results within 1 - 2 hours, making it easier for clinicians to diagnose patients and commence treatment promptly. Laboratory patronage has increased by 300% (from an average of 30 patients per day pre-automation to 90 post) and patients have access to laboratory investigations daily. *"The use of automated laboratory equipment has made anti-retroviral (ART) laboratory services easier for us. We now have a reduced turnaround time for producing tests results and our laboratory network has been strengthened,"* said Mathew Hassan,*a Laboratory Scientist in the hospital.

Laboratory technicians use the automated diagnostic machines installed by ProACT to analyze samples in the hospital

The cost of a full blood count has reduced by 60% (from N2000 to N800). HIV patients wait in the same room as other patients, thus reducing stigma and discrimination. *"Nobody suspects that I have HIV when I come to this laboratory now because all patients are seen in one place no matter what illness they have,"* said an HIV+ patient.

Laboratory management costs have also reduced as have staff motivation levels. One trained medical laboratory staff member now conducts an investigation which took up to five people before. "Since the inception of the laboratory automation, work has been easier for our staff. We can now integrate samples into one localized section and procure the same laboratory reagents for all patients irrespective of their disease. This is an eye-opener for greater laboratory success and sustainability," said the head of the hospital's laboratory department.