

PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT— ProACT

Quarterly Progress Report, January – March 2011

LMS Nigeria

April 2011

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Leadership, Management and Sustainability Program, Nigeria

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Cover photo caption:

An elderly caregiver and an OVC being attended to by Community Volunteers in Michika community, Adamawa State

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Prevention organizational systems AIDS Care and Treatment Project

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

The MSH's LMS Program is a global five-year USAID funded Cooperative Agreement designed to develop leadership and management skills at all levels of health care organizations and programs to effectively address change and improve health outcomes in the areas of family planning, reproductive health, HIV/AIDS, infectious disease and maternal and child health. In Nigeria, the LMS Program implements the Prevention organizational systems AIDS Care and Treatment Project (LMS Pro-ACT) which is a PEPFAR funded associate award whose goal is to build the capacity of Nigeria's public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment. LMS Pro-ACT began operations in August 2009 taking over from the AIDS care and Treatment (ACT) Project that started in October 2007. The Pro-ACT now supports 6 state governments of Kogi, Niger, Kwara, Kebbi, Adamawa and Taraba to operate 25 comprehensive HIV/AIDS treatment centers. With the main office in Abuja, Nigeria, Pro-ACT is decentralized to the government states level and has established offices in each of the 6 states to bring technical support closer to the areas of greatest need.

USAID/Nigeria Quarterly Report

PROACT Project Quarterly Progress Report January to March 2011

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. I. To increase demand for HIV/AIDS and TB services and interventions, especially among target groups. II. To increase access to quality HIV/AIDS and TB services, practices, and products in selected states. III. To strengthened public, private, and community enabling environments.
USAID/Nigeria SO: SO 14
Life of Activity (start and end dates): July 16, 2009 – July 15, 2014
Total Estimated Contract/Agreement Amount: \$59,997,873
Obligations to date: \$20,997,246.99
Current Pipeline Amount: \$3,410,299.99
Accrued Expenditures this Quarter: \$2,682,563
Activity Cumulative Accrued Expenditures to Date: \$17,586,947
Estimated Expenditures Next Quarter: \$3,270,111
Report Submitted by: Paul Waibale, Project Director Submission Date: April 29, 2011

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ACRONYMS

AB	Abstinence Be Faithful prevention strategy
ACT	AIDS Care and Treatment (MSH Project that preceded ProACT)
ART	Anti-retroviral Therapy
ARVs	Anti-retroviral drugs
CCT	Comprehensive Care and Treatment
CHAI	Clinton HIV/AIDS Initiative
CHAN	Christian Health Association of Nigeria
CME	Continuous Medical Education
COP	Condom and Other Prevention Program
CSO	Civil Society Organization
DOTS	Directly Observed Therapy Short Course (for TB)
DQA	Data Quality Assessment
EID	Early Infant Diagnosis (for HIV-Infection)
FBO	Faith-Based Organization
FLHE	Family Life HIV Education
GHAIN	Global HIV/AIDS Initiative Nigeria
GPP	Good Pharmaceutical Practice
HCT	HIV Counseling and Testing
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
IP	Implementing Partner
LGA	Local Government Area
LMS	Leadership, Management, and Sustainability Program of MSH
LTFU	Loss to Follow Up
MARPS	Most At Risk Populations (for HIV)
M&E	Monitoring and Evaluation
MIS	Management Information System
MPP	Minimum Prevention Package (for HIV)
MSH	Management Sciences for Health
NACA	National Agency for Control of AIDS
NASCP	National AIDS and STI Control Program (of the Ministry of Health)
NICAB	Nigeria Indigenous Capacity Building Project
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NGO	Non-Governmental Organization

NTBLCP/NTD	National Tuberculosis and Leprosy Control Program and Neglected Tropical Diseases
OVC	Orphans and Vulnerable Children
OSY	Out of School Youth
PEPFAR	US President's Emergency Plan for AIDS Relief
PEP	Peer Education Plus
PITC	Provider-Initiated Testing and Counseling
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PMT	Patient management Team
ProACT	LMS Prevention organizational systems AIDS Care and Treatment Project
RTKs	Rapid Test Kits (for HIV)
SFH	Society for Family Health
SMOH	State Ministry of Health
SOPs	Standard Operating Procedures
SACA	State Agency for Control of AIDS
USAID	United States Agency for International Development
USG	United States Government

INTRODUCTION

In the quarter under review MSH-ProACT began implementation with a 3-day partners' consultative and feedback forum with selected health care workers and PLHIV from our supported facilities. The objective of the meeting was to critique our approach and seek for ways to improve client satisfaction. Key focus of the discussion also includes modalities of ensuring service integration for improved quality of care. The feedbacks from these consultations, formed critical inputs into the project's follow-on midyear strategic planning and Performance review meeting. The Pro-ACT annual performance review meeting followed the partners consultative forum, and held from the 24th – 28th of January and had all Pro-ACT field and central office staff in attendance. This meeting presented the ProACT team with an opportunity to touch base and plan our activities for the rest of the fiscal year. Key outputs at the end of the meeting included:

- A synthesized results based work plan with agreement on key priority areas
- Team performance review/appraisal
- Thematic/State specific implementation plan

Also in this quarter service delivery was severely hampered by Health Care Worker industrial actions in three of our six supported states. Taraba state health care workers have been on strike since December 2010 while Kogi and Kebbi states have also had three and two month long strikes respectively. This impacted negatively on patient enrollment and quality of routine service delivery. However owing to a sustained advocacy, skeletal services were maintained for all clients on ART. A review of MSH statistics this quarter shows that no new sites were activated in any of ProACT focal states, with services maintained in our 56 supported sites comprising of 25 Comprehensive Care and Treatment and 31 feeder sites. A breakdown of some of the performance monitoring indicators shows the following:

HIV Care and Treatment

Care

Between January and March 2011, **1,212** new patients enrolled into care a drop from last quarter's **1,644** clients enrolled. Currently, we have achieved 19% of the FY11 target (**14,750**) far short of the anticipated 50% for the quarter. This can be attributed to the ongoing strike in our some of our supported sites. Cumulatively, number of HIV positive clients enrolled into Care by the end of March 2010 stands at **20,086**

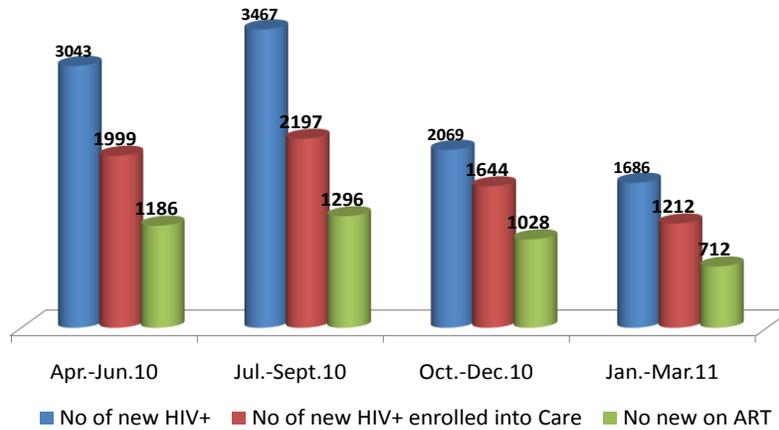
Treatment

712 new patients initiated ART in the quarter under review; a drop from last quarter's **1,028** clients who initiated ART. This represents **46%** of the anticipated 50% FY11 target (**3,795**) achievement. Cumulatively by the end of March 2010 total number currently on treatment stands at **10,600**, with **8,310 (78%) (67% women, 33% men) (5% children & 95% adults)** are currently on ART.

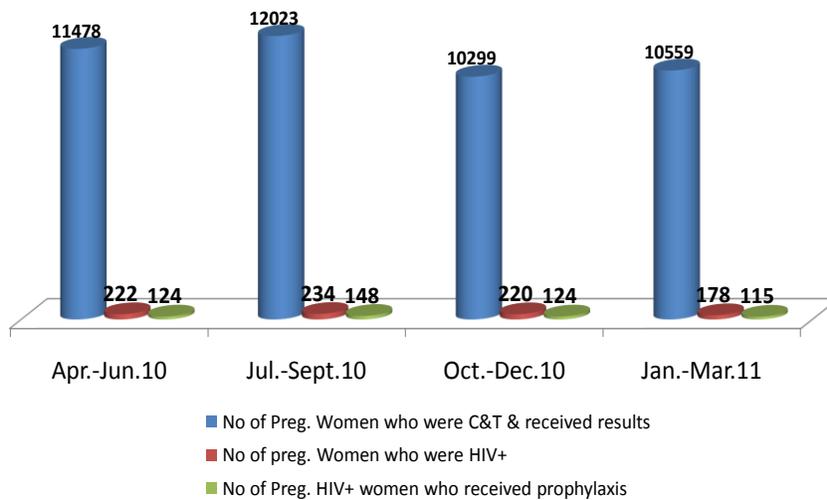
PMTCT

Within the quarter under review, **10,559 (35 Known positives at entry & 10,524 unknown)** pregnant women received HIV counseling and testing and received their test results in an MSH-supported PMTCT service site, of whom **178 (2%)** tested positive for HIV. **20,858** pregnant women (which represents **43%** of the anticipated 50% FY11 target achievement due this quarter received HIV testing through MSH-supported PMTCT sites. From MSH inception till March 2011, **110,789** women have received C&T with **2,576(2%)** so far being identified as HIV positive. A total of **115** (representing **54%** of **178** pregnant HIV positive women during the quarter received a complete course of antiretroviral prophylaxis at the ANC and L&D an improvement over last quarter's **47%** achievement however we are still very short of the FY11 target of **2,450** which so far stands at **10%**. Of the number that received prophylaxis, the regimen analysis shows **(9%)** received SD-NVP **(19%)**, received double therapy **(17%)** received triple therapy while **(56%)** were HIV positive pregnant women who were on treatment for their disease represents **10%** of the anticipated 50% FY11 target achievement due this quarter. There may be need to review this target downward as our analysis has shown low HIV prevalence in our supported sites which may hinder our meeting the USAID targets for the Fiscal Year.

Key Clinical Quality Indicators



Key PMTCT Indicators



Exposed Infants Data

During **86 (Males 47 & females 39)** exposed infants had their blood samples collected for DBS test. **59 (69%) (Males 33 & females 26)** of those samples were tested for HIV and **4 (7%) (Males 3 & females 1)** were confirmed HIV.

TB/HIV Services

During the quarter, of the **1,212** HIV+ adults enrolled into care; **981 (81%)** were screened for tuberculosis upon enrollment into HIV care and treatment at MSH-supported sites. A total of **316 (32%)** were suspected to have TB while **12** patients were confirmed to be TB+ and initiated TB treatment at these facilities during January- March 2011.

Laboratory

During the quarter of the **1,212** HIV positive adults enrolled into care **848 (78%)** had a baseline CD4 test done upon enrollment into HIV care and treatment at MSH-supported sites. Efforts is presently been made thorough continuous quality improvement to bridge the gaps and ensure increase service uptake.

Community/HIV Services

During the quarter, **5,456 (1,887 male & 3,609 female)** clients received umbrella care services a composite indicator that consist of patients offered Preventive, Supportive and Clinical care services. It is aggregated by collating the number of PABAs, OVCs and number of new HIV+ adults and OVCs who received at least one clinical care and OVC services. Cumulatively we have achieved **21%** of the **49,001** FY 11 target far below the 50% cut off for FY 11.

During the quarter, a total of 974 (495 males and 479 females) of OVCs were served, out of which 703 were provided with a minimum of OVC- support services (primary direct- support) and 269 were provided with a minimum of 1 OVC- support services (supplementary direct- support).

Prevention

For prevention activities, **20,030 (61% of FY11 targets)** people were reached with AB-focused HIV prevention interventions while **19,654 (66% of FY11 targets)** were reached with other prevention activities other than Abstinence and be faithful these include MARPs.

Table of Key Indicators against Targets for data January - March 2011

	Indicators	Qrt 1	Qrt 2	Total	Annual Target	% Target Achieved
	<i>PMTCT</i>					
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)	10,299	10,559	20,858	49,007	43%
2	Indicator P1.1.N: Outcome: Percent of pregnant women who were tested for HIV and know their results.	94%	96%	94%	95%	
3	Indicator #P1.2.D: Output: Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	124	115	237	2,450	10%

	Indicators	Qrt 1	Qrt 2	Total	Annual Target	% Target Achieved
4	Indicator #1.2.N: Outcome: Percent of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT	47%	59%	53%	65%	
	Prevention					
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	11,349	8,681	20,030	49,091	41%
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 minimum standards required	11,349	8,681	20,030	32,727	61%
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	10,693	9,076	19,769	30,000	66%
8	Output: Number of individuals who received testing and counseling services for HIV and received their test results (PICT+LAB)	27,746	23,536	51,282	63,338	81%
9	Number of individuals who received testing and counseling (T&C) services for HIV and received their test results (including PMTCT)	38,062	34,108	72,170	115,177	63%
10	Indicator # P7.1D: Number of people Living with HIV/AIDS (PLHIV) reached a minimum package of PwP intervention	19	299	318	11,063	3%
	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	4,858	5,496	10,354	49,001	21%
12	No of PABAs reached				28,768	
13	Indicator #C5.2.D: Output: Number of orphans & vulnerable children (OVC) that received OVC services	448	974	1,422	5,482	26%
14	No of Clients who received at least one clinical care service	1,644	1,212	2,856	14,750	19%
15	Number of HIV positive persons receiving cotrimoxazole prophylaxis	933	609	1,542	8,406	18%

	Indicators	Qrt 1	Qrt 2	Total	Annual Target	% Target Achieved
	<i>TB/HIV Services</i>					
16	Indicator #C3.1.D: Output: Number of TB patients who had an HIV test result recorded in the TB register	598	353	951	2831	34%
17	No of individuals who received C&T for HIV and received their test results at a USG support TB services outlet (including suspect)	598	353	951	2,832	34%
18	Number of HIV+ patients screened for TBHIV Care or Treatment setting	1,290	981	2,271	13,275	17%
19	# of HIV+ patients in HIV Care or Treatment (pre-ART or ART) who started TB treatment	74	45	119	876	14%
20	Indicator # C2.5.D: Output: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	5%			10%	
	<i>OVC Services</i>					
21	# of HIV+ children (0-17)years provided with clinical care services (including those on ART)	115	100	215	1,800	12%
	<i>ARV Treatment</i>					
22	Number of adults and children with advanced HIV infection newly enrolled on ART	1,028	712	1,740	3,795	46%
23	Indicator #T1.2.D: Output: Number of adults and children with advanced HIV infection receiving ART therapy	7,784	8,310	8,310	6,770	123%
	<i>Total Adult</i>	7,405	7,905	7,905	5,279	150%
	<i>Total Children</i>	379	405	405	492	82%
	<i>Health Systems Strengthening</i>					
24	# of community health care workers who successfully complete an in service training	71	2,517	2,588	1,011	256%

HEALTH SYSTEMS STRENGTHENING

Within the Quarter under review MSH Pro-ACT continued its efforts towards strengthening Health Systems for sustainable and efficient HIV/AIDS/TB service delivery across the six project states with resounding results. More efforts were focused on strengthening leadership and coordination; further strengthening of current human resource based for health; and promoting continuous quality HIV/AIDS/TB service delivery.

I. Summary of performance on planned activities for the quarter Jan.-March 2011.

Planned Activity	Status	Performance	Remarks
Support 2 SACA to develop with all state stakeholders annual costed operational plans for HIV/AIDS & TB for LACA, SACA and all other constituencies	Kogi and Kwara state OP developed awaiting printing and dissemination	90%	UNFPA already provided funding to support Kebbi state to be done after elections with ProACT Technical Assistance(TA)
Provide TA to the SACA & SMOH to organize quarterly stakeholder coordination meetings	Niger SACA –partners forum, TB/HIV TWG held in Adamawa, Taraba	25%	Strike actions in all six states of the state civil services affected the conduct of this activity across our supported states except for Niger state
Follow up Advocacy on Adamawa SACA restructuring	Advocacy conducted to first lady and Governor. SACA Agency Gazetted. Agency board inaugurated. MSH on SACA board N50m approved for SACA New accommodation for SACA	100%	MSH ProACT to provide TA to SACA management on board management and development of staff Job Description and orientation
Conduct Modified MOST in KSSH and New Bussar GH. LDP beneficiary Health Facility	Pre MOST sensitization and planning meeting with Key leadership of KSSH management team sensitized on MOST	20%	New Bussar could not be done this quarter due to Strike actions.
Support at least 2 states to consolidate facility Hospital Management and Leadership through HMT meetings.	10 facilities were supported to hold HMC meeting also addressing HIV/TB services & coordination	40%	The strike actions in the states was mostly responsible
Support at least 1 state (KOGI) to procure and manage equipments and systems for HIV/AIDS/TB CCT service	Technical Supervisory Team – inaugurated Basic ART Training for Health workers and Tech Supervisory Team – done 100% of Lab equipments – procured Process action plan – done and being tracked	75%	

II. Strengthening Leadership and Coordination for HIV/AIDS/TB & Health across the six project States

Development of State Operational Plans in Two Project States (Kogi and Kwara)

In line with strengthening leadership and coordination required for improved planning for HIV activities at the state level, NACA organized and coordinated a week long TOT workshop for state stakeholders on result based operational planning and management in partnership with MSH and UN agencies. The regional TOT workshop was conducted in November and December 2010 at Kaduna for states in the North-West zone and Mina for states in the North-Central zone. At the end of the workshops, participants' skills in result based management planning and costing was enhanced and action plans for development of states' two-year Operational plan was developed.



Figure 1. Participants at Operational Plan Development Workshop in Kogi

Following up on the conducted TOT workshops and the development of state action plan, MSH under the Pro-ACT Project provided both technical and financial support to Kogi SACA and Kwara SACA in conducting a 5-day workshop for the development of HIV/AIDS/TB Operational Plans for the two states and a 2-day workshop for LACAs in the states. The workshops were conducted in Lokoja and Ilorin between February 21-25 and March 7-11, 2011 respectively. It was coordinated by each state SACA and was attended by 45 and 35 stakeholders in Kogi and Kwara states respectively. Participation were drawn from across the state SACA, LACAs, Line Ministries, Civil Society organizations, PLWHA and IPs. At the end of the workshop, a 2-year draft HIV/AIDS Operational plan was derived from the HIV/AIDS SSP for the state using bottom-up and results based management approach.

III. Strengthening the Coordination Capacity of Adamawa SACA through Administrative restructuring and board inauguration.

A SACA with efficient and effective institutional and management systems is imperative for sustainable HIV/AIDS control. SACA therefore needs to have sound management structures and systems (administrative, procurement and technical) for coordination functions. Towards achieving this, MSH/Pro-ACT has continued to engage our supported states through advocacy and strategic technical assistance which is yielding results; to date, four of our six supported states have gazetted their agency (Niger, Kebbi, Kwara and Adamawa), some of the agencies have begun to receive state funding.



Figure 2. Inauguration of ADSACA Board by the Executive Governor

This quarter ProACT advocacy and TA on SACA institutional management systems was rewarded with resounding success in Adamawa State, after several advocacy. In the last quarter (Oct-Dec 2010) ProACT leading other state implementing partners discovered that a SACA bill was signed into law since 2004. With this realization, ProACT led other IP's (GHAIN, UNICEF, WHO, CRS, Gede Foundation and SFH) to meet with the first lady Dr Halima Nyako, after which an advocacy was done with His Excellency the governor. Our team continued to provide technical assistance to the State by preparing an executive brief for His Excellency the Governor on implementation of ADSACA law including; proposed structure departments units roles and responsibilities. We are pleased to report that ADSACA Agency law was gazetted in January, dedicated staffing have been deployed, (executive secretary CEO, 8 directors and existing 2 technical staff). A new multi sectoral, multi discipline and gender sensitive board for ADSACA was inaugurated on the 30th of March 2011 with MSH representing all development partners on the board. The government also approved N50m as take off grant for ADSACA, and a new office location. With this level of political will, Adamawa state government is now poised to provide the required leadership for HIV/AIDS prevention and care while ProACT will continue to provide and lead other IP's in the state to ensure ADSACA actualizes its mandate

IV. Ongoing Quarterly Hospital Management Committee (HMC) Meeting in Supported Health Facilities

At the commencement of the Pro-ACT project in 2009, multidisciplinary care coordination teams (the Project Management Team-PMT and Patient Care Team –PCT) were inaugurated primarily to bring about effective coordination of quality clinic based HIV care and provides oversight function and effective coordination for project related activities. The drive towards sustainability of the project activities brought about the integration of these coordinating bodies into existing Hospital Management Committee (HMC) in September 2010 by the Pro-ACT project. Six months down the line, HMC meetings are up and running in the 25 project CCT sites integrating primary roles and responsibilities of PMT into their statutory management functions. The achievements of the various HMC, although at different levels, are palpable in the area of promoting adequate human resource for health, adequate medical commodity logistics, quality service provision and use of service data in management decision making. In the quarter under review, HMC quarterly meetings were held in 10 of the 25 CCT sites. The low figure can be due to the ongoing industrial action amongst the health workers in the most of the project states. Achievements made by the HMC of these 10 facilities include redeployment of Doctors, renovation of CSH Ilorin (with resource support from MGD) and ongoing advocacy for toilet facility, staff motivation through commendation in KSSH Lokoja and continuous provision of quality health delivery services.

V. Strengthening KSSH Management/Leadership Capacity through Conduct of MOST Orientation in KSSH

Management and organizational sustainability tool (MOST) is an MSH developed process tool for improving an organization's management with the end result of contributing to improved services. It is a structured participatory process that allows an organization to assess by itself, its own management performance, develop a concrete action plan for improvement.

As a follow on to the Leadership Development Program (another MSH leadership development process tool), ProACT will be deploying MOST to support organizations (SMOH, SACA & Health facility) to improve their management systems for improved service delivery.

To support Management of Kogi state specialist hospital (KSSH) improve services, ProACT will be deploying a modified MOST. A key requirement of the MOST is that the key organization management must understand the tool, processes and its limitations as they must be committed to open self assessment and decision making by consensus. Towards this ProACT within this quarter held meetings and orientation of the MOST to the top management of KSSH; the tools and processes were reviewed their concerns and particular interest/priorities reviewed and some elements of a fully functional Service delivery point (another

MSH tool) incorporated into the MOST. The management agreed to further discuss the MOST with other staff and fix a suitable time within the next quarter for the process.

VI. Strengthening the Current Human Resource base of Supported Health Facilities across the Six PRO-ACT Project States

Ongoing Efforts to Improve HRH Deployment in Supported Health Facilities

The ability of a country to meet its health goals depends largely on the knowledge, skills, motivation and deployment of the people responsible for organizing and delivering health services. Numerous studies show evidence of a direct and positive link between the numbers of health workers and population health outcomes. Effective management of human resources for health (HRH) therefore, aims to ensure that the supply, performance and distribution of the health workforce are aligned with the needs and priorities of the health sector. During the quarter being reviewed, the Pro-ACT project continues to advocate for and facilitate the deployment of health workers to support comprehensive HIV/TB services in supported states. The summary of human resource deployment in the quarter is as found in table below:

HRH Deployment in supported states for the quarter

State	Doctors	Pharmacist	Nurses	Laboratory Scientists	Allied Professionals	Total
Adamawa	2 (Hong ARV decentralization)	0	0	0	0	2
Taraba	1 (Turaki PHC for ARV decentralization)	0	1 Nurse (Turaki PHC for ARV decentralization)	3	3 (Graduate attachée from NDE)	8
Kwara	0	0	0	0	0	0
Kebbi	1	0	0	0	0	1
Kogi	0	0	0	0	0	0
Niger	0	0	0	0	0	0
Total	4	0	1	3	3	11

VII. Promoting Continuous Quality HIV/AIDS/TB Service Delivery in the phase of Ongoing Industrial Actions Amongst the Health Workforce in most PRO-ACT Project States

Strengthening service delivery is crucial to the achievement of the health-related Millennium Development Goals (MDGs), which include the delivery of interventions to reduce child mortality, maternal mortality and the burden of HIV/AIDS, tuberculosis and malaria. Service provision or delivery is an immediate output of the inputs into the health system, such as the health workforce, procurement, supplies, and financing. Increased inputs should lead to improved service delivery and enhanced access to services, while decreased inputs will negatively affect service delivery and access if not reverse the landmark advancement made.

Ensuring availability of health services that meet a minimum quality standard and securing access to them are key functions of a health system. This was greatly threatened by the ongoing industrial action of the health workforce in four (Niger, Kwara, Taraba and Kogi) of the six Pro-ACT project supported states. To reduce the possible effects of industrial actions of the health workforce on service delivery and access in the affected states, a strong advocacy team was lead by MSH State Team Leaders to relevant stakeholders to advocate for continuation of facility based HIV/AIDS care and support services in view of its peculiarity and sensitivity. The advocacy yielded positive result as ART services points provided services to PLA to access drugs and necessary care across the facilities in states affected by the industrial actions.

Challenge

- The major challenge in the quarter is the industrial actions embarked upon by health workers in four of the six supported states.

Next Quarter Plans

- Support one additional state to develop state operational plan linked to SSP and follow-up with states that have developed their operational plan
- Provide coaching and mentoring to health workers that benefitted from Leadership development programs.
- Support ADSACA develop appropriate management structures, and systems and staff orientation for efficient organizational operations (organogram, JD, admin and procurement procedures etc)
- Support the conduct of 5-day workshop on Advocacy and Negotiation Skills for 30 selected Pro-ACT Staff and 6 key leaders of State Ministry of Health (SMOHs), SACAs, Local Agency for Control of AIDS (SACAs), state ministry of information, 1 media representative, and 1 model CBO from 2 pilot states
- Support Quarterly Hospital management committee (HMC) meetings in across the 25 CCT facilities

OVC, COMMUNITY CARE AND SUPPORT SERVICES

Introduction

The ProACT result framework formed the basis for the strategic design and implementation of community services activities in the quarter under review. Following the technical review meeting held in January 2011, the community services unit refocused her activities in a manner that promotes ownership, participation and sustainability. ProACT during the quarter under review, implemented new as well as ongoing activities across her supported sites in Adamawa, Kebbi, Kwara, Taraba, Kogi and Niger States. In addition to the ongoing implementation of community HIV services, some of the major achievements included, training of facility staff and community volunteers on HIV counseling and testing, care and support for Orphans and Vulnerable Children, participation at the US IP TWG meeting where ProACT community support group strategy and lessons from her care and support programme were shared. Furthermore, the sustainability efforts of the team resulted in a support group being shortlisted to benefit in a milling machine from the FADAMA/WHO programme. The cost of the machine is estimated at five hundred thousand naira only.

Find below highlights of achievements narrated and linked to relevant intermediary results (IRs) from the framework.

Achievements

I. Capacity To Deliver Quality Services And Products At Community Level Strengthened.

Mentoring and supportive supervision

ProACT engaged 13 CBOs since June 2011, 5 of which are implementing OVC and or CHBC services with a shared vision to build their capacity to transform them into organizations that are self sustaining and contributing to improving the health and wellbeing of the communities where they serve. In order to actualize this vision, ProACT embarked on continuous mentoring and supportive supervision to these CBOs in the area of organizational development, record keeping and resource mobilization. This has broadened their scope in seeking for other grants as a step towards sustainability and improved their record keeping system. Some of the considerable achievements recorded by the CBOs in the quarter under review are:

- CFFAN, one of the CBOs in Taraba now have a good filing system in their office where clients information are kept in folders and properly filed in well labeled shelves as against initial scattered folders on the floor.

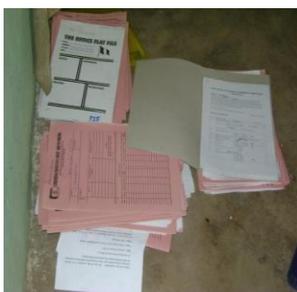


Figure 3. Before



Figure 4. After

- Gashaka Charity Foundation (GCF) received capacity building in proposal writing as well as coaching and mentoring on resource mobilization from MSH. This grantee CBO, have been shortlisted to access funds to the tune of 2million Naira from an indigenous organization called TY Danjuma Foundation to implement HIV related activities. Consequently the organization also expanded OVC service delivery to two communities called Mayo Selbe and Serti in Gashaka LGA through the establishment of kiddies club, Child Protection Committee and Savings and Loan associations. This has increased access to the OVC care and support services in the LGA.

II. Capacity Of Community Leadership Structures To Mount Effective HIV/AIDS/TB Response Strengthened

Strengthening Support group related activities for ownership and sustainability

In the quest to promote community ownership and participation in the areas of addressing stigma and discrimination as well empowering support group members to take responsibility for their health, ProACT provided coaching and mentoring support to community leadership and members of support groups across supported sites. These series of mentoring and coaching exercise focused on exploring the benefits of decentralizing facility based support group to communities, community mobilization as well leveraging community support to empower PLHIV economically. Results recorded this quarter include the following:

- Four support groups in Taraba have successfully transited from being facility based to community based support groups holding their monthly meetings in the community. Worthy of note is the venues these meetings are held. For example, meetings are held in LGA halls and primary school in Gashaka, Ibi and Jalingo LGAs respectively. These support groups have secured office spaces, mobilizing resources to support group members and are participating in care and treatment services in their communities. This is an indication that stigma at institutional level is reducing and the structures in the community are strengthened and are mounting effective response to HIV/AIDS issues.
- Community OVC programme initiative led by the Emir of Ibi has secured an office space for better implementation of OVC services in Ibi
- In a continued effort to empower and improve the quality of lives of PLHIVs through grant awards from partner stakeholders, four cohorts scheduled to benefit from FADAMA grant in Lapai SG (facilitated by MSH) have opened bank accounts with Intercontinental bank and forwarded their account numbers to FADAMA III office in Minna. This is the last stage of the application process and grants for these groups are expected before the end of the next quarter. Similarly in Kagara, Minna Niger state, the emirate council has announced a donation of 51 bags of assorted grains and

#25,000 cash donation to the support group members as a result of on going advocacy mounted by facility and support group leadership under the guidance of MSH technical team in Niger. The distribution of these nutritional support items and the cash to beneficiaries would be carried out next quarter.

- In Kogi, Ateko Ojo support group at Abejukolo after being registered as a Community based organization, are currently having their capacity strengthened in leveraging and delivery of OVC services, managing internally driven Income Generating Activity (IGA) system for members, tracking defaulters, working with members of their group and the community to ensure the group remain viable when MSH scales down support for the group. Items leveraged through the support group during the quarter includes: **30** tubes of toothpaste, **30** sachets of milk and cocoa food drink which was used for nutritional and hygiene support for OVC.
- Kogi State Specialist Hospital with guidance from MSH team in Kogi linked 2 indigent patients to the Lokoja Local government poverty alleviation program for women. These women received a cash support of =N=10,000.00 each at the end of February, and through their Ward women leaders, are to start up IGA which will contribute to their health and wellbeing. In the same vein the service providers in the hospital also enrolled and served 125 (68m, 57f) into the OVC in February alone.
- In the last quarter, none of the **Support Group** (SGs) in MSH supported sites in Adamawa State was registered with the Local Government and cooperative society in the State; but at the end of this quarter, three of the SGs have been registered as Community Based Organizations with the LGA and Cooperative society. This was made possible through advocacy visits to the Local governments and hands-on-training provided by the focal MSH staff to the SGs leaders on the needs and processes involved in the registration and the benefits.

Following the registration of these groups with the local government and cooperative society, one of the groups named Living with Hope SG in Michika has completed application for FADAMA III loans- a World Bank assisted project, and are expecting a grant of =N=500,000.00 for the Hammer Milling and Rice Holler Machines to aid their economic empowerment programme.

Also through ProACT's continuous mentoring and coaching, two other support groups; Kauna SG in Gombi and Mburza SG in Garkida are also in the process of submitting their proposal to FADAMA III on Goat and Sheep Project and Cow fattening Project respectively. As a counterpart commitment, members of each of the groups have donated land portions for the projects.

Advocacy visits to community leadership in Kebbi

Towards community ownership and sustainability of programs; advocacy visits were conducted by leadership of the support groups and MSH team to key stakeholders across the three communities where MSH implements care and treatment programmes in Kebbi State i.e Argungu, Jega and Koko. The purpose of these visits was to solicit support of these stakeholders in creating an enabling environment and providing support to PLHIV to run their support groups as well as improve their livelihoods. The key stakeholders visited were the Emir of Argungu, the Jega LGA chairman and the Sarkin Koko. During



Figure 5. The MSH focal staff in Adamawa state providing TA to support group leadership during the groups FADAMA III proposal development meeting.



Figure 6. The Emir of Argungu, the support group leadership with the MSH team in Kebbi after the advocacy visits.

these visits, the SG members shared what they have gained from MSH with support from USAID and then presented their issues and areas where they need support. Some of the outcome of this meeting included the following: The Emir of Argungu requested that all SG members with any certificate be brought to him for jobs to help them to become self reliant The Emir of Argungu requested that female clients who would love to be trained on cake making should forward their names to him for the training and he also promises to pay a special visit to the wife of the executive governor of Kebbi state, SACA and other agencies to solicit for support for the SG members particularly in the area of economic empowerment. Similarly, the Sarki Koko inaugurated a three man committee who will be responsible for resource mobilization to support the group.

III. Tertiary, Secondary And PHC Institutions Have Capacity(Trained HRH, Adequate Infrastructure, SCMS) And Are Providing Quality Services And Products At Facility Level

HCT training for Health care providers and community volunteers

With the continued efforts to increase demand for and access to quality HIV/AIDS/TB services, MSH with support from USAID organised an HCT training for facility staff and community volunteers with the purpose of increasing human resources capacity to provide quality HCT services at supported facilities. The training sessions included practical sessions and role plays. Some of the topic covered included; Basic fact about HIV/AIDS, overview of HCT, Provider Initiated Testing and Counselling (PITC), pre and post test counselling, HIV testing algorithm, etc. A total of 40 participants (26 males and 14 females) were trained and deployed to their facilities to provide PITC services.

OVC care and support training for service providers

With the increased OVC targets from 1800 to 5000, it became necessary to increase demand for and access to quality OVC services at both facility and community levels. As a strategy to achieve this, MSH with support from USAID organised a care and support training for service providers to increase their knowledge and improve their skill in the provision of quality OVC services in line with national standards. Training of participants on what constitutes the OVC 6+1 service areas as well as the applications of Orphans and Vulnerability index tool and the Child Status Index tool formed a major component of the training exercise. A total of 40 participants (25 females and 15 males) were trained. In addition to providing services to OVC based on their needs, mapping community resources to support OVC service delivery formed a major component of their action plan at the end of the training.

IV. Participation at the USG IP Care and Support TWG meeting

ProACT was one of the USG IP who actively participated in the Care and Support TWG meeting hosted by the US Department of Defence(DOD) held at Rockview Hotel in Abuja. The TWG meeting was held on the 23rd and 24th of February 2011. The objective of this meeting was to discuss FY 11 care and support strategies, implementing partners program data, share lessons learnt, best practices and challenges. The TWG meeting for this quarter had two sessions; the technical update by the USG team facilitated USAID and CDC and the IP presentations. ProACT made a presentation on "Community based Support group strategy" where she shared approaches, best practices and lessons learnt from the field with other IPs present. Some of the technical skills building sessions included Care and support Program update, Pre-ART programming, Minimum care package, Basic care training package and Support group strategy.

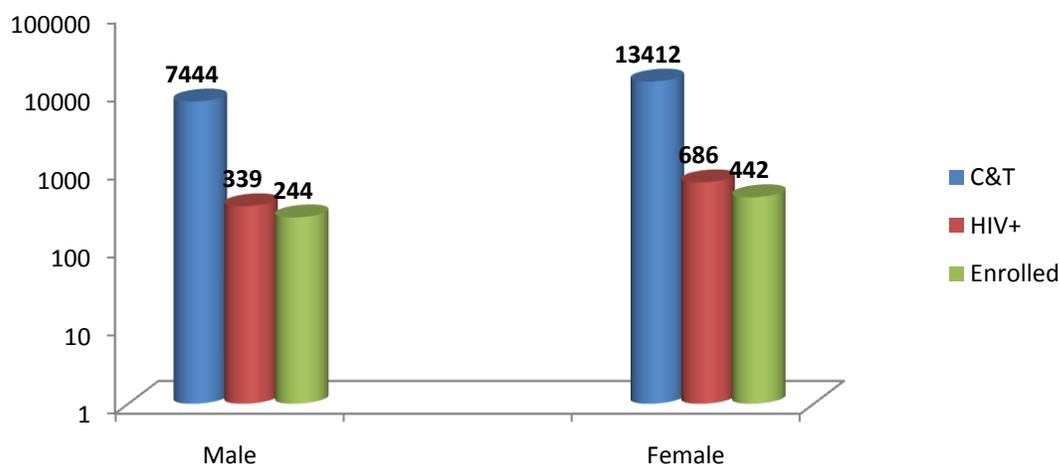
One major focus the USG team emphasized was for all IPs not to only pay attention to retaining patients in ART but to make retaining patients in care a priority as well. Sequel to the technical Skill building sessions, various IPs presented one after the other and shared programme data, challenges and innovative interventions. Some of the innovative interventions shared by ProACT included;

- Intensive assessment of patients folders during SG meetings as a strategy to improve adherence and increase repeat CD4 uptake
- Mainstreaming gender - Identified male mentors in support groups to increase male attendance to support group meetings and male involvement in the care of women living with HIV

- Establishment of counsellor client cohorts to facilitate client retention in care.
- Support groups have incentivized benefits and developed result oriented rules which promotes positive living
- Continuous mobilization of community stakeholders for resource leveraging to support clients.

V. Quantitative Achievements

Cumulative HCT figures showing number s of HIV+ clients and enrollment from five ProACT supported states (Jan. & Feb. 2011)



Below is the HCT data distribution per ProACT supported states (Jan. & Feb. 2011)

Indicator	States						Grand Total
	Adamawa	Niger	Kogi	Kebbi	Kwara	Taraba	
Total # of individuals who received HCT and receive results							
Male	1484	3639	843	762	716	0	7444
Female	2987	5564	1587	1476	1798	0	13412
TOTAL C& T	4471	9203	2430	2238	2514	0	20856
Total # of individuals who received HCT, got results and were HIV+							
Male	96	133	50	35	25	0	339
Female	220	244	93	57	72	0	686
Total HIV+	316	377	143	92	97	0	1025
Total number of people enrolled into care							
Male	84	89	37	16	18	0	244
Female	168	150	61	14	49	0	442
Total HIV+ enrolled into care	252	239	98	30	67	0	686

Challenges

- Long period of industrial strike action in some states which has affected provision of services and retrieval of data from the facilities.
- Clients return BCK back to the facilities due to the feeling of being stigmatized.
- Data shows lack of 100% enrollment across the supported states

Next Steps

- Follow up FADAMA III support for eligible groups.
- Provide guidance to the community services specialists to continue to generate demand for and increase access to community HIV services to targeted population
- Emphasize the importance of PLHIV taking responsibility for their health at clinics and support groups.
- Analyze the adherence survey forms/Plan and organize capacity building on adherence with clinical team

Follow up with specialists to determine reason for lack of 100% enrolment & set up strategies for improvement

GENDER MAINSTREAMING

Introduction

Male involvement in health and HIV/AIDS services is key to sustainable and community driven support for PLHIV. Cultural beliefs, patriarchy, and poverty continue to mitigate against women's access to health in ProACT catchment communities. ProACT is achieving results of previous male involvement activities as well as strategies to empower women to take control of their lives and care for their families. ProACT is taking an affirmative action to increase access to health for PLHIV, especially women.

Achievements

I. Improved Health Seeking Behavior at Community Level with Programs Addressing Gender Differences

The male involvement activities carried out in Argungu in 2009 have recorded.

1. An increase in the number of women attending antenatal clinics and the number of persons counseled, tested. More women who were erstwhile defaulters are being tracked back to care with minimal opposition from the men.
2. The number of men seeking care and treatment services has increased from 348 to 795.
3. An increase in the number of regular male attendees to support group from 16 to 50 men.
4. The Emir of Argungu has pledged to support female PLHIV from the support group with funds for skills acquisition.

II. Increased Demand for HIV/AIDS and TB Services:

Cultural barriers and gender blind condom programming strategies have contributed to restricting women's access to condoms. ProACT is taking affirmative action to increase access to condoms by women by ensuring that more condom outlets are managed by women. In this quarter, of the 20 new condom outlets established by ProACT in Niger State, 4 are managed by women. Of the 7 created in Kwara State, 3 are managed by women.

III. Community knowledge of HIV/AIDS/TB information and services increased

ProACT has recognized the cross-cutting benefits of engaging Traditional Birth Attendants (TBAs) in the HIV/AIDS response. Under the HIV Prevention program ProACT works with TBAs as job peers/women's

group. Peer Educators have been trained to reach their peers with HIV prevention messages and form cohorts to support the PMTCT program and follow up HIV positive women in the community.

Trained TBA Peer Educators now include hand gloves as part of mandatory items to be included in the delivery kits brought by clients during delivery.

IV. Enhancing the lives of families of PLHIV by empowering women

ProACT is mainstreaming gender into community level service delivery by empowering women PLHIV to deliver services. Worthy of note is the story of a volunteer at a ProACT supported site/community.

Mrs. Esther Joshua is a volunteer at a ProACT supported site, GH Michika, Adamawa State. She got tested for HIV at the facility, while caring for her husband who tested positive after slumping at work. Undeterred by her HIV status she mobilized other PLHIV in the clinic to form a peer support group which initially held meetings in her house. She is currently the head of support group meeting (Living with Hope Support Group). Esther is now a trained volunteer supporting services at GH Michika. She has been trained in HCT, Home Base Care and Community Based Care for OVC. Today, Esther counsels and tests more than one hundred persons including pregnant women at the ante-natal clinic (ANC) within a week. She helps in the tracking of treatment defaulters. She is also involved in community outreach programs. From the stipends she receives as a volunteer she supports her family and extends her benevolence OVC in her community by leveraging some educational materials for the children



Figure 7. Esther Joshua

ProACT supported members of the Ufedo Ojo support group in Ogodu to draw up a business plan, loan repayment schedule and access micro credit from the savings and loans association. 5 women who benefited earlier have made good their loans and 3 more women received micro credit to start palm oil processing and cassava processing business.

Challenges

- Cultural beliefs, patriarchy, poverty and distance to the health facility continue to mitigate against women's access to health in ProACT catchment communities. Many women are still not delivering at facilities even after attending ANC

Next Steps

- Identify other communities willing to support male involvement activities
- Strengthen linkages between TBAs and the PMTCT program
- Carry out an assessment of the gender responsiveness of ProACT's Clinical care program

HIV PREVENTION PROGRAM

Introduction

The HIV and Sexual Prevention program of the ProACT project began the FY with activities to scaling up and expanding the reach of HIV prevention information and services especially in MSH focus States. The work-plan was strategic in accommodating this new direction.

To increase access of many more people in the target population to HIV prevention messages and services as well as to be able to meet the new Prevention targets, ProACT opened new grounds and initiated engagement

with new indigenous community based organizations (CBOs) in the six project states. During the quarter mapping of the CBOs was conducted to identify eligible organizations that could be engaged by ProACT. There was also series of capacity building activities to increase knowledge and skills of the various categories of groups involved in the HIV Prevention intervention. During this quarter, more of the target population compared to last quarter was reached with HIV prevention interventions using the minimum prevention package as would be observed in the narrative below. Strategies that support behavior change as well as behavior maintenance of positive attitudes by the beneficiaries were employed by the peer educators and volunteers. Activities were also focused on increased community involvement, system strengthening and ownership to ensure quality service delivery across all sites. More condoms services outlets were also established to cater for the needs of especially those considered 'most at risk'.

Details of activities and achievements which during the quarter are captured under the broad titles below and are linked to IR 1 and IR 2;

- Capacity of Selected CBOs and Community Leadership Structures Strengthened and are Mobilizing for Health and HIV/AIDS/TB Services
 - Mapping of CBOs for HIV Prevention Interventions in target Communities
 - Technical, M&E and Financial Management Update for CBO staff
 - TOT Workshop on FLHE and MPP for Selected Secondary School Teachers
 - Step down Training on FLHE and MPP for Selected in-school Peer Educators
 - Peer Education Plus and MPP Training for Out-of-School and MARPs Peer Educators
 - Provision of ongoing supportive supervision and technical assistance to states' teams
- Increased uptake of HIV/AIDS/ Services by Communities in Catchment areas
 - Trained Peer Educators in-school, out-of-school and MARPs reach their cohorts with HIV Prevention interventions using MPP
 - More condoms distribution and services outlets
 - Target Achievement for the quarter

I. Mapping of CBOs and new sites for HIV Prevention Interventions Scale-up in target Communities

As part of the process to scaling up HIV Prevention activities in ProACT sites and neighboring communities, mapping of new sites, CBOs and available community structures/resources were done in all six states. The HIV Prevention Specialist (HPS) had the mandate to identify and assess five indigenous community or faith based organizations that could be engaged by MSH on the HIV Prevention program using a set criteria and tools. Two of the assessed CBOs that meet the set criteria especially; legal registration (with local, State or CAC); presence in community, available structure, resources, experience etc. amongst others should be selected. The HPS were also expected to identify available resources and structures such as health facilities or referral points, schools, youth centers, viewing centers, town halls, juncture towns, *mammy* markets, brothels etc. that could enhance program intervention and more reach to target population. At the end of the exercise, two CBOs per state were selected making a total of 12 CBOs that will be engaged by MSH as soon as contractual procedures are finalized.

II. Technical, M&E and Financial Management Update for CBO staff

The 12 selected CBOs to be engaged were later invited for a training workshop. The 3-day workshop took the CBO staff through HIV and Sexual Prevention update; Monitoring and Evaluation as well as Financial Management. This update was essential to prepare and set the stage for the HIV Prevention program implementation, it also set the mode of engagement between MSH and the CBOs. The CBOs were represented by the CEO/Executive Director, the Program and Finance officer.

III. TOT Workshop on FLHE and MPP for Selected Secondary School Teachers

A six-day training of trainers' workshop on Family Life and HIV Education (FLHE) and use of Minimum Prevention Package (MPP) for secondary school teachers was organized in the six ProACT states. This was to strengthen the capacity of selected teachers to be able to deliver FLHE topics to in-school students as a way of reinforcing knowledge from peer education activities as well as equip the teachers to be youth friendly, serve as referral points and counselors on concerns of young persons. The teachers were selected from four schools per state and were about 120 in all. The training has equipped the teachers to coordinate peer educators in their schools, facilitate formation of Program Management Committee (PMC), support PEs' peer education plus activities such as the health clubs, debates, songs, drama etc. They will also be responsible for ensuring that PEs collate and submit MPP data to MSH.

IV. Step down Training on FLHE and MPP for Selected in-school Peer Educators

Following closely after the training of teachers was a step-down training for 120 selected in-school peer educators in all six ProACT states. The training had goal to promote abstinence and low risk behavior amongst in-school youth. The peer educators who were selected across the junior and senior classes were taken through topics on Family Life and HIV Education (FLHE), reproductive health and Minimum Package of Prevention. The trained PEs are expected to continuously reach their peers with interventions using MPP and also collating data on number of their cohorts reached while also submitting same to MSH.

V. Peer Education Plus and MPP Training for Out-of-School and MARPs Peer Educators

In the same vein, a five-day training using the peer education plus model and the minimum prevention package was organized for selected out-of-school youth and MARPs to reach out to their peers with HIV Prevention interventions in target communities. Over 600 peer educators across various OSY and MARPs groups were been trained on the PEP model, MPP and other SRH issues. This is part of effort at strengthening capacity of community leaders to mobilize for HIV/AIDs/TB services. Upon completion of the training, the peer educators have been mobilized to reach out to their peers immediately with HIV prevention messages. This training equipped the MARPs communities with knowledge, skills and abilities and motivations that will them to adopt behaviors that will prevent them from contracting the HIV infection. These activities while increasing demand for HIV services and products, also contribute to the attainment of COP prevention targets.

VI. Provision of ongoing supportive supervision

Monthly review meetings and monitoring of PEs across the six states were carried out during the quarter. These processes have ensured and guaranteed quality in the conduct of peer sessions and reaching of peers across the target groups. However, in order to ensure sustainability of this process, the review meetings will be reduced to bi-monthly and would gradually be taken over by the CBOs to be engaged by ProACT. In the same vein, the HIV Prevention team continued to receive ongoing supportive mentoring, coaching and supervision from the Advisor and Directors to improve performance and effectiveness especially as the ProACT project focuses more on communicating results. The team is working towards quality service delivery and target achievement.

VII. Increased uptake of HIV/AIDS Services by Communities in Catchment areas

Trained PEs in-school, out-of-school and MARPs reach their cohorts with HIV messages

A positive outcome of the activities of the trained Peer Educators across old and new, was a huge increase in the number of target population reached with HIV Prevention interventions. A good example was a testimony by the Matron of one of the health facility in Jebba that there was a tremendous improvement in the health seeking behaviors of the community members because there an upsurge in the number of people

that accessed the facility for HIV services and products such as HCT, condoms etc. was observed. (Data with M&E)

More condoms distribution and services outlets established

More condoms distribution outlets were established during the quarter. This was to increase access of the MARPs population in the new sites to condom services and products. In this quarter, a total of about 52 condom distribution outlets were established across sites in the six states. However, for quality control, at the outlets, ‘correct and consistent condom use’ training emphasizing its effectiveness for dual protection was conducted for the focal persons at the outlets, penile models were also made available as appropriate to all the centers. In addition, about 400,000 unit of male condoms were received during the quarter from USAID pooled distributed condoms. These condoms have since been distributed to the six ProACT states based on consumption pattern and need.

VIII. Target Achievement For The Quarter

Table below shows a raw data of target population reached within the quarter with minimum HIV and Sexual Prevention package:

States	AB	COP	Condoms Outlet
Kebbi	1300	957	25
Kwara	1157	2118	7
Adamawa	1332	1942	5
Taraba	252	1239	5
Kogi	450	850	10
Niger	3601	2501	20
Total	8,092	9,607	72

The M&E unit is collating the data and will share as soon as it is finalized.

IX. Conclusion

The HIV Prevention program activities for the quarter contributed greatly to increasing demand for HIV/AIDS and TB services and also increased community knowledge of health and HIV information and services.

Challenges

A major challenge experienced in the quarter is the delay in finalizing the procedures and getting approval for engaging the CBOs. Hopefully this would be concluded by the new quarter.

Next Steps

In the next quarter, activities will be focused on;

- Engagement with the 12 CBOs selected to increase HIV Prevention activities in the communities;
- Continuous engagement with focal persons at the Ministry of Education and Teaching Service Commission to ensure in-school program support;
- Supportive monitoring and supervision of peer educators both in and out of school youths and MARPs to ensure quality delivery of peer sessions;
- Start of PwP activities in facilities and communities;
- Create demand and enabling environment for uptake of HCT services to meet target;
- Establishment and maintenance of more condom services and distribution outlets.

SUPPLY CHAIN MANAGEMENT SYSTEM (SCMS)

Introduction

AXIOS Foundation is a commodities logistics partner on the ProACT Project. Her key mandate as the supply chain management partner in the LMS-ProACT project is ensuring reliable availability of diagnostics, ARVs, and drugs for prevention and treatment as well as other consumables at designated health facilities in the six states being supported by the project. The organization is also responsible for strengthening of Pharmaceutical care, Pharmacy Best Practice (PBP) and development of a pool of locally based Health Facility Leaders and Managers with capacity to become recognized in their own fields and be able to mobilize stakeholders for ownership and sustainable health solutions.

Commodity management

I. Warehouse Management

AFN intensified its technical assistance and advocacy to the supported governments during the reporting period. The government was encouraged to support the adoption of the electronic data management system (M-Supply) at the CMS and warehouse. In response to these efforts, Niger State Government made commitment to ensuring real time online commodity management system. These include provision of 3 desktop computers and V-Sat for internet connectivity for use at the state CMS.

This provision has also improved communication and file sharing between the Ministry, MSH-AXIOS office and key personnel involved in the warehouse management.

II. Procurement, Storage And Distribution Of Health Commodities

The program took delivery of fixed dose combination of Zidovudine/Lamivudine/Nevirapine and DBS bundle kits from CHAI in response to an order placed previously due to expiration of some components of available supplies.

In addition, the program assisted to remedy and imminent stock out situation returning 500 packs of Pediatric Combipak to CHAI for redistribution to other implementing partners through the PEPFAR internal mechanism in response to a request by CHAI for support. 105 packs were also donated to FGH to avert imminent stock out.

Towards sustainability and ownership, capacities are being built across all warehouses to effectively manage distribution of drugs and other commodities. The warehouse in Niger State was able to manage the distribution of drugs to all the 25 MSH CCT sites across six states without personnel support from the Central Program Depot, Abuja. With this feat, it is hoped that from now on, the CMS personnel will take full charge of MSH distribution from Niger.

III. Integrated Supply Chain Management system

Allocation and distribution of SACA ARVs stored at the central warehouse.

In line with IR 2 “increased access to quality HIV/AIDS and TB services and products”, and IR 3, Niger SACA gave permission to the CMS Model Warehouse Minna, to allocate and distribute some of the MDGs/SACA drugs stored at the warehouse. Six CCT sites in Niger state benefitted from the exercise along with one ACTION project supported site.

Challenges

- Human resources challenge at the Central Medical Store and the instability of the SPD manager at the warehouse due to her other commitments.

- Delay in granting permission by SACA for CMS Minna to allocate and distribute commodities within reasonable shelf life

Next Steps

- To liaise with the head of CMS for possible task shifting and also to liaise with the SMOH on the possibility of training the inventory checker on the use of computer to improve his efficiency.
- Liaise with Axios Head Office for continued possible HR assistance from CO.

IV. Niger SMOH TWG on Logistics

MSH-AXIOS hosted a meeting of the Niger State TWG on Logistics.

- Over 20 persons were in attendance representing different units of Niger State Government, Implementing partners, SACA, SPHCDA, NAFDAC, FDS-FMoH, Medical Laboratory, Pharmaceutical services, Nursing and Planning & Research units of the SMOH.
- The IPs that were represented include GHAIN & IHVN and apologies from FGH & GF.
- Key outcomes include identification of priority areas from SWOT analysis, outlining areas of focus for the TWG, inauguration of action plan sub committee, and clear road map for smooth implementation of TWG's TOR.

Challenges

- Slow pace of progress due to government bureaucracy for implementation of planned activities

Next Steps

- MSH-Axios to develop SOP and inventory management tools by June 30th 2011.
- Advocacy to the state government for distribution of commodities in line with standard protocols

V. Capacity Building

Sensitization and capacity building commenced gradually to update pharmacy staff on the new PMTCT guidelines ahead of the full implementation in April.

Training on Good Pharmacy Practice was conducted in Lokoja with participants drawn from four of the six MSH Pro-ACT supported states namely Kwara, Kebbi, Niger and host state Kogi. A module on the new PMTCT guideline was presented. A follow up action plan that addresses step down training and applying lessons learnt to service delivery was developed. Three of the participants were drawn from the Kogi state MoH supported CCT sites recently established.

The Adamawa State SCMS participated in a 2 day Pharmcovigilance training organized by NAFDAC. The participants were trained to detect and report adverse drug reactions on the ADR forms. Copies of the forms were distributed to participants to be used for step down training and use at the point of service.

Next Steps

- Organize step down training for staff from facilities in Adamawa and Taraba

VI. Pharmaceutical Care Services and Implementation of New Guidelines on PMTCT

In order to improve the quality of care while gradually phasing out Stavudine the SCMS team compiled a specific list of clients on Stavudine based regimens and shared with the clinical team using ART status register and pharmacy dispensing worksheets for implementation of gradual transitioning.

Also, the list of drugs for opportunistic infections (OIs) was generated and shared with the clinical team at all facilities to improve prescription of these drugs, ensure that clients get the right drugs to improve their quality of life and to reduce the risk of expiring on the program. This has resulted in increased consumption rate of some medicines particularly multivitamin tablets

VII. ARV Regimen Trend Analysis and Relationship With FY 2011 Forecast Assumptions

The routine trend analysis reveals no significant deviation for previous periods as percentage of patients on Tenofovir backbone increased from 17% to 27% while that for Zidovudine decreased from 80 to 70%. Stavudine experienced a modest decline of about 0.8% during the same period. An equally important and perhaps more useful perspective on the subject would be to look at the data for new enrollment to see adherence to the forecast assumptions made for the year which is that new adult clients on 1st line are to be enrolled on the following regimen distribution: AZT/3TC/NVP- 35%, AZT/3TC/EFV-15%, TDF/3TC/NVP- 35%, TDF/3TC/EFV -15%. The current distribution shows: AZT/3TC/NVP-47%, AZT/3TC/EFV-5%, TDF/3TC/NVP-33%, TDF/3TC/EFV-14%. This shows we are largely adhering to forecast assumptions but enrolling more clients on AZT (10% higher) than anticipated with a slightly higher pressure on NVP than EFV. The data has been shared with the Clinical team who are taking steps to achieve alignment with forecast targets while gradually phasing out Stavudine.

Challenges

- Underutilization of some short dated commodities despite redistribution because of ongoing skeletal strike action.
- Faulty Chemistry and CD4 machines in G.H Koko
- Poor state of ventilation in the dispensary of KSSH Lokoja
- Inadequate pallets, shelves and space in many facilities had been reported but no intervention has been provided

Next Steps

- Inventory of short-dated commodities to be shared with country office to facilitate redistribution program-wide
- Install A/C at the dispensary of the KSSH to address the ventilation challenge
- Follow up through the state offices to ensure timely provision of needed furniture for effective service delivery

VIII. Advocacy for Health System Strengthening

Following a successful advocacy efforts by MSH-AXIOS, Kebbi State government allocated the sum of Five Hundred Million Naira for the procurement of drugs including ARVS and OI medications for the 2011 fiscal year. Subsequently the Ministry of Health was assisted in the quantification of twelve selected Opportunistic infection medicines to be included in the state 2011 drug Procurement plans. This marks the beginning and subsequent gradual increase in funding by the Government to cover more opportunistic infection medicines and ultimately antiretroviral drugs for the state. Two graduates under the National Directorate of Employment's Graduate Attachment Program were posted to the Pharmacy Unit at State Specialist Hospital, Jalingo. The capacity of those interns has been built to support documentation processes at the facility.

Model Pharmacy

The final draft for the model pharmacy criteria has been developed. This document also has tools that can be used for assessment of facility to ascertain level of readiness for upgrade and costing of the upgrade requirement.

Challenges

- Inadequate human resources to cater for increasing service demand in all facilities

Next Steps

- Sustained advocacy for increased funding for provision of human resources for health in all supported states
- Collaboration with the directors of pharmaceutical services in all states to ensure retention of trained staff or transfers within the networks of facilities support by MSH-AXIOS
- Strengthening the task shifting through the building of capacity on non pharmacists to provide quality services
- Sustained engagement of SMoH officials in the implementation of joint mentoring and supportive supervision to all service points

IX. PEPFAR Implementing Partners Waste Drive Process

As part of the preparations for the USG year 2011 waste drive process that commenced in February, the SCMS specialists across the state field offices compiled an inventory of expired items which have been aggregated and shared with the project management team and USAID. The summary of various categories of expired commodities is tabulated below:

Summary of weights of expired commodities(Kg)	
RTKs	391.803
Lab reagents and consumables	613.226
ARVs	556.71
OI medicines and others	109.69
Total	1671.429

The commodities have been appropriately packaged and labeled and transported to the final incineration facility at Port Harcourt

Challenges

- There is poor adherence to protocols on procurement of commodities by the various Governments. Some commodities procured fail to meet minimum standards. There is also lack of concrete plans to manage expiries

Next Steps

- MSH-Axios to work with TWG on Logistics/SMoH to standardize waste management protocol at all facilities.

CLINICAL SERVICES

Introduction

The partners' consultative forum which held at the beginning of the quarter provided a good feedback to the clinical team on measures required to further improve the quality of service and improve client satisfaction. The forum had in attendance a diverse group of stakeholders including Managers, Physicians, Nurses, Pharmacists, Lab Scientists, M&E staff, counselors and PLWHA. The forum was highly interactive and presented opportunities for partners to dialogue on challenges, successes, best practices and innovative strategies to improve service delivery. It was also an opportunity for Pro-ACT to share its vision on areas

such as service integration and facility driven continuous quality improvement. Valuable Information was gathered from this forum on measures to be taken to ensure optimum client satisfaction, service integration at specific service points. The project subsequently had a week long annual performance review meeting were all project staff brainstorm implementation strategies for the remaining fiscal year.

Key output for the team at end of the meeting included:

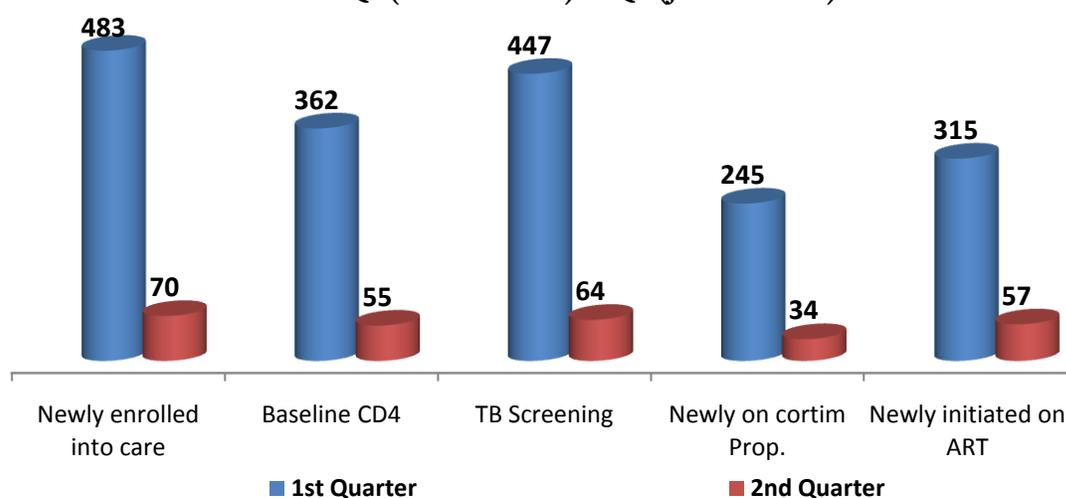
- Synthesized a results based work plan with agreement on key priority areas
- Clinical team performance review/appraisal and identification of areas of improvement
- Meeting with the SCMS unit to ensure improved coordination between the units as a means of improving OI utilization and efficiency of the D4T transitioning process
- Shared strategies to improve treatment failure identification and appropriate regimen switch
- Prioritization of next steps and development of next quarter implementation plan

A. Adult ARV

I. Antiretroviral Therapy

Pro-ACT supported care and treatment facilities continued to enroll positive clients into the program and initiate eligible clients on ART. However, services were adversely affected by health worker industrial actions in three supported states during the last quarter. The strike has spanned over three months in the case of Taraba and over two months in Kogi state. Through dialogue with the Hospital management and striking workers, Pro-ACT was able to reach a compromise which ensured that patients on ART in affected facilities had access to their refills throughout the period. At the end of February, Pro-ACT had achieved 38% of the 3795 target for “Number of adults and children with advanced HIV infection newly enrolled on ART” (50% was expected achievement at this point). 242 patients initiated ART in January, and 186 patients were initiated in February which represents 76% and 58% of the monthly targets respectively. This clearly highlights the impact of the ongoing strikes on target achievement within the period. Below is a chart which highlights the effects the strike has had on target achievement in Taraba which is one of Pro-ACT’s high volume states. This strike action has also delayed the planned decentralization of ART services from Specialist Hospital Jalingo to six nearby PHC’s.

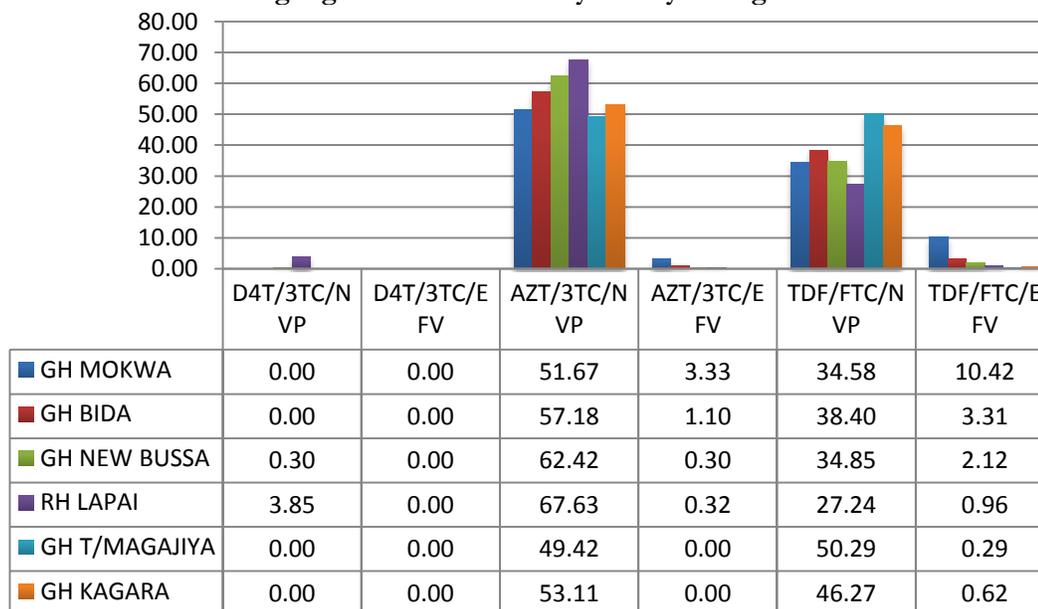
Chart depicting effect of strike action on service delivery in Taraba for Q1 (Oct-Dec 2010) & Q2 (Jan-Mar 2011)



II. Transitioning of patients on stavudine (D4T) based regimens (IR2)

As part of Pro-ACT's drive to ensure that clients are on appropriate ART regimens in line with **IR2** (increased access to quality HIV/AIDS services and products), the clinical and SCMS teams adopted a systematic approach to ensure a gradual phase out of D4T based regimens. The objective at the start of the year was to ensure that less than 1% of patients on our program were on D4T based regimens by June 2011. A standardized D4T transitioning protocol was developed and shared with all state teams and facilities with monthly feedback required and this has seen the D4T percentages drop from 3.5% in January to less than 2% at the end of the reporting period. Significant success was noted in Niger state where all adult patients previously on D4T based regimens were successfully transitioned to TDF based regimens. Nine patients still on D4T based regimens in the state are children with a history of anemia who were switched from AZT based regimens and have remained on D4T due to limited drug options in that age group. This consistent move away from D4T has also yielded results with increasing number of patients being initiated or switched to the recommended TDF based regimens in adults thereby maintaining appropriate AZT/TDF regimen ratios on the program.

Chart showing regimen distribution by facility in Niger state



III. Conducted Basic ART training (IR2 Sub IR2.2.1)

In line with **sub-result 2.2.1** of **IR2** “tertiary, secondary and PHC institutions have capacity and are providing quality services and products at facility level”, the Pro-ACT clinical team conducted a five-day basic ART training from the 14th – 18th of February 2011, with 37 participants in attendance. The workshops objective was to build capacity of previously untrained staff from Kogi, Kwara and Niger states while also addressing observed gaps at facility level and introducing revised guidelines in specific thematic areas. The bulk of training participants were staff of three new CCT’s in Kogi state as well as supervisors from the Kogi ministry of health.

Training methodology was an interactive didactic approach. Case studies on clinical and programmatic scenarios were done as group work and in plenary to further enrich the learning experience. Key areas covered during the training included; principles of adult and pediatric ART, management of opportunistic infections and TB/HIV co-infected patients, an overview of the updated PMTCT guidelines and post exposure prophylaxis including management of the HIV exposed infant. Program and service delivery related modules such as client flow, referrals and linkages, and program monitoring and evaluation were also treated.

Topical issues such as gender, stigma and discrimination as well as session on leadership development were also extensively discussed.

IV. Leadership Development for Quality Service Delivery- A case in focus of GH Kabba impact of basic ART trainings

The recently conducted Basic ART & PMTCT trainings, which also has modules on leadership development were of particular impact in GH Kabba where a Medical Officer, Dr Kofoworade Adedayo received his 1st set of formal trainings in HIV management. Prior to January, 2011, Dr Kofoworade and all the full-time medical officers in this facility did not participate in the care of PLHIVs leaving all ART related clinic work to an NYSC doctor despite repeated advocacy to the Hospital management. Following the trainings attended this quarter (and subsequent disengagement of the NYSC Doctor in February), Dr. Kofoworade has taken up the mantle of running the clinic admirably; running clinic during the strike action, organizing step down trainings with his own funds and taking over the clinical assessment process for treatment failure. In his words: “I think the issue of not getting additional remuneration was what put me off at first but after interacting with you guys more I see the knowledge I have gained as invaluable. People are suffering because of this disease and any help I can give while improving myself, I will”.

This example of Pro-ACT’s positive impact on facility staff by introducing modules addressing leadership development, if replicated in several facilities will breed change agents capable of influencing their environment and taking ownership. This invariably will lead to sustainable services.

Next Steps

- Ensure commencement of structured CME activities across designated states
- Follow up on facility level step down trainings for all trainings held in the outgoing quarter and on status of facility specific implementation plans drawn up at trainings
- Monitor application of patient assessment template for treatment failure to ensure appropriate identification and switching of eligible patients to second line regimens

V. Review of job aids (IR2, sub 2.4)

In pursuance of quality of HIV/AIDS service delivery (IR2, sub2.4) the clinical team conducted a review of all job aids currently being utilized at Pro-ACT supported facilities. Based on feedback from some facilities on the use and relevance of available job aids, a survey of service providers was conducted to evaluate the relevance, user friendliness, and effectiveness of available job aids and guidelines, and their impact on service delivery. The structured questionnaire was administered on over 70 service providers across all Pro-ACT supported states and is expected to identify gaps that will be addressed during the ongoing review of tools.

Next Steps

- Analyze survey data and utilize results in concluding on new job aids
- Incorporate new treatment guidelines into the new Job AIDS
- Print, carry out field testing and disseminate job aids

B .TB/HIV

I. Increased demand for HIV/AIDS and TB services

The world TB day was marked in Taraba and Adamawa state by the state TB control programme with support from MSH and other IPs. Highlights of the event were awareness creation on TB transmission, treatment, prevention and TB/HIV collaboration through advocacies to stakeholders and motorcade rally. In Adamawa, the event was covered by the local TV station and aired for a wider coverage.

II. Increased access to quality HIV/AIDS, TB services and Products.

Our effort to improve TB/HIV collaborative activities and increase TB/HIV case detection resulted in an increase in the number of HIV clients screened for TB using symptom checklist during the quarter to 81%. This is up from 78% in the previous quarter. At state level, the use of the symptom checklist ranged between 41% in Kebbi state and 95% in Taraba state. There was however no corresponding increase in the number of TB/HIV co infected clients enrolled within the period as the low rate of TB/HIV co infection case finding continued to be a challenge across most sites. A designated TB/DO TS room was set up in Kogi state specialist hospital with a dedicated nurse following advocacy by the Pro-ACT Kogi team. This is a significant improvement from the previously unhealthy situation where the HCT and DO TS room was collocated and has resulted in an improvement in counseling and testing services and documentation for TB patients, as well as improved TB infection control.

III. Strengthened public/CSOs and community enabling environment

TB/HIV TWG meetings held in Taraba and Adamawa states (Joint TWG and Advocacy communication and social mobilization-ACSM) with MSH Pro-ACT support. Deliberations during the meeting centered on need to improve community TB services and infection control activities. Advocacy visits were also held in Adamawa and Taraba states to the respective state ministry of health to discuss the release of counterpart funding for the TB program, with the state governments promising to ensure that the funds would be released. In Taraba, the state TB program announced that the World Bank would provide funding for chest X-ray in TBHIV co-infected patients for 320 clients requiring this service per quarter.

Recommendation

There is need for us to explore all possible means to enable us match the improved TB/HIV collaborative activities with result in terms of identification and management of TB/HIV co infected clients.

C. PMTCT and Paediatric Services

Capacity Building on New PMTCT Guideline

ProACT conducted series of capacity building training for health care workers to provide quality HIV services, 100 health workers from across 30 facilities were trained on integrated PMTCT to update their knowledge on current national guidelines on PMTCT and importance of integrating PMTCT to other MCH

services in the health facility. The training used an integ rated curriculum with modules from EID, MCH, Syndromic STI management and Family planning. The aim was to equip the health care worker with the skills in PMTCT and related services to ensure delivery of a complete continuum of care. Training methodology was a mixed of didactic sessions, group work and facility visit for hands on mentoring. Participants also articulated sets of follow on action directed towards ensuring

increased delivery of pregnant positives mothers in the hospital. This include advocacy to the community leaders and ward heads on the importance of PMTCT in the community and on the need for women to be allowed to come to the facilities for ANC and delivery. This is targeted at generating demand for PMTCT services. To



Figure 8. Dr Kofoworade presenting the new PMTCT guidelines in GH Kabba Kogi State

further build capacity of other health care workers and ensure ownership CME was conducted in form of step down trainings and it was facilitated by the facility staff.

Support FMOH to conduct EID TOT

MSH ProACT supported the Federal Ministry of health to conduct a Training of Trainers for EID services for the North Central Zone. 31 participants were drawn across secondary and Tertiary health facilities supported by implementing partners which include APIN GHAIN IHVN MSH ICAP and AIDSRELIEF. Training took the form of didactic presentation, brainstorming session and field trip for practical sessions. Facilitators were from MSH, NASCAP, and a National EID Facilitator. The capacities of the facility staff was built to offer quality EID services which include DBS collection, packaging, documentation along with other services for the exposed infants

Collaboration with FHI GHAIN To Train Facility EID focal persons

MSH in collaboration with FHI/GHAIN conducted a 2 day refresher training on EID/DBS services for Health care workers in facilities in one of our supported states. 5 staff from MSH supported facilities were trained. Modalities to deploy SMS printers was also discussed and each implementing partner is expected to support the process in their supported sites.

Improved Logistics for DBS transport in Adamawa State

- Improved Transport logistic system for DBS collection in Adamawa state has resulted in the
- Significant increased number of samples being logged to the regional testing lab in Yola with corresponding increase in received results and shorter returns time
- This was achieved by keying into the already existing transport for logging samples for other lab investigation using the locally available commercial busses. This is being considered as a possible model for other states in view of the challenges in transporting the samples to the hub collection sites.

EID Results for the quarter

State	# DBS samples sent to lab	# DBS samples received from lab	Positive	Negative
Kwara state	8	8	1	7
Kogi State	17	15	1	14
Kebbi State	13	8	2	6
Taraba State	21			
Adamawa State	30	24	1	23
Niger State	12	5	2	3
Total for the first quarter	101	60	7	53

Challenges

- High Staff attrition and redeployment of Health care workers offering pediatric services
- Delay in collection of DBS samples from the facilities and delayed returning of DBS results to facilities attributed to the failure of DHL transport logistic system.
- Uptake of pediatric services still very low across all the states..

Next Steps

- Plan and carry out pediatric training in next quarter.
- Develop a DBS routing Map for MSH supported sites detailing the hubs, spokes and extended spokes. The map would also build in the logistics measures for collection.

- Conduct a reorientation for facility pediatric focal persons and identify a focal person for EID services.
- PITC in the pediatric ward to be revitalized with possible monthly quality checks using the number of children tested over the total admissions into the pediatric wards.
- Mothers to mothers Mentors will be established to further help in strengthening follow up of mother-baby pairs and linkages to care

D. Continuous Quality Improvement (CQI)

Introduction

As part of Pro-ACT's plans to ensure the eventual transition of a high quality yet sustainable HIV care and treatment program to the Government of Nigeria, MSH continues to promote partner driven continuous quality improvement projects across our CCT's. Though several factors such as infrastructural and manpower shortages as well as industrial actions influence the quality of service delivery, Pro-ACT has recorded significant successes in these areas.

The Pro-ACT CQI strategy is geared towards ensuring that partners at facility level take ownership for continuous quality improvement through sustainable CQI activities. This strategy entails;

- Setting up and training of facility level CQI teams
- Carry out baseline assessments for selected indicators
- Facility select CQI projects aimed at addressing gaps from baseline and follow up
- MSH state teams interface with facility CQI teams and monitor CQI projects
- Scale up CQI activities to ensure program wide coverage

The outputs of our CQI projects include:

- Improved and sustained quality of patient care driven by our supported facilities
- Quarterly trending of individual facility specific key quality indicators
- Increased use of data for decision making at facility level
- Challenges and gaps in service delivery are highlighted and technical support is provided to address them.

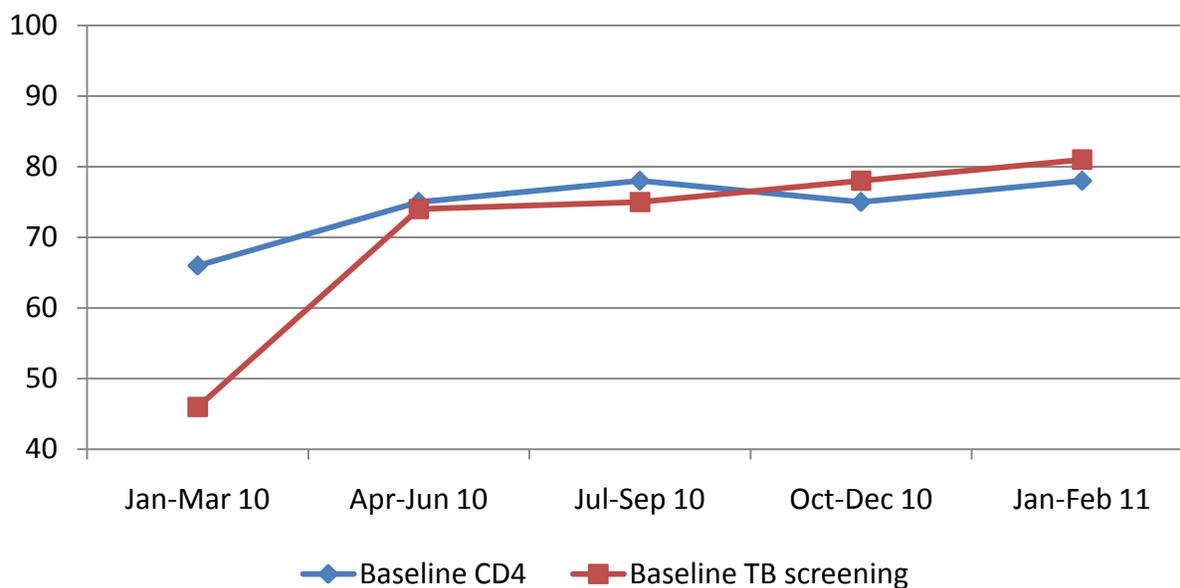
I. Conduct of Continuous Quality Improvement Exercise in 3 selected Facilities

In the outgoing quarter Pro-ACT conducted our yearly CQI assessment across three of our supported states. This was done across three levels namely;

- **Program level:** reviews common quality indicators from central database, analyzed and shared on a facility basis to aid in flagging gaps.
- **Facility level:** assesses the infrastructural and equipment support for care provided to patients across all units and thematic areas. Using a set of standardized tool, several variables were assessed including availability of trained staffs, required equipment, service delivery space, and other infrastructure. Also assessed include adherence to the National SOPs and guidelines.
- **Patient level:** assesses the quality of care being delivered to our individual clients through a randomized chart review. This helped analyze quality of care indicators that are not routinely reported by our M&E unit.

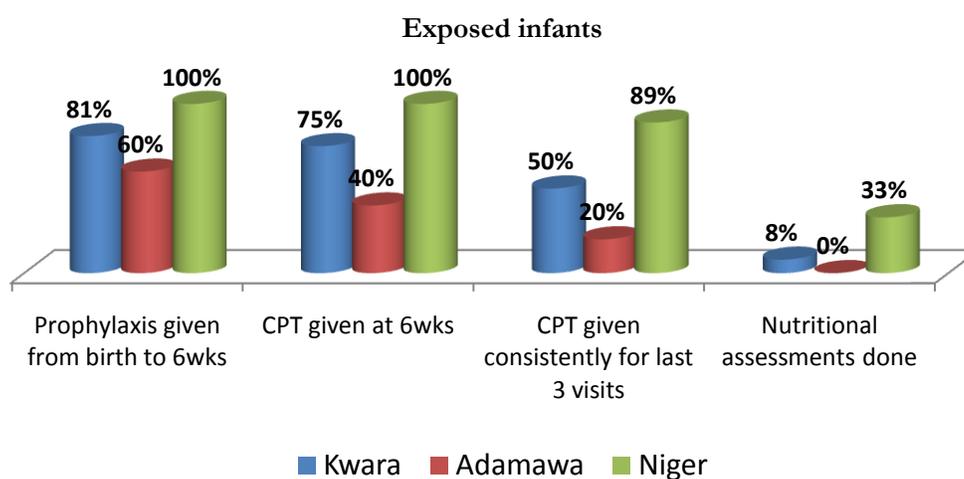
Below is a table highlighting 2 performance indicators that were assessed as part of the baseline survey in quarter 1 of 2010 which have been trended quarterly to date. This graph shows a sustained improvement following interventions that were instituted from the start of the second quarter of 2010.

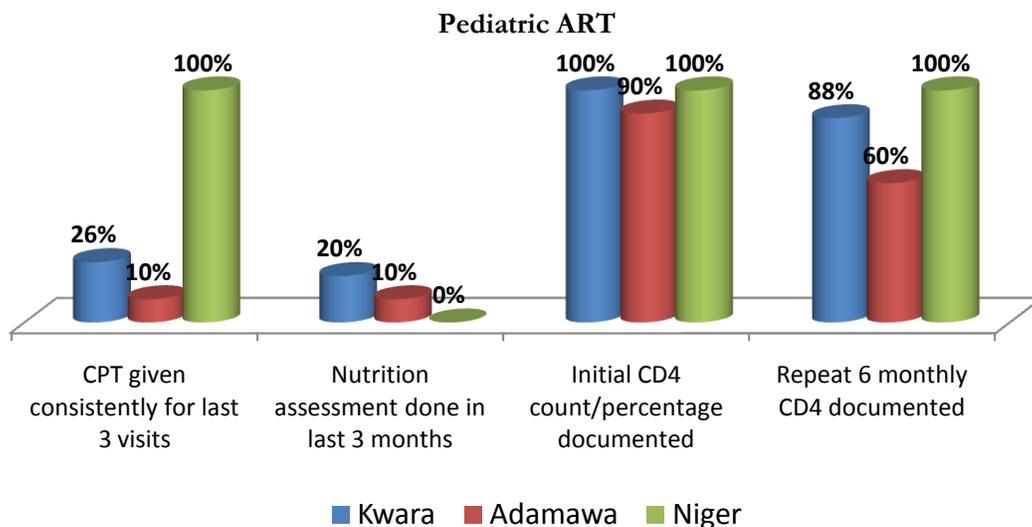
Graph showing patients who received baseline CD4 counts and TB screening at enrollment



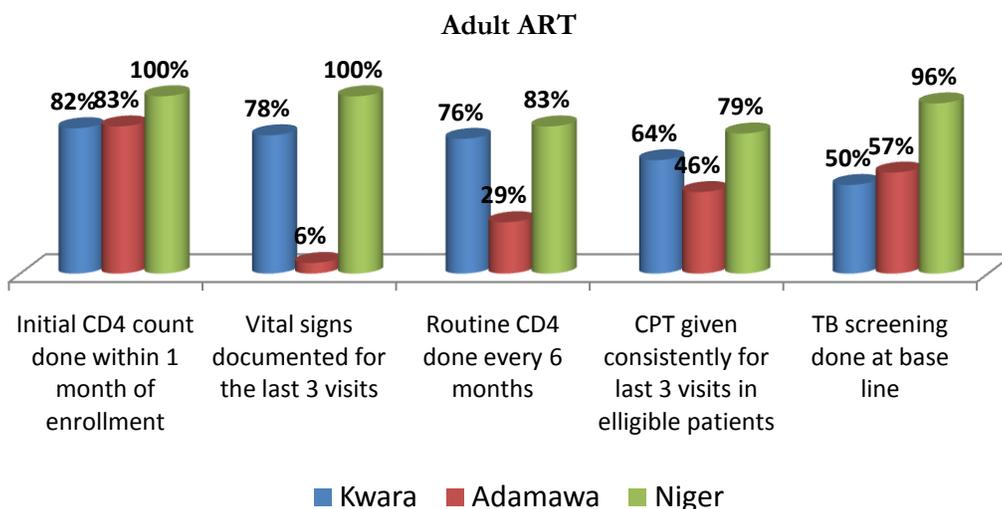
II. Conducted 3 day CQI orientation for all CCTs in 3 supported states

As part of our drive to institutionalize quality improvement, facility CQI focal teams were trained in the principles and practices of continuous quality improvement. These trainings held concurrently in Adamawa, Kwara and Niger states with a total of 25 participants trained. This involved didactic and interactive sessions where facility specific data was presented and analyzed, as well as practical sessions at facility level to build staff capacity in conducting simple surveys using standardized assessment tools as a means of monitoring quality. The practical sessions involved performing chart reviews of specific indicators in different categories of patients including adult ART and non-ART, pediatric ART and exposed infants. An assessment of the various thematic units was conducted to assess quality of service delivery. This exercise involved facility staff as a means of encouraging ownership and validity of results. Facility staff were mostly challenged by the findings wherever there were gaps and brainstormed on simple strategies to address the issues and monitor improvement. Below are graphs illustrating findings for some assessed indicators for adults and pediatrics on ART, as well as exposed infants.





The two charts above are a representation of some quality of care indicators assessed across facilities in three Pro-ACT supported states. This data shows the need for improvement of exposed infant and pediatric service delivery particularly in Adamawa state. This gap has been often attributed to the human resource challenges in this state where most general hospitals are manned by one Medical Officer (also reflected in adult ART performance assessment). Through advocacy to the state government by the Adamawa state Pro-Act team, two physicians have recently been posted to GH Garkida and one physician has been posted to GH Michika. In terms of individual indicators, PMTCT prophylaxis in exposed infants and CD4 monitoring in HIV positive children recorded encouraging performances. However, nutritional assessment performed poorly across all states and strategies such as procurement of required clinical service items, training and sensitization of staff are planned to address this gaps. Sensitization to address the gaps in CPT utilization in states where this is not being adequately given was also done.



The adult indicators showed similar patterns with relatively poor quality of care in Adamawa state for reasons earlier highlighted. Key areas requiring improvement included baseline and routine TB symptom screening, CPT utilization in eligible adults and repeat CD4 testing. Facilities involved in this exercise agreed to work on these areas and monitor their progress with feedback provision.

III. Recent CQI activity yields quick gains in Specialist Hospital Offa

Following recently concluded CQI activities in SH Offa a meeting of key personnel was called by the facility CQI focal person to share the findings from the exercise. The overall performance was presented, followed by a discussion on the areas of sub optimal performance where strategies to improve service delivery were discussed and timelines were set. Areas selected by the facility as CQI projects due to poor performance on the indicators included; Pediatric nutritional assessment, baseline and follow up TB screening and use of CPT in eligible clients. Facility staff were challenged by the data which showed some important gaps. To quote one of the Physicians;

“I knew the areas where we were going to score low. I had observed in the clinic that weights, heights, MUAC were not being documented in the exposed infant care cards. I knew baseline TB symptom screening not to talk of the repeat would score low too. We only go back to the TBSCCL when the client is coughing”

The opportunity was used to discuss the importance of nutritional measurements and importance of routine TB screening. Following the meeting and sensitization exercise to the patient care team, the facility procured tape measures and the triage nurse was observed a week after the exercise taking and documenting head and mid upper arm circumference measurements from an infant on clinic day. This reinforces our belief that facility staffs are willing to drive quality improvement processes if properly equipped.

Next Steps

- Scale up formation of facility level CQI teams and assessments to Kogi, Taraba and Kebbi states
- Ensure strengthening of facility level data use for decision making and intervention planning

LABORATORY SERVICES

Introduction

In the quarter under review, ProACT Laboratory program activities focused principally at strengthening quality of services, identify needs that support expansion in test menu, institute an integrated/model laboratory systems, map resources for taking on two additional comprehensive care and treatment centers, and addressing all aspects of quality management systems. These activities contribute substantially to **Intermediate Results (IR.2&3)**. Other activities include new business opportunities, USAID Laboratory IPs meeting, ProACT/stakeholders meeting, project review and capacity development. In the following paragraph, attempt will be made to expound on these activities and relate them to various sub-results.

Achievements and Successes to date

I. New Business Opportunities

In response to USAID request for Information on additional Laboratory activities, ProACT led by the Laboratory Systems Advisor with support from the ProACT country office team committed substantial level of effort in the period January – March 2011 in articulating an \$800,000 USD proposal for additional funding to improve Laboratory coordination and strengthen various quality management systems in the country. It is hoped that if obligated, the additional programs/funding will contribute significantly to attaining **intermediate results (IR 2 & 3)**.

II. IR.2: Increased Access to Quality HIV/AIDS and TB Services through:

- **Strengthening Laboratory Management towards Accreditation:** As part of its drive to increase sustainable access to quality laboratory services, ProACT Lab systems strengthening effort was focused towards local accreditation of public owned Laboratories using a phased approach to maximize outcomes. Earlier, 18 public laboratories were assessed in the pilot State

(Niger State) through a State-driven Laboratory Management Task Team in the last quarter using WHO checklist II for Laboratory Systems Strengthening. ProACT approach towards accreditation is aimed at building institutional capacity and for instituting total ownership of the process by the State Government. Dissemination of findings to key stakeholders is planned for the month of May 2011 after the general elections.

- **3 Additional Comprehensive Laboratory Infrastructure Sited in underserved Locations to Support Care and Treatment Services in Kogi State:** Through its modified Leadership Development Program initiated in January 2009, MSH has provided technical assistance to increase access to laboratory services. In the quarter under review, MSH Lab systems strengthening effort was extended to the Kogi State Ministry of Health in identifying cost-effective laboratory platforms. MSH Lab team supported the Kogi State MoH to procure laboratory equipment at a **discounted window** to optimize value-for-money allocated. To this end three sets of automated laboratory equipments were procured to expand test menu and improve quality of laboratory services in the following hospitals.

III. Renewed Services Contracts

Critical to the provision of quality laboratory services is equipment functionality. Equipment down-times impact quality of results and access to lab services. In order to improve access and sustain the quality provision of laboratory services in all MSH supported health facilities, existing equipment services contract due for renewal have been renewed while those not on earlier on contract were initiated on contract to enhance a robust equipment management plan. Systems to track down-times in equipment were further strengthened through the development of protocol for communicating down-times and follow-up for repairs. Annual preventive maintenance schedules are in place to track frequency of preventive maintenance services at program level while usage of tools for reporting faults have further been strengthened.

IV. 30 Laboratory Personnel Trained on Good Clinical Laboratory Practice

With the take-off of the three additional comprehensive care and treatment hospitals in Kogi State underway, **initial assessment of the health facilities identified massive gaps in human resources and infrastructure**. Similarly, **reported cases of recent untrained staff deployment** within the laboratories in other health facilities across the six supported states were also taken into consideration. This justified the recently concluded training on good clinical laboratory practice. This key activity directly links to SR. 2.2.1 which contributes to meeting our IR.2 of increasing access to quality lab services. Also, ProACT Lab Team participated in the strengthening Laboratory management towards accreditation workshop in Nigeria, TB proficiency testing panel development process in NTBLTC in Zaria, Kaduna and the Clinical Laboratory Standards Institute follow-on workshop on Quality Management Systems in Abuja. This was to strengthen our drive towards accreditation by providing mentorship to State Government teams as we move towards registration of Laboratories.

V. Improved Access to TB Services

In FY09, an assessment of the functionality of TB Lab services was conducted across the sites. This was followed by the first phase of the distribution of TB proficiency testing panels. Proficiency testing panel results received from across the sites showed remarkable performance. See feedback report recently submitted by CDC in the tables below

Management Sciences for Health, Adamawa

S/N.	Slide No.	Result obtained from site	Expected result	Error type	Points
1	T-009	1+	1+	No error	10
2	R-010	1+	1+	No error	10
3	Z-116	Neg	Neg	No error	10
4	P-013	3+	3+	No error	10
5	C-011	Neg	Actual	LFN	5
				Total score	45/50=90%

Management Sciences for Health, Kogi

S/N.	Slide No.	Result obtained from site	Expected result	Error type	Points
1	A-004	1+	Actual	No error	10
2	P-003	2+	2+	No error	10
3	C-003	1+	Actual	No error	10
4	R-003	13/100	1+	No error	10
5					
				Total score	40/40=100%

Management Sciences for Health, Niger State

S/N.	Slide No.	Result obtained from site	Expected result	Error type	Points
1	A-001	3/100	Actual	No error	10
2	R-005	1+	1+	No error	10
3	P-004	2+	2+	No error	10
4	T-005	Neg	1+	LFN	5
5	S-004	1+	1+	No error	10
				Total score	45/50=90%

Management Sciences for Health, Taraba State

S/N.	Slide No.	Result obtained from site	Expected result	Error type	Points
1	R-001	1+	1+	No error	10
2	P-017	2+	2+	No error	10
3	B-014	4/100	Actual	No error	10
4	A-015	8/100	Actual	No error	10
5	Z-122	Neg	Neg	No error	10
				Total score	50/50=100%

Analysis of Results

S/N	Microscopy site	HFN	HFP	LFN	LFP	QE	Total errors	Total Score
1.	ICAP – SSH Gombe				1		1	95
2.	GH Kafanchan - Kaduna							100
3.	Plateau SSH, Jos			2			2	90
4.	Bingham University Hospital, Plateau State, Jos			1		1	2	90
5.	Faith Alive Hospital, Plateau State. Jos			1			1	95
6.	Barnden Memorial Hospital Laranto Jos			4			4	80
7.	MSH Adamawa			1			1	90
8.	MSH Kogi							100
9.	MSH Niger State			1			1	90
10.	MSH Taraba State							100
				10	1	1		

VI. Evaluation of the Panel

The panel of smears consisted of 12 sets of smears. Overall the consistency of the results obtained by the laboratories was quite good except for slides labelled “C”. These slides were supposed to contain small numbers of bacilli, however all the laboratories reported them as negative. This may have accounted for the large numbers of low false negatives reported by the laboratories.

Discussion

Overall, all the laboratories that participated in this pilot panel test achieved a passing score of 80%. The scores ranged from 80-100% with 3 laboratories achieving full scores. There were 12 errors in total, 1 LFP, 1 QE and 10 LFNs. This means that at least 6 of the 10 laboratories had difficulty identifying low numbers of

AFB. This is quite a common error in laboratories especially if time is not taken to examine at least 100HPF. In the case of this panel this may not be absolutely true as Slide C may have contained too few organisms to be identified in 100HPFs.

Phase 2 proficiency testing panel development process was recently concluded in the quarter under review. Distribution of TB PT panels is scheduled for May 2011 after the review of the TB quality assurance protocol in May 2011.

- *Integrated and Model Laboratories:* With focus on sustainability and ownership, ProACT Lab program commenced plan to model integration of HIV lab services into general lab services as well as other services. To achieve this, a stakeholders meeting convened earlier in the quarter harnessed a contribution from selected cohort of participant made up of health care providers, policy makers and PLHIVs. Contributions from these cohort had informed approaches for guided and phased integration process as well as definition of what constitute a model laboratory

Other Activities

- Participated at the USAID laboratory IPs meeting to review COP 10 Laboratory activities. This was to provide review the focus of PEPFAR COP 11 strategies. The meeting which held at the FHI/Ghain office featured various presentations on models on best practices with MSH detailing its Modified LD program as a strategy for refocusing government teams towards ownership and stewardship.
- Also interviews were conducted for two additional Lab Advisors for the program to support program activities with focus on Quality Management Systems and TB and general services.

Challenges

- The industrial strike action embarked upon by health workers in three out of the six States supported by MSH affected service delivery

Next Quarter Plan

- Finalize report of Assessment of Laboratories
- Participate in the Nigeria External Quality Assessment Scheme
- Distribute and collate results of TB proficiency
- Panel Follow up with Procurement and Installation of 2 additional Labs in Kogi and Niger
- Follow up with procurement of Lab/ clinical Services items

MONITORING AND EVALUATION

Introduction

January – March 2011 quarter was eventful across all thematic units including the M&E unit, strike actions in 2 MSH supported states Taraba and Kogi mitigated service delivery in the process preventing service providers from much needed HIV services to positive clients. Despite the strike actions, the M&E Team were still able to embark on and conclude some systems strengthening, capacity building and data use for decision making activities at program facility and state levels. Routine M&E activities were also conducted by the M&E Specialists with support from the Advisor and Officer all in the bid to further strengthen the ProACT project's M&E unit and positioning the M&E Team to meet the project's and nation's data demands.

Achievements

I. National Data Validation & Annual Performance Review (APR) Meetings

A national data review and validation meeting organized by NASCP and NACA took place in Kaduna State from the 7th – 8th of March 2011. The meeting brought together M&E teams from all the USAID and CDC

Implementing Partners to review and validate the 2010 3rd and 4th quarter data using selected national reporting indicators. The M&E Advisor and Office were in attendance to represent ProACT. Subsequently, in Kogi State, IPs participated in a 1 day state Annual Performance Review (January – December 2010) meeting facilitated by KOSACA. It involved validating data reported by all Implementing Partners in Kogi State and reviewing to determine the status of the state's HIV response. One key finding from the aggregate state data revealed that 78% of adults and children with advanced HIV infection were currently receiving antiretroviral therapy in the state. Our attendance at these meetings demonstrates MSH's commitment to attending and supporting the state and national data submission, review and validating processes.

II. Health System Strengthening Activities

The M&E Team supported various state system strengthening activities to improve quality, foster ownership and ensure sustainable M&E systems in the states they work. Notable strides have been recorded as a result of these activities, they include the following.

III. Addressing HRH gaps in Niger State

The M&E Specialist in Niger State is working to address poor human resource gaps advocated for more staff to support the existing insufficient staff in General Hospital Bida. During the quarter 2 facility staff was drafted to support the Medical Records Unit while General Hospital New Bussa also engaged 2 new staffs to support the medical records unit. These measures have helped in addressing the HRH challenges to some extent and will significantly enhance data documentation in these facilities in the mentioned Niger State facilities.

IV. Structural Improvement in facility Medical Records Units

It is also important to note that part of the support of the hospital management to the records units in the Niger State facilities also included minor renovations of the records unit and supply of basic infrastructural support such as furniture, TV set, writing materials and stationeries to the units. As a result of the increase in the demand for records and the need to use records to improve the quality of services rendered in the hospital, the management of General Hospital New Bussa constructed and furnished a standalone records unit this will give more room for a full integration of the medical records unit.

V. Supporting the Development of an M&E Plan

In Kogi State, the M&E Specialist participated in the development of the state HIV/AIDS operational plan, the 5 day meeting was a pull of the M&E Specialists from all Implementing Partners working in the state, the participants were able to develop a costed 2 year strategic result frame work and performance monitoring plan that will guide the state's HIV response. This plan when fully operational will ensure that Kogi State is able to better monitor their HIV response activities in the state.

VI. Strengthening Facility Health Management Information Systems

The M&E Specialist in Kogi worked with the Head of Department (HOD) Medical Records for Kogi State Specialist Hospital (KSSH) in developing a database to document patient records, this will further strengthen the facility to be able to provide accurate data much needed for improving patient care, management decisions and quality of service delivery. The HOD has being mentored on how to use the database and will also be guided in its use. In GH Argungu Kebbi State, the Head of Department for the Medical Records Unit demonstrated data use for decision making without computers; this was applauded and led to the donation of a desktop computer by the facility Principal Medical Officer (PMO) to further strengthen the data use decision making process in the facility.

Challenges

I. Persistent Strike Actions

Persistent strike actions in some states, posed a serious challenge both to service delivery and attainment of allocated targets. It is clear that if the strikes persist it will significantly affect quality and target attainment.

II. Funding of SACA to fully take over the M&E review meetings

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

III. Inadequate staffing in some of the facilities

In some MSH supported facilities staffing is still a challenge poor staffing significantly affects data documentation in all facilities; this has a significant effect on the quality of data reported and the decisions that could be made from the data.

Next Steps

- **3rd Data Quality Audit.** ProACT planned next Data Quality Audit to assess all our CCT sites in May with external consultants will be shelved for the USAID intended DQA for MSH supported sites, Findings from this exercise will be used to improve systems at our supported sites.
- **Full Deployment of the Electronic Medical Records at SSH Jalingo.** In concluding the deployment of the EMR in State Specialist Hospital Jalingo, the computers to be used have already been procured and a meeting has already been held with the facility ART team preparing them for the deployment of the computers and networking of the facilities. Hopefully we would have fully deployed the computers by the end of the COP Year
- **Routine drive to use data for Decision making within the facilities.** The M&E Specialists will continue to ensure that the use of data for decision making becomes a norm within their respective CCT sites. We began the process during the 6 months review and hope to continue this during the coming months. The M&E Unit will build on the M&E training ensuring that the facility staff translate theory into practice and ensuring that this process becomes routine.