

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

Quarterly Progress Report, January – March 2010

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Leadership, Management and Sustainability Program, Nigeria

PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT— ProACT

Quarterly Progress Report, January – March 2010



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Photo caption:

Facility staff from MSH supported sites in Kwara State, undertaking a home visit for OVC identification

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

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

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ACRONYMS

ACT	AIDS Care and Treatment (Project of MSH)
ACTION	AIDS Care Treatment in Nigeria (Institute of Human Virology)
ART	Anti-retroviral Therapy
ARVs	Anti-retroviral drugs
CAS	Comprehensive AIDS Prevention, Care and Treatment Services
CC&T	Comprehensive Care and Treatment
CHAN	Christian Health Association of Nigeria
COP	Country Operational Plan
CSO	Civil Society Organization
FBO	Faith-Based Organization
GHAIN	Global HIV/AIDS Initiative Nigeria
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
M&E	Monitoring and Evaluation
MIS	Management Information System
MOH	Ministry of Health
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
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NGO	Non-Governmental Organization
NTBLCP/NTD	National Tuberculosis and Leprosy Control Program and Neglected Tropical Diseases
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PEPFAR	US President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counseling
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PMP	Performance Measurement Plan
Pro-ACT	LMS Prevention organizational systems AIDS Care and Treatment Project
SOPs	Standard Operating Procedures
STTA	Short Term Technical Assistance
TB	Tuberculosis
USAID	United States Agency for International Development
USG	United States Government

USAID/Nigeria QUARTERLY REPORT

PROACT Project
Quarterly Progress Report
January - March 2010

<i>ACTIVITY SUMMARY</i>
Implementing Partner: Management Sciences for Health
Activity Name: Leadership Management Sustainability - Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT). Management Sciences for Health (MSH)
Activity Objective: To build the capacity of Nigeria's public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated with the health system <ol style="list-style-type: none">1. To increase demand for HIV/AIDS and TB services and interventions, especially among target groups.2. To increase access to quality HIV/AIDS and TB services, practices, and products in selected states3. To strengthened public, private, and community enabling environments
USAID/Nigeria SO: SO 14
Life of Activity (start and end dates): July 16, 2009 - July 15, 2014
Total Estimated Contract/Agreement Amount: \$59,997,873
Obligations to date: \$10,375,710.99.
Current Pipeline Amount: \$4,915,408
Accrued Expenditures this Quarter: \$2,253,829
Activity Cumulative Accrued Expenditures to Date \$5,460,303
Estimated Expenditures Next Quarter: \$3,096,089
Report Submitted by: <u>Paul Waibale, Project Director</u> Submission Date: <u>April 15, 2010</u> Name and Title

INTRODUCTION

This quarterly report summarizes work done by the project over the months of Jan – March 2010 and shows significant improvements in the quality and quantity of work accomplished. The project using the M&E data found lapses in the quality of work in January coupled with an unacceptable rate of loss-to-follow-up (LTFU). Consequently a joint technical team that conducted a participatory in-depth analysis of the root causes for found a variety of issues that needed to be addressed. These included conducting joint technical support supervision of health services by the SMOH Directors and MSH staff that worked to motivate government health workers to own the services and perform better, strengthening counseling of HIV positive clients so they fully understand the range of services in the continuum of care and the importance of their compliance. Adherence units were strengthened as a result, and institution of defaulting clients tracking teams that have tracked back nearly 50% of clients initially LTFU. During this period, MSH began implementation of the LDP training with 2 SMOH, 2 SACA and 2 hospital teams from Kogi and Niger states. They each developed a challenge model that is being implemented for 6 months. Initial mentoring visits indicate increased capacity for the teams to apply the challenge model to address a variety of health development issues. Below is the detailed report

HEALTH SYSTEMS STRENGTHENING

The PROACT project recognizes that efforts to strengthen health systems in the context of government ownership, sustainability and a well functioning health system can effectively prevent, care for and treat individuals living with HIV. That effective intervention exists to strengthen health systems and that strong health systems can sustain the response to HIV/AIDS over time. The project also recognizes that specific health systems weaknesses pose critical barriers to achieving PEPFAR objectives and to ensuring country capacity to sustain the response to HIV/AIDS interventions over time. Within the quarter under review, MSH ProACT continued its efforts to strengthen Health Systems for sustainable and efficient HIV/AIDS/TB service delivery, the MSH HSS focused on leadership for Health as well as improving planning and coordination at State levels and addressing issues such as quality of patient care, HRH issues and needs. Achievements challenges and next quarter plans are highlighted below:

IMPROVING GOVERNMENT LEADERSHIP AND STEWARDSHIP FOR EFFECTIVE HEALTH GOVERNANCE

In our bid to improving leadership, governance, and management of public-sector organizations and multi-sectoral partnerships, to achieve sustainable and accessible quality health services and programs, necessitated the conduct in January 2010, a Leadership Development Program in Kaduna, Nigeria. This joint activity by MSH's Prevention Organizational Systems AIDS Care



Figure 1 A participant making a presentation during the LDP training

and Treatment (Pro-ACT) and Capacity Building (CB) projects (both USAID-funded initiatives), involved 38 Key personnel's (PS/DG, Directors & unit heads) from State Action Committees on AIDS (SACAs), the Ministry of Health, and Specialist Hospitals from Kogi and Niger States. The workshop aimed at generating a long-term commitment to strategic transformation of health systems and providing the skills necessary to achieve this goal. Several management and leadership practices as well as challenges were reviewed during the LDP training following which each team decided to address one specific challenge/issue using the "challenge model" developed by MSH. These issues were taken as specific LDP project with timelines not exceeding six months. The recent mentoring support visits to the state LDP teams show that they are at various stages of implementation ranging (10% KSSH to 80% New Bussa GH). Also Pro-ACT mentorship to the state Teams covered other management practices such as Vision and Mission developed and display, Holding Qualitative staff meetings, M&E applications amongst others, each organization agreed on improvement plans. This leadership capacity development for health managers reinforces MSH Pro-ACT believe that when health manager's capacity on leadership is developed they will become innovative and creative facilitators of change in their resourced constraint environment.

ProACT Takes Lead in Translating Strategic Plans to Annual Operational Plans by Supporting Kebbi SACA and Stakeholders to Develop 2010 Operational Plans for HIV/AIDS

Pro-ACT supported Kebbi State to develop the state 2010-2015 strategic plans for HIV/AIDS, during and after the SSP development, MSH Pro-ACT continued to impress on Kebbi SACA on the need to ensure speedy and consistent implementation and tracking of the Plan if the state is to realize its HIV reduction Goal. Based on this the Kebbi State SACA Convene a two day meeting of all stakeholders; line ministries departments and agencies, LACA, CISHAN, NYNETHA, NEPWHAN, Uniformed services, Faith based organizations, IP's etc) to derive their 2010 annual operation plans. The meeting had in attendance **107** persons, (**94** male **12** female) from the various constituencies. Participatory methodologies was used in facilitating the meeting Some aspect of the challenge model measurable results, obstacles, priority intervention root causes were also used in the facilitation and work plan development .At the end of the meeting all the stakeholders had reviewed their organizational work plan for 2010 and linked it to the relevant activity in the SSP and also submitted copies to SACA, also a renewed awareness on mobilization of resources by the organizations rather than relying of SACA or government was rekindled, an agreement was also reached to develop a state PMP from all the stake holders plans submitted for effective tracking of progress by the Stakeholders and SACA.

ProACT supports Kwara and Taraba SACA to Agency Status and Taraba Validates SSP

Following series of Supports including advocacies, technical assistance led by MSH Pro-ACT in Taraba and Kwara States, the state house of assembly passed the SACA agency bill into Law in February 2010. This landmark event is one of the strategic plans for an institutionalized and sustainable state HIV/AIDS response; this brings to five out of six the number of our supported states that have attained agency status for SACA. In the following months ahead, MSH Pro-ACT will continue to advocate and support the Taraba & Kwara SACA agency gazette publication, adequate staff deployment, staff capacity as well as state budgetary allocation.

Board inaugurated and state budgetary allocation for Niger SACA A seven-member Board of Governors has been appointed and inaugurated by the state Government for Niger SACA, this

board made up of very eminent and distinguished persons will be responsible for the overall policy and supervision of the activities of the Agency.

Also in February, with joint MSH Pro-ACT and UNAIDS support, the developed SSP for Taraba State was validated with broad stakeholders before accent by the executive Governor. This provided a platform for stakeholder buy in on the SSP as well as deepen the understanding of their roles and responsibilities towards its full implementation. Commitment towards the successfully implementation especially in the areas of policy frameworks and funding from the Government was made by the Special Adviser to the Governor on Health Matters Dr Kobiba who also appreciated and requested for the continued support of the partners such as MSH in the State.

Increased Government Funding for State Response to HIV

Following several advocacies and technical Supports the states are beginning improve budgetary provision and release of funds to SACA. The Niger State House of Assembly has passed a budget of N100m (\$667,000USD) for the agency in 2010, this amount is great compared to the N4m (\$27,000USD) approved in 2009. In Kwara State the State government released the sum of N28m (\$18,700USD) to SACA for HIV activities.

ONGOING SUPPORT FOR SACA PARTNERS FORUM

Within this reporting quarter ProACT supported and actively participated in SACA partners' forum held in Kwara, Kebbi, Niger, and Kogi states. Increasingly, these platforms, which usually have in attendance persons from different IP's and other stakeholders involved in HIV/AIDS response in the states, have improved the capacity of SACA to coordinate and provide stewardship on the state AIDS response. In Kebbi State the outcome of the forum this quarter was a decision by SACA to produce quarterly bulletin on the state response with inputs of the IPs, service improvement and SSP implementation. In Niger State this forum is increasing the collaborations and synergy between development partners in the state, MSH and German Technical Corporation (GTZ) are jointly developing programs on skills acquisition for PLWHA in LGA's where both organization's project overlap as well as support for peer educator training & leveraging of GTZ's resources such as IEC materials for MSH prevention program. In Kogi State, this forum was a platform on which the special assistant to the Governor on HIV/AIDS met with the stakeholders and IPs working in Kogi State, to appreciate the challenges of state HIV response and report back to the governor for his attention and required action

IMPROVING SYNERGIES, PARTNERSHIPS AND COLLABORATION

Pro-ACT recognizes that to improve Health systems at federal and state levels synergy and collaboration with other like minded projects/programs is necessary for leveraging of resources as well as maximizing the available resources within the state for HSS avoiding duplication or multiplicity. At the federal Level MSH through its participation in the National Health Systems Strengthening forum is working at leveraging HSS resources for primary health care centers across the country (the current focus of GAVI, MDG & GF HSS) such that the selected PHC's surrounding our CCT sites that will benefit from this HSS support will also serve as Primary feeder sites as well as sites for ART decentralization. IEC materials and condoms were also leveraged from SFH for peer educators training in Kwara. In Niger State, Pro-ACT facilitated and supported a meeting in January between SACA and MDG office and the World Bank Supported health Systems development project office. The meeting discussed areas of bilateral

interest including human resource capacity development, infrastructural renovations, particularly PHCs and purchase of commodities such as rapid test kits (RTKs) and ARVs to support already established HIV treatment centers in the state. An outcome from these meetings was the approval by the MDG office and HSDP PM that SACA should send a proposal to this effect. MSH provided technical assistance to Niger SACA for the proposal development. This March, MDG office approved the proposal for ARV/RTK support to SACA and has placed orders for the purchase of these items to the tune of N30 million (N20m for ARVs and N10m for RTKs).MSH will in the months ahead work with SACA to ensure that the these procurements comply with international standards and are deployed to areas of greatest needs whilst ensuring that the capacity of SACA to coordinate and manages these commodities is built. In the area of TB/HIV collaborative activities, MSH in Niger facilitated the donation of four microscopes by The Leprosy Mission International (TLMI). In Adamawa State, MSH collaborated with UNICEF to facilitate early infant diagnosis training workshop for 28 HCW's and also led an advocacy meeting with the state Government.

EFFECTIVE SERVICE DELIVERY

Facility Coordination and patient care quality

Pro-ACT continues to support and make functional the Project management Team (PMT) and quality improvement team (QIT) meetings. Two key facilities based multidisciplinary platform for coordinating the HIV treatment and care project as well as guiding the provision of quality care to patients. Kwara MSH supported a PMT meeting at SH, Offa in March and a major achievement was the agreement reached to increase the number of clinic days to twice weekly to meet the needs of the increasing client load. QIT meetings held in Adamawa 3 sites (Michika, Fufore, & Garkida) Niger (Mokwa, & Bida), Kogi (4 CCT sites) Kebbi and Kwara (3 sites). In Adamawa the QIM/PCT in Michika addressed the need for Sphygmomanometer to improve triaging, in Garkida the flow of information from ANC to maternity for PMTCT was addressed, in Fufore the improvement of Sample logging was addressed. In Niger State the QIT/PCT in Bida addressed working days of PITC volunteers in the facility especially at ANC and incomplete documentation at DOT unit. In Mokwa, the QIM addressed Data Clerks issues with posting of PITC volunteer to M&E before recruitment of 2 Data clerks. In Kogi state the issues of indiscriminate use of Co-trim Prophylaxis (CPT) was addressed and the new expanded drug list was communicated to the facility teams. In Kwara, issues of CD4 baseline for all patients and enrollment of all positive clients was addressed as well as plans to improve routine clinical and laboratory monitoring for all patients; and patients adherence to medication.

Ongoing Coaching, Mentoring, and Support Supervision:

Bridging the gap between what is known in public health and what is done has been a technical strategy of MSH. Within this quarter the Pro-ACT in addition to several technical capacities MSH facilitated several joint mentoring and supervisory visits to the sites in conjunction technical leads at SMOH and SACA. These visits in addition to improving supportive supervision for improved service delivery are also promoting state ownership of programme at most MSH supported facilities. It will also serve motivation to staff at facilities. Joint Supervisory visits to the facilities held this quarter in Adamawa and Kebbi States.

Ministerial stakeholders' meeting on accelerating PMTCT service delivery in Nigeria

Pro-ACT participated in a stakeholders meeting called by the former honorable minister of health, through the HIV/AIDS division of the health ministry, the meeting was aimed at producing an agreed plan of action for scaling up PMTCT service delivery which fits into the national strategic plan for health. The target set for the country was a scale-up from the present 11% to 30% by end of 2010 and 50% by 2011. The outcome was FMOH will conduct a mapping of PMTCT services, gap analysis and produce a concept and comprehensive budget for PMTCT Scale up. Pro-ACT will within the coming months ensure that our PMTCT sites are well documented and captured in the exercise, leverage from the MSS scheme, GAVI, MDG and GF support to PMTCT in existing sites

Technical Working Group (TWG) Meetings

Pro-ACT continues to support and participate in HIV Thematic TWG's to improve coordination and quality of services, in Adamawa State, MSH last Quarter facilitated the reformation of the TB/HIV TWG, this groups is begin to show results in quality and outputs of its meetings; they group under the chairmanship of the TB focal person of SMOH has developed and quarterly tracked their work plans, there are commitment from other IP's in the state to sustain the forum, a joint Supervisory visits to the sites has been conducted, equitable distribution of resources to minimize wastages e.g. the Cotrimoxazole provision/distribution has been made to cover non IP CCT sites since the IP provide same at CCT sites. In Kwara, the TB/HIV Technical Working Group conducted joint supervisory visits to Okelele and Sobi Specialist Hospitals.

Human Resource for Health

PROACT has continued within this Quarter to seek and engage innovatively, approaches to ensure that the effect of HRH gaps is minimized in our supported facilities. In Adamawa, MSH facilitated the secondment of 1 CHEW from the LGA to Michika GH to reduce the work load of the duty nurse. Also 1 Medical Officer was posted there bringing the total MO's in Michika to 5 (3 MO and 2 NYSC doctors) I biochemist was deployed to pharmacy unit and trained as Adherence counselor. In Hong GH, an Adherence unit was created and 1 nurse trained as adherence counselor. In Taraba State MSH facilitated the deployment of 2 CHEWS to LACA as M&E and Community mobilization officers. In Niger State, a request for retention of a corper Lab Scientist for T/Magajiya was granted. In Kwara, MSH facilitated the deployment of three (3) NYSC Pharmacists and one pharmacist from the State Ministry to the supported sites at Ilorin, Offa and Omu Aran. One laboratory scientist was transferred to CSH, Ilorin. In Kebbi three CHEWs were posted to support service delivery.

Pharmaceutical Management

Working with Axios Foundation, as the supply chain management partner on the LMS-Pro-ACT, this quarter the expanded list of drugs for opportunistic infections procured at the turn of the last quarter were distributed without hitches to all the sites for use. To ensure uninterrupted PMTCT services at our sites Zidovudine syrup was leveraged from Pathfinder International. MSH also continued to work with Axios to improve inventory management of expired commodities, these commodities are now sorted by type packaged labeled and quarantined at designed locations either at facilities or field offices. Capacity of twenty (29) SCMS officers from MSH supported facilities and SMOH Central Medical Stores in the six states was build on Logistics Management for laboratory and Pharmacy commodities this is aimed at improving reporting and quantifications of needs, inventory management to improve procedures and practices in line with warehousing best practices

Challenges

Within this Quarter the major challenges experienced in implementing HSS activities include;

- HRH for health continues to challenge the delivery of services- Retirements of HCW in Kwara most already trained, Ibi and Donga Sites in Taraba

Plans for Next Quarter

- Facilitate Decentralization of Services in Taraba and Kogi States
- Facilitate the formation of a state Supervisory and QI team
- Strengthen HRD systems for HRH engagement, deployment and management in 3 Niger, Taraba and Adamawa
- Continue to support coordination platforms in six states
- Conduct MOST in 2 states- CO
- Support PMT meetings in all facilities

GENDER MAINSTREAMING

LMS PROACT project recognizes gender as a critical factor in the transmission, prevention, care and mitigation of HIV/AIDS. Gender differences in society affect communication and decision-making in the home which are necessary for prevention of HIV and STIs. Successful Abstinence Be Faithful programs depend on man-woman mutual agreement on a code of behavior that must be adhered to consistently. LMS PROACT work in this area focuses on increasing gender equity in HIV/AIDS programs, significantly increasing male participation in all aspects of HIV prevention, care and treatment and empowering women sufficiently to own and access resources in the households and community. During the period under review, activities and successes achieved in mainstreaming gender are highlighted below:

Increasing Access to Women in Human Capacity Building Activities:

PROACT gives careful attention to equity in its human capacity development activities, stressing the need for equitable access to training and mentoring activities. LMS has carefully been tracking the number of women and men that it trains and mentors, and continues to make special efforts to attract and provide access to women in all of the LMS human capacity building activities. A total of 215 service providers participated in ProACT organized training activities of this 80 (37%) were female participants while 135(63%) were male participants. ProACT will continue to work to increase the participation of female HCWs in all its activities.

Challenge

Focusing on issues around gender inequality is new in many of the communities and facilities we work in. Many social norms and practices facilitate gender inequality. Therefore, desired outcomes from activities promoting gender equality may be realized on the long term.

Next quarter plans

Modules on gender and equity will be included in future training programs for facility teams, state supervisors and CSOs in the next quarter and beyond. The project will ensure that the state M&E system captures data on gender differences in access to and utilization of HIV/AIDS

services. Conduct a gender analysis of PROACT interventions in order to facilitate effective and qualitative gender mainstreaming.

HIV PREVENTION PROGRAM

This quarter marks the first in the year 2010 and also beginning of the intensive phase of the HIV prevention program in ProACT non grantee states. During the quarter under review, several community mobilization and advocacy activities were embarked on to solidify series of community entry processes. There were also capacity building activities to provide knowledge and skills to selected community members on HIV Prevention strategies etc. which has firmly established the presence of HIV Prevention program in the states with attendant achievement of targets against set indicators. Consequently, the HIV Prevention activities were focused towards contributing to the national response and halting incidence of new HIV infections in the project states. Details of activities and achievements during the quarter are highlighted below:

Community Mobilization and Advocacy:

Community mobilization and advocacy are ongoing activities of the HIV Prevention program. These activities are carried out to relevant stakeholders, gatekeepers and influencers of the target group to garner their support, create enabling environment and remove any impending barrier to the prevention activities in the project states. These efforts are however yielding the desired results, for example, the program enjoys the support of religious and community leaders who have been part of the planning and implementation of most of the prevention activities in their communities. These include amongst others; identification and selection of the right caliber of peer educators, mobilization of people for community outreach, and provision of free venues for meetings and training activities. Some religious organizations already supporting the Prevention activities include the Christian Association of Nigeria (CAN) and the Federation of Muslim Women Associations of Nigeria (FOMWAN) in most of our states.

Conducted Information Gathering of Target Groups:

Prior to full scale prevention intervention, data gathering exercise were conducted in the 4 non grantee states (Kebbi, Kwara, Adamawa and Niger) to establish current sexual and HIV prevention knowledge, attitude, practices and behavior of the target population. These were youth in-school, male and female out-of-school youth, as well as most at risk population (Sex workers, Transport workers, IDUs, Uniformed Service personnel etc.) in one urban and one rural community in two LGAs in each state. This activity was conducted so as to be able to monitor progress and impact of our interventions as the project implementation advances. The responses are being analyzed for documentation and future study.

Capacity Building:

Training of Teachers and Volunteer ExPETs on FLHE and MPP:

As part of capacity building activities on the prevention program, a training of trainer's workshop on Family Life and HIV Education (FLHE) was conducted from 14 - 20 February, 2010 for 108 participants (72 males and 36 females). These were 80 selected in school teachers from 16 schools across 4 non grantee states (Adamawa, Kebbi, Kwara and Niger), 16 Ex NYSC PETs who served in those states were also trained as volunteers to support peer education

activities in the project sites as well as supervise and mentor the peer educators. Others were 12 State Ministries of Education desk officers. The training had the objective to enhance the capacity of 80 selected in school teachers and 16 Ex NYSC PETs in the ProACT non grantee states in FLHE and the use of the Minimum Prevention Package (MPP) in reaching young people in school with messages that promote abstinence and low risk behavior. Prior to the training, several high level advocacy activities were carried out by the state teams to the Ministry of Education, the custodian of the teachers and the students. These advocacy meetings helped to improve understanding of the overall objective of the ProACT prevention program and the roles of all the partners in ensuring success and sustainability.

Participants were taken through training modules that dwelt on; Adolescent Sexual and Reproductive Health; Anatomy & Physiology of Male and Female Reproductive Organs; Essential Life Building Skills; HIV & AIDS; the Minimum Prevention Package for AB Strategies and the Data Collection Tool. To demonstrate knowledge and skills acquisition in addition to the pre and post test results, participants were also made to undertake micro training presentations to students. This further boosted their confidence in addressing young people's issues. Participants adjudged the training methodology as highly participatory with the use of role plays, demonstration, drama and songs. At the end of the training, participants expressed profound appreciation for the opportunity and promised to work assiduously to ensure the objectives of the in school program are accomplished, they professed their knowledge and skills in youth friendliness has been increased.

Step down Training of FLHE training to Peer Educators (PEs)

Sequel to the training of teachers on FLHE, a step down training was conducted for 1600 PEs from 15 - 19 March, 2010. This process started with selection of the PEs by their peers and also getting parents' consent for their wards' participation. The Ministry of Education HIV Desk officers took the lead in planning and executing this activity, they initiated and led discussions with the schools authorities and parents. This was to get approval and support for the school based prevention program. The step down training was premised on building the knowledge of selected students on basic HIV/AIDS messages and essential life building skills through FLHE and MPP. The training was very participatory with a mixed of other interactive and message-reinforcing activities. The delivery of sessions was supervised by the Prevention Specialist who rendered technical support to ensure quality assurance in the Family Life and HIV Education (FLHE) step down and MPP compliance in teaching and reaching young people in school with messages that promote abstinence and low risk behavior.



Figure 2 Training session at Gombi Secondary School

The training was very participatory with a mixed of other interactive and message-reinforcing activities. The delivery of sessions was supervised by the Prevention Specialist who rendered technical support to ensure quality assurance in the Family Life and HIV Education (FLHE) step down and MPP compliance in teaching and reaching young people in school with messages that promote abstinence and low risk behavior.

Use of MPP to reach Target Population:

Table below shows number of individuals reached with the minimum prevention packaged standard during the quarter under review.

No.	Indicator Title	Niger	Kogi	Kwara	Adamawa	Taraba	Kebbi	Total
2.1	No of people reached with AB messages	5,719	-	33	2,491	-	427	8,670
2.2	No of people reached with COP messages	1,656	183	381	292	43	141	2,696
2.3	No of condom services outlets	31	4	3	22	4	11	75
2.4	No of people trained to promote COP	0	0	0	0	0	0	0
2.5	No of people trained to promote AB	27	27	27	27	27	27	108

Even though number reached so far is still far from target because of the late take off of the Prevention program, it is hopeful that this number will increase tremendously in the next quarter as we engage more community volunteers and Ex NYSC PETs that have been trained to reach the target population with prevention interventions. Also, in the next month, Peer Education Plus training will be conducted for selected out of school youth and MARPS to reach their cohort groups as peer educators.

Prevention Systems Strengthening:

In line with the new PEPFAR focus of systems strengthening, the program is focusing on building systems and structures to increase buy-in program, ensure ownership and sustainability. During the quarter under review, 80 selected secondary school teachers were trained in Family Life and HIV Education (FLHE) and the use of the Minimum Prevention Package (MPP) to reach young people with abstinence messages. These teachers through the schools were provided with training resource materials to be used for training the students and also for the delivery of FLHE sessions in schools. Officials of the Ministry of Education were trained with the FLHE teachers so they could better understand the program, as well as appreciate their roles and responsibilities. This initiative is already yielding fruits as most of the focal persons in the Ministries are increasingly taking the lead in the program planning, implementation and supervision. For example, one of our model FLHE schools in Niger state has been branded with Prevention messages at strategic locations in the schools. In addition, health clubs were inaugurated or reinvigorated in all 16 schools after the step down FLHE training for in-school peer educators. The club which holds monthly is a forum for the students to interact and share ideas especially on sexual reproductive health issues and HIV. Peer education sessions are also conducted during the club meeting.

Gender mainstreaming in HIV Prevention Programs:

Since, the Gender mainstreaming training attended by the Prevention team, efforts are being made to incorporate lessons and best practices shared at the training into the community prevention program. One right step in that direction is the effort to ensure gender balance where possible in the selection of participants for training. The work-plan drawn by the team to mainstreaming gender will be strictly incorporated in the activities for the coming months.

Established condom distribution/services outlets:

To increase accessibility to condoms within the community by the MARPS and PLWHA, 75 additional condoms distribution outlets were established between January and March, 2010. Meanwhile, to ensure quality condoms services and messaging, the selected individual/outlets were trained on correct and consistent condom use, messaging, etc. Additional outlets will be established before the end of the next quarter.

Ongoing Supportive Supervision:

Ongoing supportive supervision was provided to the Prevention and Community Services team during the quarter. Sessions on improving team's effectiveness and tips for good report writing were anchored by the Prevention Advisor to the team. This has greatly improved the team's reporting style and also performance for the overall success of the ProACT project.

Challenges

- The major challenge is the delay in the process of conducting the Prevention Baseline Assessment in Kogi and Taraba states
- The other is also the delay in the process of grants award to CSOs in Kogi and Taraba states

The Prevention program has been firmly established in the project states, with the series of community mobilization and advocacy efforts with Prevention stakeholders, gatekeepers and influencers the stage is well set for the roll out of the interventions.

However, two of the project states, Kogi and Taraba are not at the same pace with the other non grantee states, Prevention activities are ongoing only in few non grantee sites. The set back being experienced is due to the fact that the states are earmarked to award grants to CBOs in the states. The process of the grant awards is currently going through a long but thorough process approved by the donor. It is hoped that the CBOs will be mobilized in the next quarter so that full program implementation can begin in those states

Next Quarter Plans

- Finalize prevention baseline assessment in Kogi and Taraba states
- Review of proposals submitted by CSOs for award of grants
- Award of grants to successful CSOs
- Training in Peer Education Plus for Out of School Youth and MARPS
- Printing of SFH adopted PEP Manuals and Guide for Out of School Youth and MARPS
- Provide ongoing supportive supervision and technical assistance to the states' teams
- Increase condoms distribution and outlets
- Roll out implementation of prevention work with MARPS at the LGA

COMMUNITY CARE, HCT AND OVC SERVICES

ProACT during the quarter under review, implemented new as well as ongoing activities across her supported sites in Adamawa, Kebbi, Kogi, Kwara, Niger and Taraba States. The new activities included networking and collaboration with two implementing partners and the Federal Ministry of Women Affairs and Social (FMoWASD), capacity building for service providers on CHBC and OVC service delivery, delivery of HBC and OVC services and follow up actions to mitigate gaps identified by the head office monitoring team in the area of community services as relates to providing qualitative services while working to achieve project

goals. This report will focus mainly on the new achievements as well as highlight achievements in ongoing activities.

MSH ProACT recognized as key partner in NAWOCA Launch/Mass-deworming Project in Niger State

In the month of February, USAID-funded Management Sciences for Health, MSH, was given high prominence and visibility at the launching of the Niger State chapter of the National Women Coalition Against HIV/AIDS (NAWOCA) and the Mass-Deworming Project for school-age children in Niger state, both being championed by the wife of the Niger State Governor Hajija Jumai Babangida Aliyu. In recognition of MSH efforts at supporting the scale up HIV/AIDS care and treatment services in Niger state, MSH was granted the opportunity to address a dignitary-filled audience led by the State Governor Babangida Aliyu and his cabinet, and the then Minister of State for Health, Dr. Aliyu Idi Hong. Also present were the wife of the Nassarawa State Governor, traditional leaders, the Judiciary, a National Commission for the Control of AIDS (NACA) representative, and other prominent Nigerians. ProACT representative delivered a goodwill address from the entire MSH team. Explaining that ProACT was an MSH project being implemented with a grant from the US government through USAID, he stated that ProACT activities in Niger state include support for six comprehensive HIV/AIDS treatment centers of the 11 present in the state, and nine prevention of mother to child transmission (PMTCT) sites out of 33, as well as Leadership Development Training for health care managers in the state. MSH pledged continuous support of the project to the state government and indigenous initiatives like NAWOCA, which will ensure sustainable interventions for People Living Positively, especially young females who are especially more vulnerable to HIV. The need for male involvement was also stressed to counter negative socio-cultural beliefs, and ensure the success of the program. The recognition granted to MSH at the event is indicative of the increasing prominence of MSH in partnering with state governments, and in influencing HIV/AIDS policies and programs.

Community Systems strengthening activities

Training of service providers on Community Home Based Care (CHBC) and OVC

Capacity building is one of PROACT, s health systems strengthening strategies to promote quality and sustainable of care and support services. Two workshops were conducted in the month under review where the capacity of 68 and 75 persons were built in CHBC and OVC service delivery respectively. The CHBC and OVC training for service providers were facilitated by resource persons from Catholic Relief Services, the Ministry of women affairs and Christian AID respectively. These two organizations were approached by PROACT because of their vast experiences in implementing/coordinating qualitative OVC and CHBC services in Nigeria. PROACT embarked on the strategy and demonstrated that it is possible to leverage human resources from other implementing IPs in fulfillment of USAID mandate of promoting collaboration and networking among IPs as well as mainstreaming quality in a cost effective manner. The capacity building activity has



Figure 3 CHBC Volunteer demonstrating the use of ITN

given rise to a team of service providers with multiple skills to deliver community based HIV services. As a follow up to this training action plans developed are currently been implemented across 11 sites in the PROACT supported states. Preliminary reports have shown that service providers are delivering improved messages to clients and caregivers in the home, including not just educating them but demonstrating the use of the Basic Care kits for them and their care givers for optimum utilization leading to improved quality of life. Also service providers have employed the use of the CSI tool in the assessment and service provision for OVC.

Advocacy and Community mobilization

Advocacy is one of ProACT's system strengthening strategies. In the quarter under review, a series of advocacy visits were paid to various stakeholders across some PROACT sites with the aim of soliciting for support that will bring about desirable change in the way and manner by which health services are delivered. Some achievements resulting from this exercise include;

- The Health unit of Ibi LGA in Taraba state has embarked on a process of strengthening their community health structures process by revitalizing the moribund health committees toward performing their duties to improve the health of their community.
- The Director of Nursing services in Specialist Hospital Jalingo, also in Taraba state has permanently stationed 2 nurses at the General Out Patient Department and Adherence units to support and strengthen services provided at these points in response to improving staff participation in HIV service delivery in the facility.
- In Adamawa, progress has been made with the Director of Child Development revive the OVC Technical working Group in the state.
- A client at Koko has been offered a free consultation, screening and treatment of cataract infection by Fati Lami Eye clinic funded by Tulsi Chenrai Foundation in Kebbi as a result of advocacy activity facilitated by the PROACT team in Kebbi State.
- Emergence of a community food bank periodically refilled by community members towards meeting the nutritional needs of OVCs and indigent PLWHIV



Figure 4 Community food bank in Gashaka

Strengthened community and facility based HIV care systems to improve HIV service delivery:

To strengthen the community systems and also ensure that project goals are met, a review of programmatic strategies and activities was conducted through data analysis and presentations. Results showed areas of gaps which need to be strengthened especially for HIV positive client enrollment, CD4 testing at baseline and repeat, administration of the TB symptom checklist, pediatric services and defaulter tracking. Steps taken to improve on identified gaps include: strengthening of activities of the tracking teams, providing patient level education on

importance CD4 evaluation during post test counseling and at support groups, scaling up the family centered approach for HCT to meet pediatric targets, improving collaboration between the DOTS units and the physicians to increase TB screening of PLHIVs and improving on escort services from testing points to enrollment point with particular emphasis from the laboratories which records the highest number of persons counseled and tested but worth poor enrollment figures.

Quality Assurance for community and facility based HIV care services

HCT focal persons in the health facilities (nurses) were supported to intensify monitoring and supervision efforts on volunteers' activities and ensure quality services are rendered. Pre and post test counseling sessions were observed and feedback provided to counselors. Service providers were encouraged to use job aids as a tool to assure quality in the service delivery. PITC, OVC, HBC, tracking registers and volunteer duty sheets were reviewed and audited by the specialists to ensure that data is captured consistently and correctly during mentorship and supervisory visits. Internal referral linkages of clients were strengthened in SH Jalingo and FRH Ibi to facilitate 100% enrollment of positive clients, CD4 investigations and proper adherence counseling to PLHIVs through escort services and use of tracer cards. During the quarter, regular visits were conducted to sites to mentor service providers (volunteers and facility staff) on PITC, emphasizing quality and 100% enrollment into care of identified positives, adherence counseling and tracking issues as well as strengthening internal referral linkages between service delivery points. A total of 29,414 persons were counseled and tested this quarter. For quality of CHBC services, one nurse from each model site trained on HBC joins the volunteers to visit the homes and offer services to clients.

Strengthened OVC service delivery through the use of CSI tools

Following the recent capacity building for OVC service providers to deliver qualitative OVC services on needs basis in line with the national guidelines, trained OVC service providers have commenced extensive service delivery across ProACT targeted communities using tools such as Child Status Index and Vulnerability Index (VI) for assessment, registration and determining the needs of the child in preparation for service delivery. In Niger state for example, the use of the VI tool revealed that the children identified fell into the "vulnerable" category as their scores ranged from 1 to 9 while the use of the CSI tool showed that services required by up to 80% of the children included; household food security, psychosocial support, and care giver economic strengthening. Among all OVCs assessed so far, all children within school age are attending schools taking advantage of the UBE free basic education. In general a total of 322 OVC were served during the quarter under review with psychosocial support; nutritional, legal and health care services.

Community Home Based Care (CHBC) Service delivery commences in supported states

ProACT has supported the commencement of CHBC service delivery following the capacity building of service providers across targeted sites. The purpose of the CHBC service delivery as a component of Basic Care and Support is to empower clients with



Figure 5 demonstration of water purification at home using Waterguard

knowledge and information, about their health, treatment and their environment towards imbibing behaviors that will lead to improving their quality of life. Clients are educated about the availability of CHBC services and its benefits at support group meetings and during enrollment in the supported sites. Clients who have no issues with disclosure and confidentiality and are willing to be visited will indicate their interest and the CBHC team will then proceed on the visit to their houses. During these visits services such as counseling on nutrition, hygiene and safe food handling practices, drug adherence, utilization of the basic care kit (LLIN,PURR for water treatment) clinic appointments, TB awareness education, are provided in the home. In Niger state, the CHBC team reported that 5 out of 14 household visited did not put to use the LLITN received at point of enrollment. The reason given by the client was that the weather was too hot and that the use of the net was uncomfortable. The clients were counseled on the need to correctly and consistently use the LLITN. In Taraba, Adamawa and Kwara, 31, 50 and 28 households were visited respectively and served with various forms of services in this quarter. Ongoing home visits and monitoring of those visited reveal that clients are exhibiting positive living behavior such as using the LLITN, keeping their surroundings clean etc. They express gratitude to the team for taking out time to visit them at home to ensure that they are living a healthy life.

Reduced client drop out from care across supported sites through active tracking activities

Tracking of defaulters and Lost-To-Follow-Up (LTFU) clients was a major focus in the quarter under review. The tracking teams made up of community based volunteers, PLHIV and facility staff has been actively working within their communities through telephone contacts and home visits to ensure that clients who have defaulted and those LTFU are tracked back to care. The teams also ensured that all clients tracked back to care have a repeat CD4 and are empowered with information and education highlighting the importance of keeping clinic appointments. During the quarter under review, significant progress has been made with tracking activities. In Adamawa state, of the 185 clients tracked, 102 were tracked, had repeat CD4 evaluation and were initiated on treatment, 14 denied status or refused to return to care, 44 had provided wrong addresses, or had self transferred or changed location. 19 were confirmed dead and 13 are expected to return back to care. In Kwara 129 defaulters and patients lost to follow up were tracked, 91 were tracked back, 5 were confirmed dead and 33 had incomplete addresses or had self transferred to other USG supported care and treatment sites.

Ongoing psychosocial support

Facilitating Support group meetings is one of PROACT's care and support strategy. The support group meetings provide a forum for offering psychosocial support through experience sharing and counseling to PLHIV and their family members. It is also used as an avenue to provide preventive health/and positive living education for the clients with the aim of improving their quality of life. Efforts are made to strengthen these meetings to become empowered and independent towards sustainability. As part of our system strengthening efforts, PROACT recorded the following achievements during the month under review; 4 support group members selected from 2 support groups in Kogi and Niger had their capacities built in financial management organized by the CB project of MSH. Support groups in both Specialist Hospital Jalingo and First Referral Hospital Gashaka have been registered and received certificates, bank accounts were also opened by the groups. Two support groups, Abejukolo and Lokoja finally received their certificate from the State Ministry of Women Affairs and Social Development; this has facilitated their registration with Kogi State Action Committee

on AIDS. A new SG was established in Hong Adamawa state with 21 new members. In Kwara 45 newly enrolled clients joined the support groups this quarter. Other outcomes of monthly support group meetings held across PROACT supported sites include:

- Defaulters who are tracked and brought back to care were monitored, and also patients on care who are due for repeat CD4 had their CD4 done. Some OVC who attended the SG meetings were served.
- Basic care kits were also distributed to members during the meetings to members who did not receive the kit at enrollment. Rapid assessment of the benefits observed by members of SG were conducted and those who reported that they had used the BCK as thought during the meeting and in the facilities have reported that they had fewer incidences of malaria and diarrhea. PROACT will continue to evaluate the outcomes of the use of BCK through rapid surveys.

Gender mainstreaming

As part of the strategies to mainstream gender into the support group activities, so as to increase male participation, male members were nominated across the sites to mentor other male members during clinic days as it was observed that a lot of men attend clinic appointments but not support group meetings, Clinicians across the sites also stressed the need for them (men) to attend the meeting during clinic consultation

Community Networks, Referral and linkages to promote access, community ownership and participation

As part of PROACT's strategies to increase access, promote community participation and support towards sustainability, referrals, networking, linkages and partnership formed a special focus in the quarter under review. 20 (7M, 13F) persons were referred from the targeted communities to MSH supported sites for HCT and STI services and served as a component of minimum package under the PROACT prevention program. The PROACT team at Kebbi and support group from Argungu also in Kebbi state participated at the NELA/NECAIN project workshop held at Zinari hotel on 18/03/10 to 19/3/10 titled "Monitoring and Evaluation of OVC documentation and dissemination of M&E tools". This was a skill building workshop and also opened doors to greater partnership opportunities between MSH and other participating organizations. Through networking efforts of the PROACT team in Kebbi State, Kebbi Association of Positive Living Persons (KAPOP) donated two (2) Tailoring Machines and Seven (7) Grinding machines to Argungu Support group members. These items will support economic empowerment of SG members towards self reliance. As part of activities to strengthen referral and linkages during the quarter, community referral network meetings were held across the CCT sites. This activity helps to track referrals from PHCs and Private hospitals to the CCT sites and also strengthen the referral system. In Kwara State for example, with the referral network, the number of people referred for care and treatment at the CCT sites has increased as a total of 12 patients were referred from PHCs and private hospitals to CCT sites during the quarter. In Taraba State, 16 and 15 OVCs were linked to WHO Nutritional programme in Ibi LGA and FADAMA (irrigation farm) OVC project in Gashaka LGA respectively. Also 13 OVCs were linked to The Senate President's Wife's foundation for free drug supply after medical assessment in the PROACT Comprehensive Care and Treatment sites in Ibi. 1 OVC was linked

to HIV desk officer in Ministry of Education for re-enrollment back to school in Jalingo, Taraba State.

Wrap around Services/Leveraging

- Support groups are gearing up towards the start off S.L.A for the association as members voted to begin paying a monthly stipends, open bank account, draft and adopt S.G constitution, draft loan application forms and guarantor form for members who intend to access loans from their savings
- Leveraged resources from targeted communities have been used to support indigent PLHIV to pay their hospital bills

Economic Strengthening intervention to improve quality of life

A review of the tracking and home based care activities carried out during this period showed that the most common factor identified as being responsible for clients defaulting from accessing care and treatment and even meeting their OVC needs is lack of income. In view of this an assessment of the economic strength of every PLHIV visited was carried out in addition to other interventions during Home visits to identify those in need of economic strengthening intervention. Identified PLHIVs who already have some skills and were willing to start generating income using those skills were identified and assisted to start their income generating activities to enable them meet their household needs including OVCs as well as regularly save part of their profit to raise fund for expansion of their business. Summary of those reached with this intervention are as follows:

- 47 PLHIVs and Caregivers were visited and assessed
- 5 PLHIVs were assisted to start and within 3 months 4 of them saved five times their initial capital.
- Ongoing Savings and Loans Association formation by the care givers

Resource leveraging

Recipient	Donor	Items received
30 SG members from all six CCT sites In Niger	Niger State Government	<ul style="list-style-type: none"> • Clothing, • 30 bags of Rice, • N150,000 cash (N5000 for each PLA)
MSH OVCs in Niger	All participants of OVC/HBC training from all 6 MSH states, SMoH & SACA.	<ul style="list-style-type: none"> • 224 rolls of tissue papers • 108 bars of bathing soap • 42 bars of washing soap
Niger state orphanage home	Batch 1 OVC training participants (donated N20,000 cash that is converted to buy items)	<ul style="list-style-type: none"> • 2 bags of Rice • 1 carton of washing soap • 6 rolls of bathing soap
Support Groups in Kwara	Wife of the LGA chairman	<ul style="list-style-type: none"> • 2 dozens of Plastic chairs • Benches

3 PLHIV who were on admission and could not pay their bills in Kwara state	Community members	<ul style="list-style-type: none"> • N18,080 (Eighteen thousand and Eighty naira)
KSSH, Lokoja and Koton Karfe	KOSACA and Nigerian Network of religious leaders	<ul style="list-style-type: none"> • 2 bags of Rice, 2bags of beans • 1 carton of peak milk • 6 sachets of milo(450g) • 6 sachets of salt • ½ bag of beans • ½bag of rice
	Global Hope for Women and Children	<ul style="list-style-type: none"> • Men's clothes • 4 school sandals for OVC
Support Group in Abejukolo, Kogi State.	A member of the community	<ul style="list-style-type: none"> • 2 hectares of land for SG members to farm.
5 SG members	CHAN and SMOWA	<ul style="list-style-type: none"> • Nutritional support(a pack of rice, beans, milk and washing soaps.
MSH office, Kebbi	FHI,GTZ and FMOH	<ul style="list-style-type: none"> • IEC materials
Support Group members in Argungu	KAPOP/ SACA	<ul style="list-style-type: none"> • 2 tailoring machines • 7 grinding machines

Challenges

- High level of stigma (self and societal stigma) among PLHIV and community members in targeted communities.
- Low facility staff participation in facility based service delivery
- Staff transfer and retrenchment by government impede service delivery at some sites.
- Loss of clients and high rates of defaulting attributed to lack of enlightenment in the communities and the quest for faith healing among PLWHAs which has led to increased status denial.
- Incorrect addresses given by clients during enrollment impacts negatively on tracking efforts

Next quarter plans

- Work with the Health department of targeted LGAs to continue with the process of strengthening community systems for sustainability of community HIV services.
- Strengthen the Facility system to ensure that gaps identified in the 6 months assessment of Pro Act facilities are adequately addressed
- Improve quality of care through continuous work with facility staff to ensure proper documentation of referrals are done to avoid double counting of number positive and ensure all positive cases are enrolled and those not enrolled are accounted for, carry out monthly referral/LTFU and defaulters tracking review meetings at all the CCT sites.
- Strengthened referral Network in all the sites.

- Organize Community Awareness Activities in all the sites as to increase the number of clients accessing services and address stigma and discrimination at targeted communities.
- Intensify effort in tracking back the remaining clients who are lost-to-follow-up
- Strengthen the client flow and internal referral linkages from each service delivery points to ensure enrollment of all positives clients.
- Carryout ongoing, PITC, OVC and CHBC services across PROACT targeted sites.

CLINICAL SERVICES

The quarter under review was characterized by a remarkable increase in HIV service delivery quality improvement activities, new sites activation, as well as the implementation of several previously planned interventions. Activities and achievements during this quarter are highlighted below:

PMTCT

Towards universal access: MSH leads a multi-sectoral partnership to Scale up PMTCT Services in Rural Communities in Niger State North Central Nigeria.

The 2008 UNAIDS report on global PMTCT burden identified Nigeria as the country with the highest global burden; 31% of all HIV positive pregnant women live in Nigeria. Although PMTCT is an important priority area for HIV prevention efforts in Nigeria, only 8% of identified pregnant positive clients are offered ARV prophylaxis due to inadequate access to services. Since 2008, the USAID funded ProACT project of Management Sciences for Health supports HIV services in Niger state in North central Nigeria. In 2009 MSH was mandated by USAID to lead the process of a state wide PMTCT scale up. As part of this effort, advocacy for increased government participation was conducted which resulted in a joint mapping of sites and development partners providing PMTCT services in the 25 LGAs (districts) in the state. MSH supported the state PMTCT Technical Working Group to develop a priority plan of action and also strengthened the institutional capacity of the state AIDS control agency. By February 2008, only 5 (20%) LGAs out of 25 LGAs had one facility each providing PMTCT services. Between March 2008 and December 2009, over 29 public health facilities were assessed. Based on availability of infrastructure and human resource capacity, PMTCT services were scaled up to 15 facilities in seven LGAs by the first quarter of 2009. Three additional facilities in three LGAs were activated by the second quarter of 2009. LGA coverage has increased from 20% to 60%, 23 facilities now offer PMTCT services. 17,900 pregnant mothers accessed counseling services, 8,987 opted in, and of this 403 were found positive. This project demonstrates the feasibility of scaling up PMTCT services to rural communities in Nigeria through multi sectoral partnership. We however observed that home delivery and poor utilization of government facilities still constitute a hindrance to high coverage.

Adult Care and Treatment

Increased Access to HIV Care and Treatment Services in Taraba States

As at January 2010, MSH Taraba State program contributed about 33% to the entire MSH Facility data, this is the largest contribution to MSH adults enrolled into care. In realization of the growing need to decentralize access to qualitative HIV care and treatment, the ProACT

project in partnership with the government of Taraba, launched comprehensive HIV care and treatment services at the First Referral Hospitals Donga and Ibi. The selection of these sites was strategic first because they are located in southern Taraba which has limited number of sites providing comprehensive HIV care and treatment services. The state and LGA officials as well as the communities in the two sites were fully engaged to support service provision. The LGA authorities in both Ibi and Donga supported some level of renovation and provision of some furniture in the facilities while the state officials were at the facilities to witness the launching of services and also demonstrate their commitment towards program implementation. The start up of HIV services in these two facilities brings to a total, 25 CCT sites currently supported by the ProACT project across six states. Prior to the launch, a two day key staff orientation seminar was conducted to sensitize facility teams about commencement of services and also enlist their support for the program. In addition HIV resources such as adult and pediatric national guidelines, SOPs and Job Aids were provided to ensure delivery of quality services. Patient flow was also redefined and clinic space renegotiated to improve linkages between the various service delivery points such as pediatrics and ANC units. A Multi disciplinary team (Patient Care Teams and Project Management Teams) of service providers was inaugurated to provide coordination and oversight. Data from First Referral hospital Ibi at activation showed that 236 clients were counseled and tested for HIV (M= 116, F= 120) out of which 16 were positive (M= 5, F= 11) while 11 were enrolled into care (M= 5, F= 6). It is expected that these 2 facilities will contribute significantly to not only providing access to the people living with HIV in Donga and Ibi communities but also contribute in ensuring that MSH achieves our expected project goals.

Pharmacovigilance for Adverse Drug Reactions

The project has during the period under review continued to track drug side effects observed in its facilities. Eight cases were reported from five health facilities using the NAFDAC reporting form. Zidovudine related anemia was the most commonly reported adverse effect accounting for 50%. Two cases of Nevirapine hypersensitivity rashes representing 25% were reported. There was also a case of stavudine induced severe lipodystrophy with gynaecomastia and a case of efavirenz related neuropsychiatric symptoms. In all the reported instances, the clients had the offending drug substituted according to the national guidelines. A detailed report was collated in the national form for onward reporting through the USG logistics team while the filled forms would be submitted to NAFDAC as stipulated by the Nigerian Government. There is an obvious need for the project to continue to strengthen the capacity of the clinicians to identify and report adverse drug reactions

Challenges

- Patient retention in care, side effects of medications, increased medication management, greater need to maintain long-term adherence, and continued need for prevention amongst positives.
- Low level of staffing continues to remain a challenge. Increasing workload is not matched by an increase in number of staff. Limited man power in Cottage Hospital Hong may affect the quality of adherence counseling.
- Poor clinic coordination and client flow due to increasing client load

Next quarter plans

- Strengthen the capacity of clinicians and records staff to flag patients that need to discontinue cotrimoxazole due to CD4 appreciation.
- Ongoing CMEs for clinicians on management of common opportunistic infections (OIs) and ensure that all cases are properly documented.
- Strengthen the capacity of all supported sites to hold regular switch meetings for early detection of cases of treatment failure.

TB/HIV Collaborative Activities

ProACT project supports Kogi State government to mark the World Tuberculosis Day by organizing a forum for Tuberculosis service providers

Nigeria has the fourth largest TB burden in the world. TB case detection for the country falls well below the 70% national target. As at 2007, 27% of new TB cases in Nigeria were HIV positive and 42 people per 100,000 of the population are co-infected with TB and HIV. To save lives and control TB, we must improve detection and treatment in a comprehensive and sustainable way; we must strengthen the systems that support detection and treatment. In six states across Nigeria, the ProACT project is building partnerships across sectors, nationally, and locally-to integrate TB services with HIV services and primary health care. The ProACT project also builds skills among health professionals and engages communities to prevent and control the disease. In partnership with the Kogi State government, ProACT supported the commemoration of the World Tuberculosis Day which was held on the 24th of March. Through the Tuberculosis/Leprosy Control Office a meeting was hosted for TB/DOTS service providers, TB Supervisors and Local Government Action Committee on AIDS (LACA) Coordinators in three Local Government Areas (LGAs): Dekina, Omala and Bassa where challenges exist in identification, documentation and integration of TB services into the HIV/AIDS care and treatment programs and clinical services in general. The Forum was proposed against a background of:

- Low case detection (estimated at 30% for the State)
- Poor use & update of TB Client Treatment Card and TB/DOTS Registers
- Poor integration and collaboration between TB/DOTS service providers and other hospital staff in identifying TB clients(using tools like the TB Symptom Checklist), updating each other on the progress of management, and sharing resources (for example, tracking of defaulting patients)
- Poor ownership and use of programme data to show the authorities their contribution to health outcomes and the need for increased support

Using the WHO 5 elements of DOTS: Political commitment & financing, Logistics & supply chain management, Microscopy & increased case-detection, standardized treatment with supervision & support, impact measurement using M&E systems as a framework for deliberations, the one-day forum encouraged participants to share their experiences providing or coordinating TB/HIV services, identify challenges and proffer environment-specific interventions to increase TB case finding, treatment monitoring and pragmatic use of data. Many expressed concern about poor government support for TB services, challenges with medication supply chains and logistics, number of TB clients defaulting treatment, and inadequate reference hospitals for TB in the region). The outcomes of the TB Service Providers' Forum included but were not limited to:

- A commitment to increase sensitization at the LG administration and Community levels to scale-up TB Case Detection

- A commitment to better coordinate TB/DOTS services using the forum of the monthly Patient Care Team Meetings in Comprehensive ART sites
- A commitment to better coordinate tracking of defaulting TB clients using the Defaulter Tracking system in Comprehensive ART sites
- A commitment to review TB/DOTS services after 6 months using the following indicators:
 1. Number of new clients started on Anti-TB drugs (to show increased enrolment into DOTS or “TB Case Detection”)
 2. Number of patients who start and complete Anti-TB drugs (to show reduced incidence in the number of clients defaulting DOTS or “TB Case Holding”)
- A commitment to improve quality of documentation so selected indicators can be accurately measured

The event was featured in the news bulletin of Kogi Radio “Prime FM” on the evening of the 25th and the morning of the 26th of March, 2010 as a USAID-supported, multi-sectoral collaboration to commemorate World TB Day and improve the quality of TB services in Kogi State.

Task shifting to improve clinical screening for TB in all MSH supported sites

Improving TB case detection amongst HIV patients has been one of the key priorities of the LMS ProACT project. The use of TB symptom checklist by the clinicians was however observed not to provide the desired outcome due to increasing patient load and multiple clinical tasks performed by the physicians. Less than 50% of all newly enrolled clients were being screened for TB at first clinical contact in many of the supported facilities. To address this challenge and to ensure that the needs of HIV positive clients are met, the ProACT team identified and built the capacity of triage nurses in the facilities to screen clients for TB. This intervention led to a significant increase in number clients screened. The number of newly diagnosed HIV positive clients screened for TB at enrolment rose from 36% and 39% in Kagara, and Tunga Magajiya in the third quarter of 2009 for example, to 85% and 100% respectively in the quarter under review. The sites were ranked based on their performance in the previous quarter and site specific interventions were designed which is aimed at strengthening the capacity of sites with the lowest performance. The overall goal is to have all ProACT supported sites to achieve 100% TB screening rate by the end of July 2010.

Increased access to DOTS services in supported sites

Provision of TB treatment in all ART sites is part of the strategies of the LMS project. Following the activation of Cottage Hospital Hong in Adamawa, the project took steps towards achieving that objective. The LGA PHC director and the TBL supervisor were contacted on the need for the center as well as deployment of a staff from the LGA to support service provision in the unit in view of the human resource challenges in the facility. The LGA has since responded to the demands and the facility now has a fully functional TB/DOTS center. The seconded LGA CHEW staff was trained in TB/HIV collaboration to equip her with the necessary skills and motivation to do the job

Ongoing capacity building to enhance human resource for TB/HIV collaborative activities

In an effort to improve services in the TB/HIV area in the recently activated sites and sites with identified training needs, the LMS-ACT project conducted a 4-day TB/HIV training. Health workers were drawn from 4 newly activated sites and 9 older sites in six states. The main

objective of the training was to build their skills in TB/HIV collaboration and TB/HIV co-infection detection and management. A total of 29 participants were trained in areas that include TB/HIV collaboration, TB infection control in health facilities, Counseling in TB patients, and TB/HIV recording and reporting. The workshop took the form of didactic lectures, group work and roles play. Pre and post tests were used to evaluate performance of the participants

Challenges

- Routine clinical screening for TB is still a challenge across most supported sites due to paucity of clinicians.
- Human resource challenges in the challenges at the KSSH negatively affecting TB/HIV collaborative activities
- TB infection control committees not fully functional and facility specific infection control plans not developed.

Next quarter plans

- Mentor the facility staff on the need for a two-way referral between TB and HIV units
- Ensure proper documentation of TB/HIV services in all registers and forms.
- Mandate the site coordinators to do frequent supervision of documentation at DOTS units.
- Continue to mentor nurses/data clerks on TB screening for all clients at enrolment

Pediatric Care and Treatment

Children's Play room initiated to enhance family-centered care and Pediatrics HIV Services

Management Sciences for Health (MSH) activated HIV/AIDS services at the Children's Specialist Hospital (CSH), Ilorin in February, 2009 as part of her partnership effort with Kwara State Government to reduce the spread of HIV and provide treatment and care to those that are HIV positive. As at February, 2010, fifty six (56) children have been enrolled to care at the hospital while eight of them are on treatment. One hundred and fifty one adults are also enrolled into care while forty are ever on treatment. Although essentially a pediatrics hospital, CSH provides HIV services to pediatrics and adults, especially women. To enhance its family centered model, MSH ProACT project saw the need to create an avenue for pediatrics clients and their care givers to relax and entertain themselves when they come to the hospital to access care. This strategy will also ensure that care givers keep to clinic appointments and are provided with pediatric focused education on adherence and nutrition amongst other things. Consequently, ProACT sourced for partners that would supply children play items through its HQ in Boston, US and partnered with indigenous NGO to complement



Figure 6 A child at play at the Children's play room!

the effort of international assistance for sustainability. This resulted in the partnership with Well-Being Foundation and the management of CSH. Well being Foundation is a NGO initiated by the wife of the Executive Governor of Kwara state, Mrs Oluwatoyin Saraki and its main area of focus is prevention of mother to child transmission (PMTCT), provision of drug and nutritional supplement to mothers and children, women empowerment; and scholarship for orphans and vulnerable children (OVC). It had in previous years assisted the maternity and children's units of the hospital. To translate plans into action, a room was identified to serve as a Children's play room. Well being Foundation provided funds to tune of N150,000 (USD 1000) which facilitated the renovation and equipping of the room with audio visuals such as television and a VCD machine. Children's room is now fully functional with toys of different kinds that can stimulate the children, drawings of different kinds on the wall that would challenge the children to fully utilize the facility available. Hospital administration and staff members are fascinated and everybody has been coming to catch a glimpse of what the room has to offer. Though the space is limited, the impact of this on pediatrics assessing care at the hospital will be great.

Access to DBS for EID initiated in MSH supported sites yet to be enlisted in the national EID network

To increase access to pediatrics HIV services ProACT project has activated a total of 25 EID sites (24 comprehensive care and treatment sites and 1 primary health care site). Eight active sites are linked to the phase 2 national EID network while 17 are enlisted by FMOH for phase 3 national EID scale up. The project recently expanded HIV/AIDS care, treatment and preventive services to four additional secondary health care facilities (Cottage Hospital Hong in Adamawa State and General Hospital Omuaran in Kwara State in October 2009; First Referral Hospitals at Ibi and Donga in Southern Taraba in January, 2010.) to increase access to hard to reach communities. Data from these sites indicate that 31 pregnant HIV positive mothers were diagnosed and 10 exposed infants identified but due to inadequate access to EID were not linked to EID services. Based on these challenges ProACT initiated a process to increase access to EID services in four of these facilities. 2 staff each from these facilities have received training in EID. Prior to initiation of services, the capacity of 25 Health Care Workers selected from the four newly activated sites-*Hong, Ibi, Donga and Omuaran* and ten non-enlisted EID was built to provide EID services. Training consisted of four days activities involving didactic lectures, role plays, and practical sessions. At the end of the training, participants acquired knowledge in overview of PMTCT, collection, labeling, drying, packaging of DBS samples and counseling skills on how to present a pre and post test result of HIV tests (Rapid or DNA-PCR) to caregivers. At the end of the training participants from each State developed priority action points that will assist them in implementation of the EID program. DBS kits were also supplied to each facility team to commence collection of samples. All the 25 CCT sites supported by MSH now offer DBS for EID services. To further sensitize facility staff, participants conducted step-down trainings to staff from laboratory, maternity, immunization units and head of facilities in their respective health facilities within 4 weeks after the training. A total of 7 DBS samples were collected from 3 of 4 of these newly activated facilities in the month of March. Clinton HIV/AIDS Initiative (CHAI) has continued to support the EID program to ensure early access to ART. This quarter, CHAI provided 10 DBS kits for training and collection of DBS in all our facilities.

Integration of HIV Testing into Outpatient Therapeutic Food Program:

The high prevalence of HIV infection (30%) in children with severe acute malnutrition across Sub-Saharan Africa from most studies was the reason why PROACT with support from Clinton HIV/AIDS Initiative (CHAI) set up a nutritional therapeutic service delivery program. Integrated into this program is the routine testing of all children with Severe Acute Malnutrition (SAM) for HIV infection. This quarter alone 120 children with SAM were screened for HIV infection with 11(9.2%) positive for HIV antibody test. Facilities from Kebbi State alone screened 102 children all of who were HIV negative while out of 12 cases screened in State Specialist Hospital Jalingo, 10 were HIV positive. Those infected with HIV are currently receiving HAART for their disease in addition to treatment of malnutrition with Ready To Use Therapeutic Food (RUTF).

Tracking back Pediatric Clients lost to follow up:

Intensified effort to track exposed and infected infants back to care and treatment was initiated last month as a follow up of central team visit to support the States to close the gaps identified in services. Contact addresses of 137 HIV-exposed and 78 HIV-infected infants lost to follow up (LTFU) from all the facilities have been collated and shared among tracking teams for a more focused tracking. It is expected that by the end of April, an appreciable number should have been tracked back to access services. Subsequently, newly enrolled clients that miss appointment will be immediately tracked back without delay.

Challenges

- Clinical screening for TB still very low in most supported sites
- Limited clinical skills and capacity of newly posted physicians in two supported sites to manage pediatric HIV care and treatment

Next quarter plans

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

LABORATORY SERVICES

Focus of ProACT Laboratory program in the quarter under review was aimed at strengthening State institution's capacity to conduct supportive supervision/audit of Laboratory systems and services, strengthening collaborative partnership with USAID/AIDSTAR-1 project to improving safe work environment through injection safety and waste management training. Innovations in access to care and treatment services through an assessment of the performance of service delivery units and systems was also conducted in the period under review across the six States with strategic improvement steps identified for follow up.

Achievements

Strengthening State Capacities for Monitoring and Supportive Supervision for effective and efficient laboratory service delivery

ProACT facilitated a four day orientation during which three States were supported to set up State Laboratory Quality Management task Teams. Broadly, the task team was instituted to monitor and supervise effective and efficient laboratory services delivery through gap assessment/analysis to determine laboratory needs, inter-laboratory performance monitoring and quality improvement, registration and eventual accreditation of public laboratories. A key next step at the end of the orientation was the development of State specific action plans critical among which is joint supervisory visits between government and partners. Subsequently, a joint supervisory site visit was carried out by the Adamawa State Ministry of Health and Management Sciences for Health.

This resulted in;

- Set-up of separate TB Laboratory at the General Hospital Garkida to improve infection control
- Provision of Z-N stains which has hitherto been out of stock in the facility
- Repair and installation of bucket Autoclaves for sterilization of media/other laboratory wares in both General Hospital Garkida and Cottage Hospital Hong.



Figure 7. Director Lab Services, SMOH, Adamawa & MSH Lab Specialist

More States are currently gearing up for joint supervisory activities and the outcome of this visit will be communicated in the subsequent quarters. MSH Lab Team will continue to work with the States to provide assistance during such visits.

Strengthening Strategic Partnership with other USG IPs to Leverage Core Competencies; The ProACT/AIDSTAR- One Example:

Recognizing core competencies and funding differences, ProACT through the Laboratory program entered into partnership with AIDS Support and Technical Assistance Resources (AIDSTAR-One) project last year to institute a safe work environment. Through this synergy, AIDSTAR provided training to various categories of healthcare workers in ProACT supported sites in Taraba, Kogi, Kwara and some part of Niger State on injection safety and waste management practices. **Benefits:** In addition to the training, AIDSTAR has conducted a preliminary site visit to assess improvement in biosafety situations and to further strengthen capacities. Pro-ACT has further received three thousand pieces of safe boxes for disposal of sharps at the facilities. Next Step: ProACT is deepening this partnership to explore opportunities for additional bio-safety resources and capacity building in the area of post exposure prophylaxis.

Improving TB Case Detection through Proficiency Testing EQA Program:

The focus of Laboratory Quality assurance program is on TB/AFB services. The performances of TB Microscopists across ProACT supported health facilities were assessed through a proficiency testing program in the month of January. Results of performances of the 4/6 States that participated are as shown in the table below.

Slide Number	Result	Expected Result	Error Type
NIGER STATE			
PT-01-12-A001	3/100		
PT-01-12-R005	1+	1+	
PT-01-12-P004	2+	2+	
PT-01-12-T005	0	1+	LFN
PT-01-12-S004	1+	1+	
TARABA			
PT-01-12-R001	1+	1+	
PT-01-12-P017	2+	2+	
PT-01-12-B014	4/100	LFN	
PT-01-12-A015	8/100	LFN	
PT-01-12-Z122	0	Neg	
ADAMAWA			
PT-01-12-T009	1+	1+	
PT-01-12-R010	1+	1+	
PT-01-12-Z116	Neg	Neg	
PT-01-12-P013	3+	2+	LFP
PT-01-12-C011	Neg	Low	LFN
KOGI			
PT-01-12-A004	1+	0	LFP
PT-01-12-P003	2+	2+	
PT-01-12-C003	1+		LFP
PT-01-12-R003	13/100		LFN

The performances of the sites were very exciting with few incorrect results as follows;

- G.H Kagara, Niger had one false negative in the slide PT-01-12-T005
- For S.H Jalingo, Taraba, all the slide results were correct.
- For Cottage Hospital, Fufore, Adamawa State, one low false negative was recorded in the slide PT-01-12-C011 and one low false positive in the slide PT-01-12-P013.
- G.H Kabba, Kogi State had two low false positives at slides PT-01-12-A004 and PT-01-12-C003 and one low false negative in slide PT-01-12-R003.

From the results above, it is evident that the Microscopists at all the facilities supported by MSH urgently need to be re-trained particularly in AFB quantification. This is in line with the findings from the TB Laboratory assessment conducted last year. Results of the performances at this PT will be sent to the TB Reference Laboratory in Zaria, Kaduna through CDC and the State TB program. Feedback will be provided to the participating Laboratories with TA from Lab Systems Specialist and the TB QA focal person in the State Ministries of Health.

Support to MSH PEPFAR Fellowship Program for Cohort D

To operationalize the One MSH concept, MSH Lab Team provided Technical Assistance to the Capacity Building Project in the development of the curriculum for the Cohort D fellowship program which targets Medical Laboratory Scientists. Prior to the fellowship in February, the Laboratory team had several consultative forums with the CB team and the Medical Laboratory Sciences Council of Nigeria (MLSCN) to provide guidance in the selection process. Final list of mentees saw the emergence of **nine mentees from MSH supported sites**. It is worthy of note that while **4 of these mentees were selected on National merit, 5 were considered under affirmative action**. Three Members of the MSH Nigeria Lab Team (viz Lab Systems Specialists for Kwara and Niger as well as the Advisor, Lab Systems) served as facilitators and used the fellowship to share best practices.

Mainstreaming Gender in Laboratory Program through HRH

- Our advocacy effort has continued to yield positive result with the engagement of 7 female Medical Laboratory Technicians currently deployed as follows:

Hospital	No. of Medical Lab Scientists	No. of Medical Lab Technicians
General Hospital Jega, Kebbi State	-	3
General Hospital Argungu, Kebbi State	-	4
General Hospital Koko, Kebbi State	-	-

- None yet have been deployed to General Hospital Koko. This is being followed up through the Director Laboratory Services ministry of Health Kebbi State by the Lab Systems Specialist. 2 out of the 3 in Jega have been incorporated in the ART Lab with the assistance of 2 female Corp members. In Argungu GH only 1 out of the 4 is interested to work in the ART Lab. Plans to provide hands-on training are already in place for the first week in May.
- Still on HRH, Corp Members have been engaged to support the delivery of Laboratory Services with training already provided.

Challenges

- Incessant industrial strike action embarked upon by health workers in Kogi State affected service delivery
- Mass retrenchment in Kwara State also affected access to service delivery
- Equipment down-time due to frequent rodent attack at the sites also affects service delivery
- Stock out reagents across most of our sites

Next quarter plans

- Conclude Lab Audit in Niger State
- Commence Result validation through the reference laboratories
- Initiate and finalize procurement for fluorescence microscopy
- Tidy up with repairs of faulty equipments
- Follow up with Axios on commodity procurement
- Conduct DTS PT Proficiency
- Continue with Biosafety activities in conjunction with AIDSTAR-One in sites not yet covered

SUPPLY CHAIN MANAGEMENT ACTIVITIES

The key mandate of Axios Foundation, Nigeria (AFN) as the supply chain management partner on the LMS-PROACT is ensuring reliable availability of diagnostics and treatment monitoring reagents and other consumables, ARVs, and drugs for prevention and treatment of opportunistic infections (OIs) at designated health facilities in the 6 states of her operation. In specific terms, AFN is responsible for quantification, procurement, warehousing, and distribution of commodities from warehouse to final destination and capacity building for health care personnel both in facilities and at the state central medical stores (CMS). AFN is also responsible for coaching and mentoring of relevant health facility staff (pharmacists, laboratory, nurses at service delivery points etc) on inventory management as well as setting up systems and tools for forecasting, inventory management and reporting. The organization is also be responsible for setting up and maintaining Pharmacy best practice in all currently supported sites. Some of the activities carried out in the quarter are as below:

Procurement and Distribution:

Following the quantification done at the start of the new COP year, approval was granted for the procurement of additional ARVs, OI drugs, and laboratory commodities to complement the stock already available. The orders for these commodities were placed after the selection of the suppliers. The delivery schedule was staggered to fall in line with the consumption patterns of each commodity. The first batch of the commodities was received in December 2009 and they included the new additions to the opportunistic infections (OIs) list among which are the following: Albendazole tablets, Fansidar tablets, Artemeter+ Lumenfantrin tablets, Ibuprofen tablets, Cotrimoxazole vaginal tablets, Ferrous sulphate, Folic acid, Prednisolone tablets, 10% Dextrose/Saline, 0.9% saline, syringes, Cannular, Ceftriazone injection, amoxicillin+Clavulanic syrups. Other items received in the quarter included, CD4 reagents, DT calibrator, QBC tubes, laboratory consumables like Methylated spirit, Examination gloves, Jik, etc. With the arrival of these commodities, all the comprehensive ART sites were replenished on a monthly basis using the pull system of supply which puts into consideration, current and anticipated consumption of the sites. This ensured all the sites have adequate quantities of all required drugs and other commodities.

Mentoring & Supervision

To strengthen this area, three new supply chain management specialists (SCMS) were recruited to bring the total to six, so that each currently supported state has one SCMS specialist supporting the sites, unlike the previous arrangement in which three of them were supporting six states. The SCMS Advisor, visited sites in Kebbi and Kwara during the quarter under review to supervise activities in all our supported sites using the supervisory checklist, and also to guide the new SCMS specialists to have a smooth start. All the SCMS specialists went round all the sites with the rest of the PRO-ACT team to provide onsite mentoring to the Pharmacy staff on proper documentation, inventory control and rational use of drugs as well as to mentor laboratory personnel on proper inventory control and documentation. Other areas covered by the mentoring included proper storage of drugs, test kits and other Laboratory commodities to ensure first Expiry, First out (FEFO), and good storage arrangement.

Quality assurance/Technical Assistance

The SCMS specialists were part of the Quality Management Team (QTM) meetings held in some of the supported sites where they used the opportunity to provide feedback to the facility

management on activities in the Pharmacy and Laboratory units and to address observed challenges to the provision of quality services. The Logistics Advisor was also part of these meetings in Sites in Kebbi state, where issues of proper regimen selection was discussed in addition to discussion on PEP protocols for the sites.

Short term Technical Assistance (STTA)

During the quarter, a Technical assistance mission from Axios international visited the Pro ACT project to help strengthen the Laboratory commodity management for the project. Areas of focus for the team included

- The review of the laboratory forecasting tools to make it simpler and easy to use.
- Building of capacity of supply chain management specialists who are based in each of the currently supported state.
- Development of SOP and supervisory checklist for the management of laboratory commodities in all the supported Health facility, thus strengthening the health systems of the facilities.
- The management of expired laboratory commodities from the health facility to the central warehouse.

Recommendations were made by the TA mission and the implementation of these recommendations will start from next quarter. These include the deployment of the new SOPs and application of the supervisory checklist in all supported sites. They also recommended the development of standard operating procedures for vendors of laboratory commodities, and the step down of SCMS of laboratory commodities training to Pro ACT Laboratory specialists based at the state level and laboratory staff in the supported health facility.

Support for Activation of new sites/ Scale up of Access:

During the quarter, two new CCT sites were activated, one in GH Hong, Adamawa State and GH, Omuaran, Kwara state. Support was provided for activation of the two sites by ensuring that the Pharmacy and Laboratory staffs were introduced to the tools to be used for their everyday activities at their different units. Drugs and Laboratory commodities required by the units were also provided and arranged in the store for ease of dispensary. The need for proper documentation was emphasized to ensure continuous availability of all drugs and commodities. During the quarter, 23 adults and 1 pediatric client were placed on ART at GH Hong while 9 adults were placed on ART in GH Omuaran with no pediatric clients.

Collaboration with other partners:

The project received two consignments Pediatric ARVs, adult 2nd line ARVs, Determine test kits and Cotrimoxazole syrups from Clinton Foundation during the quarter. These commodities were worth about **US\$30,000**, and have gone a long way in ensuring more clients are reached and at the same time adding up to the project cost share target as the commodities are not from USG funding.

Logistics TWG Meeting:

The project was represented at the Logistics TWG meeting held during the quarter and the Quarter 3 Logistics management information for the project was submitted with the Pharmacovigilance reports collated from reports sent from some of our supported sites.

Challenges

- Poor infrastructure and weak coordination system for commodity supply chain management in most PROACT States
- Inadequate human resource to support facility level commodity supply chain management.

Next quarter plans

- Ongoing implementation of recommendations made by the TA mission will commence in the next quarter. These include the deployment of the new SOPs and application of the supervisory checklist in all supported sites; development of standard operating procedures for vendors of laboratory commodities, and the step down of SCMS of laboratory commodities training to Pro ACT Laboratory specialists based at the state level and laboratory staff in the supported health facility.
- AFN working with relevant government organs like the SMoH will advocate for improvement to the layouts of warehousing facilities, using appropriate material handling and storage solutions in PROACT focus states.
- AFN will ensure that the distribution of HIV/AIDS commodities is an integral part of the drug distribution system in the PROACT states and thus eliminating the need for multiple distribution channels. The overall objective is to institutionalize procurement, supply and management of ARVs and other drugs, test kits, reagents and other laboratory consumables within the state health system. Once this is done, AFN will move a step further in the decentralize efforts by incorporating selected local government stores into the supply chain system. HIV/AIDS related commodities will further move from state stores to these LGA stores before moving to the PHCs.

MONITORING AND EVALUATION (M&E)

The ProACT project's M&E unit is responsible for driving the provision of data for decision making at both project and facility level, the new focus of systems strengthening has increased the role of the M&E unit in not only providing data but also strengthening capacity of the states agencies to be able to develop a data use culture at all levels of the HIV response in the 6 supported states. This quarter, the M&E team participated in a number of activities across the different thematic units; the project also took the lead in some key M&E activities in the states which have led to increased strategic information management, monitoring and evaluation and surveillance systems. These activities have contributed to MSH's focus of capacity building, strengthening systems; improving quality of HIV care and treatment and fostering inter unit and collaborative partnerships. In this quarter, key issues affecting HMIS and patient care such as repeat CD4, LTFU or transferred out, ARVs pick up and gaps in HIV clinical services were major focus areas. It was also observed that parallel operation of the M&E unit constituted a challenge to HMIS strengthening, facility ownership and sustainability of the program. The achievements during the quarter under review are highlighted below:

Capacity Building of facility M&E Staff in data collation and reporting to the various state HIV response coordinating agencies

At inception of the project, MSH health facilities did not have the capacity for reliable and accurate data, the facility records unit staff also did not have the skills to collate and report facility service statistics to their respective SACAs and SMOH using the Nigerian National Response Information Management systems(NNRIMS) tools There was inadequate capacity in extracting data from registers, analyzing and presenting to facility management and state institutions to guide decision making at management meetings. This challenge prompted the

MSH M&E team to design and implement activities aimed at building the capacity of the facility records unit staff. The records unit were strengthened through the supply of national data collection and reporting tools, two one week M&E training for data clerks and heads of records units from the various facilities, continuous on site mentoring and supervision by MSH technical team to the facility M&E Officers to further strengthen their capacity in extracting and collating data from the national reporting tools and report to facility management and their respective states coordinating agencies in SACA and SMOH. A review of the situation at baseline showed that at inception none of our supported state's facilities had the capacity to conduct data collection and reporting but as the end of the first quarter of 2010, 5 of the 6 MSH supported states have facility M&E Officer's collecting and reporting service statistics data from their facilities records with the national collection tools and submitting to SACA monthly. This process is still ongoing and needs further strengthening. Expectedly, the M&E Team aims to now drive a data culture use where the data collected is used to drive decision making during monthly facility review meetings by the end of the next quarter.

Integrating HIV patient records into the facility Medical Records Unit System

The M&E Units in Kogi and Kebbi have implemented activities that aim to build and strengthen our supported facilities' Health Management Information Systems (HMIS) the improved HMIS will enable facilities generate timely, accurate and reliable data for the facilities decision making meetings. Notable achievements have been made through the successful integration of Kebbi State's General Hospital Jega and Kogi State Specialist Hospital Lokoja's Medical Record system into one medical record unit, putting together both the HIV clients folders and the other non HIV clients folders into one medical records unit. All client folders on shelves, labeled according to the month, year, and wards by wards (Male Medical Ward, Female Medical Ward, Pediatrics. Ward, Amenity ward, PMTCT and ART), this will make retrieval, sorting, & filing easier while improving the patient level care in the facility. This strategy will also ensure that we reduce stigma and ensure that the HIV clinic are gradually integrated into the mainstream of patient care thus promoting sustainability and ownership.

Supported the hosting of monthly M&E review meetings

The monthly M&E review meetings is a meeting of facility Medical Records/M&E officers; Implementing partners M&E Officers and M&E Officers from the various state Coordinating agencies which include SACA, SACP and SMOH. The meetings serve as a forum where key M&E issues affecting the states HIV response are discussed. During the meetings data from each facility are presented by the facility M&E Officers. Prior to ACT project there were no M&E Review meetings held in the 6 states, currently MSH is driving the process in 2 (Kebbi & Kwara) states and actively participating in the remaining 4 states, again from 5 of MSH 6 states Medical Records/M&E officers are now using this as an avenue to report monthly data to SACA/SACP/SMOH. In improving data quality the M&E Specialist in Kebbi State conducted practical sessions to the participants training them in extracting data from registers into the national reporting forms. In Kwara state this month's meeting's focus was aimed at discussing a sustainability plan in the absence of donor funding.

Improving Health Management Information Systems (HMIS) :Deployment of an Electronic Medical Records Systems in SSH Jalingo

In PROACT supported sites it has been observed that the client load has increased thus necessitating an urgent need to continually provide an improved quality HIV care and treatment to patients through the introduction of an Electronic Medical Health Records system that will ensure data is timely and of the highest quality. This system will also be used to guide service providers in patient management, service delivery and overall program improvement itself. As part of this initiative PROACT advanced discussions with GHAIN M&E unit and this led to a meeting with GHAIN in which a presentation on the implementation of the electronic medical records systems: the Lafia Management Information Systems (LMIS) at the Abuja Country Office. Further discussions were held to deliberate on a possible roll out to one of our tertiary sites as pilot site with possibility to expand to the other sites. This quarter saw preliminary steps to deploy an EMR in one of MSH's supported site with a joint GHAIN/MSH site assessment of the Jalingo Specialists Hospital. The EMR aims to significantly improve the quality of patient level data collected during clinic visits; this data will also increase the precisions at which service providers provide care to patients by providing the accurate and reliable thus improving services providers' ability to provide care and the patient's confidence in the care received. It will also improve program performance by provider MSH staff with accurate, complete and timely data to enhance program decision making. The M&E Team plans to fully deploy this database by the end of the next quarter.

Review of Data Documentation Tools

In measuring the quality of service delivery, it is important that the necessary data documentation tools are developed and made available to capture data, in the ART clinic capturing data on number of people currently on ART was not possible 1 year ago, this necessitated the development of the **LTFU, Deaths and transfer out register**, which has since been in use for 9 months now. This registers has facilitated generating the list of LTFU both for OIs & ARVs for all the CCT sites promptly, it has also now provided the state teams a clearer strategy in identifying the number of people LTFU, Dead and transferred out for instance in Kogi we identified that 33%, 20%, 33% and 35% of clients in KSSH, GH Kabba, GH Dekina & GH Abejukolo respectively are LTFU clients as at January 2010 and high dead cases of exposed babies in GH Dekina. **The Tracer Cards** since inception has significantly contributed to improving patient tracking as each patients detailed contact address can now be captured at the point of enrollment, prior to this intervention majority of the patients could not be reached due to wrong addressed provided or a poor description of addresses, contributing to high untraceable loss to follow ups patients on care and treatment.. The introduction and availability of **CD4 calendar** has also continuously improved the documentation and subsequent access to CD4 testing for both new and follow up clients. In Niger supported sites In April-September 2008, 1061 PLHAs enrolled out of which 786 had their baseline CD4 count but only about 10% of those who had baseline



Figure 8 GH Jega integrated patient records unit

CD4 count had a repeat CD4 count in all the six MSH supported health centers in Niger State; as against 80% of the 704 (1058 people enrolled) who had baseline CD4 count in April-September 2009.

Introduction of the Coding system

The M&E Team introduced a code attached to every client enrolled into care from June 2009, the aim of introducing the coding system was to identify within the health systems point of service delivery where the highest attrition of clients identified as HIV positive who did not enroll into care, the first initial review of this intervention has enabled both the project and facility teams to identify gaps in the client enrollment systems across all thematic points where counseling and testing takes place within the facilities and state where MSH supports, during our review we observed that the laboratory presents with the largest gap in the percentage of HIV+ clients who do not enroll into care across all the states, Kwara(33%), Kogi(61%), Taraba(87%), Adamawa(42%), Kebbi(65%). In states like Kebbi and Taraba where we have 73% and 57% of Positive pregnant women enrolled into care, these states have this thematic unit as their challenge point unlike the other states where the laboratory is their focal point. Subsequently state teams have sat to discuss and proffer the best approach to addressing this challenge.

Challenges

- Difficulty in capturing clients screened for TB using checklist in feeder sites that provides DOT services; ART patient status register in KSSH does not capture pediatrics who received drugs; difficult to track Exposed infants who are due for next DBS/PCR test.
- KOSACA not being able to carry out her routine quarterly M&E TWG & monthly M&E meeting which serves as a venue for quick gathering EOM data from facilities, SDPs & LACAs to the state, & to share ideas and best practices.
- More Chairs & Tables are needed in all the thematic units to avoid staff standing while attending to clients while refresher training is due for facility M&E staff including feeder sites.
- During data collection for this quarter, the SACA M&E was not available for the joint data collection.
- Most activities involving SACA to take lead or support is a challenge.
- Nonchalant attitude of facility staffs toward work.

Next Quarter Plans

Data Quality Audit

To improve the quality of data the M&E unit plans to conduct a comprehensive DQA with the use of the national DQA tools, the DQA aims to achieve 2 major functions first to assess the quality of data documentation in the forms and registers critically looking at the completeness and accuracy of documentation and secondly also to assess the quality of past reported data. In ensuring objectivity the M&E Specialists will be rotated to different states giving the opportunity to also learn from the various facilities in the states they will be assigned to. The findings of the audit will provide the M&E Team with information on data documentation and reporting challenges, the findings will also provide us with state specific solutions to address these challenges. This activity will be conducted in March 2010.

M&E Training on quality assurance of data, analysis and interpretation of M&E data, reporting and generation of issues/action points

Training on quality assurance of data, analysis and interpretation of M&E data, reporting and generation of issues/action points will also be conducted this quarter; participants will be the Heads of Department from the various M&E units in MSH supported comprehensive sites and M&E officers from the state SACA offices. The aim of the training is to build the capacity of the participants on how to collect, manage report and more importantly use for decision making. They will also be trained on how to conduct basic data analysis to generate strategic information that can be presented to different decision making stakeholders. It is expected that at the end of this training the participants will be better equipped to collect analysis and identify the best set of indicators to be presented, they will also be equipped to present data and most importantly guide a decision making process that is based on data this will have a significant effect on the quality of service delivery and patient care.

Integration of GH Kabba M&E unit and to ensure facility staff with support from data clerks work harmoniously to make difference especially in ensuring registers are updated in all sites, and to conduct Saturday CME on integrated M&E for all records staff in the CCT sites to update their knowledge

LMS ProACT Indicator performance January to March 2010

		Jan-10	Feb-10	Mar-10	Jan-Mar. 2010	Cumulative	COP09 Target
PMTCT Services							
7.1	# of service outlets providing the minimum package of PMTCT services according to national and international standards	2	-	-	2	41	29
7.2	# of health workers trained in the provision of PMTCT services according to national and international standards	-	-	-	-	445	
7.3	# of pregnant women who received counseling and testing for HIV	4,004	3,306	4,580	11,890	66417	
7.4	# of pregnant women who received counseling and testing for HIV and received their test results	3,767	3,068	4,337	11,172	68669	12,000
7.5	# of pregnant women who tested positive	108	87	118	313	1731	
7.6	# of pregnant women who received ARV prophylaxis	45	55	49	149	830	560
7.7	# of Exposed babies	59	61	66	186	768	
Prevention							
9.1	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		111	8559	8,670	111	49,091
9.2	Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		257	2439	2,696	257	32,727
9.3	Number of targeted condom service outlets		25	50	75	25	190
	No of individuals trained to promote HIV and AIDS prevention through other behaviour change beyond abstinence and/or being faithful		0	400	400		
Counseling & Testing							
ProACT	# of service outlets providing counseling and testing according to national and international standards	2	-	-	2	56	

1.2	# of individuals who received counseling and testing for HIV and received their test results (including TB)	9,939	8,472	11,003	29,414	238448	
1.3	# HIV+ among individuals counseled and tested and received their test results	741	855	847	2,443	15908	
1.4	# of individuals trained in counseling and testing according to national and international standards		-	-	-	368	
1.5	# of individuals who received counseling and testing for HIV and received their test results (excluding TB)	9,594	8,211	10,697	28,502	244033	8500
OVC Services							
5.1	# of providers/caregivers trained in caring for OVC				-	24	
5.2a	Primary Direct	122	-	131	253	2547	
5.2b	Supplemental Direct	7	20	42	69	1242	
5.2	Total Primary & Supplemental	129	20	173	322	3789	1,800
5.3	# of HIV+ children (0-17yrs) provided with clinical care services (including those on ART)	48	4	62	114	1867	1,200
5.4	# of OVC receiving food and nutritional supplementation through OVC programs	55	-	84	139	2113	
Palliative Care Services							
3.1	# of service outlets providing HIV-related palliative care (including TB/HIV)	2	-	-	2	44	
3.2	# of individuals provided with HIV-related palliative care (including TB/HIV)	1,854	1,668	1,977	5,499	30918	
3.3	# of HIV+ individuals not on ART provided with palliative care (including TB/HIV)	618	556	659	1,833	11048	8,169
3.4	# of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,824	1,637	1,950	5,411	24116	12,458

3.5	# of HIV+ individuals not on ART provided with palliative care (excluding TB/HIV)	588	525	636	1,749	10777	
3.6	# of individuals trained to provide HIV palliative care (excluding TB/HIV)			-	-	211	
TB/HIV Services							
6.1	# of service outlets providing HIV-related palliative care (including TB/HIV)				-	22	
6.2	# of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed)	-		-	-	74	
6.3	# of individuals trained to provide treatment for TB to HIV infected individuals (diagnosed or presumed).	-		29	29	877	
6.4	# of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB	30	31	23	84	4842	
6.5	# of individuals who received counseling and testing for HIV and received their test results in a TB setting	345	261	306	912	1929	533
6.6	# of registered TB patients who received counseling and testing for HIV and received their test results	114	107	150	371	577	850
6.7	# of HIV+ registered TB patients	44	37	33	114		
HIV/AIDS Treatment/ARV Services							
2.1	# of service outlets providing antiretroviral therapy	2	-	-	2	25	
2.2	# of individuals newly initiating ART during the reporting period				-		
2.2.1	Children (0-14)	15	17	25	57	303	800
2.2.2	Adults (15+)	331	371	363	1,065	6146	7,088
2.2.3	Pregnant females (all ages subset of 2.2.2)	22	12	9	43	237	

2.2.4	Total	346	388	388	1,122	6057	
2.3	# of individuals who ever received ART by the end of the reporting period						
2.3.1	Children (0-14)	248	265	290	803	143	
2.3.2	Adults (15+)	5,349	5,720	6,083	17,152	3372	10,968
2.3.3	Pregnant females (all ages)	221	233	242	696	79	
2.3.4	Total	5,251	5,985	6,373	17,609	3515	
2.4	# of individuals receiving ART by the end of the reporting period						
2.4.1	Children (0-14)	175	188	207	570	126	800
2.4.2	Adults (15+)	4,129	4,350	4,599	13,078	2887	7,088
2.4.3	Pregnant females (all ages)	221	233	242	696	145	
2.4.4	Total	4,130	4,538	4,806	13,474	3013	
2.5	# of health workers trained to deliver ART services according to national and/or international standards	-	-	-	-	66	
Laboratory Services							
4.1	# of laboratories with capacity to perform CD4 tests and/or lymphocyte tests	2	-	-	2	19	
4.2	# of laboratories with capacity to perform HIV tests	2	-	-	2	21	
4.3	# of tests performed during the reporting period (HIV testing, TB diagnostics, syphilis testing and HIV disease monitoring)	6,956	6,335	8,399	21,690	182424	
4.4	# of HIV screening tests performed during the reporting period	3,970	3,324	4,316	11,610	137947	

4.5	# of CD4 tests performed during the reporting period	1,074	1,161	1,436	3,671	17436	
4.6	# of individuals trained in the provision of laboratory-related activities			42	42	275	
Strategic Information							
8.1	# of local organizations provided with technical assistance for strategic information activities	-			-	57	
8.2	# of individuals trained in strategic information (includes M&E, surveillance and/or HMIS)	-			-	171	