

PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT— ProACT

Quarterly Progress Report, April – June 2011

MSH Nigeria

July 2011

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Leadership, Management and Sustainability Program, Nigeria

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Photo caption: Mother and Child waiting to access medical services at the MSH ProACT supported General Hospital Bida Niger State. This year marks our 40th year of leadership in health systems strengthening.

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

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

USAID/Nigeria QUARTERLY REPORT

ProACT Project Quarterly Progress Report April to June 2011

ACTIVITY SUMMARY
Implementing Partner: Management Sciences for Health
Activity Name: Leadership Management Sustainability – Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT). Management Sciences for Health (MSH)
Activity Objective: To build the capacity of Nigeria’s public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated with the health system <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: \$60,797,873
Obligations to date: \$23,874,316.99
Current Pipeline Amount: \$3,617,303
Accrued Expenditures this Quarter: \$2,487,675
Activity Cumulative Accrued Expenditures to Date \$20,257,015
Estimated Expenditures Next Quarter: \$2,805,275
Report Submitted by: <u>Paul Waibale, Project Director</u> Submission Date: <u>July 29, 2011</u> Name and Title

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ACRONYMS

AB	Abstinence Be Faithful prevention strategy
ACT	AIDS Care and Treatment (MSH Project that preceded ProACT)
ART	Anti-retroviral Therapy
ARVs	Anti-retroviral drugs
CCT	Comprehensive Care and Treatment
CHAI	Clinton HIV/AIDS Initiative
CHAN	Christian Health Association of Nigeria
CME	Continuous Medical Education
COP	Condom and Other Prevention Program
CSO	Civil Society Organization
DOTS	Directly Observed Therapy Short Course (for TB)
DQA	Data Quality Assessment
EID	Early Infant Diagnosis (for HIV-Infection)
FBO	Faith-Based Organization
FLHE	Family Life HIV Education
GHAIN	Global HIV/AIDS Initiative Nigeria
GPP	Good Pharmaceutical Practice
HCT	HIV Counseling and Testing
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
IP	Implementing Partner
LGA	Local Government Area
LMS	Leadership, Management, and Sustainability Program of MSH
LTFU	Loss to Follow Up
MARPS	Most At Risk Populations (for HIV)
M&E	Monitoring and Evaluation
MIS	Management Information System
MPP	Minimum Prevention Package (for HIV)
MSH	Management Sciences for Health
NACA	National Agency for Control of AIDS
NASCP	National AIDS and STI Control Program (of the Ministry of Health)
NICAB	Nigeria Indigenous Capacity Building Project
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NGO	Non-Governmental Organization
NTBLCP/NTD	National Tuberculosis and Leprosy Control Program and Neglected Tropical Diseases
OVC	Orphans and Vulnerable Children
OSY	Out of School Youth
PEPFAR	US President's Emergency Plan for AIDS Relief
PEP	Peer Education Plus
PITC	Provider-Initiated Testing and Counseling
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PMT	Patient management Team
ProACT	LMS Prevention organizational systems AIDS Care and Treatment Project
RTKs	Rapid Test Kits (for HIV)
SFH	Society for Family Health
SMOH	State Ministry of Health
SOPs	Standard Operating Procedures
SACA	State Agency for Control of AIDS
USAID	United States Agency for International Development
USG	United States Government

INTRODUCTION

This year marks our 40th year of leadership in health systems strengthening. It is not just about MSH's success -- it is about a successful partnership between MSH, USAID and our other funders, and our local colleagues. We will use 2011 to celebrate and learn from our first 40 years, and to rededicate ourselves to our mission and values.

In 1962, Ron O'Connor traveled to Nepal and saw a huge gap. It was not a gap in science and technology but a gap in organizing people, money, medicines and systems. He believed that sound management practices can help save lives and improve the health of the world's poorest and most vulnerable people. Ron had been inspired by his good friend, Dr. Noburu Iwamura's approach of actively empowering communities to take charge of their own health by giving them knowledge of practical solutions to basic health problems. His work valued integrity, humility, hard work, technical excellence, and a commitment to the success of others. Inspired by these values, MSH was founded on May 21, 1971.

Four decades later, our mission and values are more relevant than ever. We have contributed to significant advances in global health but there still remains a measurable gap in services. This year, 10 million lives will be lost to diseases for which we have safe, affordable, proven prevention and treatment. Health Systems Strengthening is now understood as essential by donors and the global health community. We continue to build on Ron's vision and Dr. Iwamura's inspiration, with our staff having worked shoulder to shoulder with local colleagues in more than 120 countries to close the gap between knowledge and action in public health.

In Nigeria, MSH through the USAID funded ProACT project continues to support the government of Nigeria in the scale up of HIV care and treatment services in six focus states. This quarterly report provides an insight of what we have been able to achieve in the quarter April – June 2011. We have continued to build on strengthening health systems for improved health service delivery ensuring State Governments, selected CSOs and community partners take the “LEAD ROLE”.

HEALTH SYSTEMS STRENGTHENING

INTRODUCTION

The HSS unit activities contribute mainly towards attainment of ProACT intermediate result 3 which is capacity of state and local Government leadership structures to mount an effective HIV/AIDS/Tb response strengthened. In the preceding quarter the HSS unit planned to support the states and Health facilities in conducting some strategic activities aimed at improving coordination, stewardship, organizational capacity as well as advocacy skill. Of the six key activities planned five was done with varying degree of successes while. Within the quarter under review the HSS unit continued to advance the course of sustainable health systems strengthening approaches within the scope of the six project states. Some notable achievements of the unit in the period under review despite the national elections and other political distractions were; provision of technical support to the Government of Adamawa State for the inauguration of Adamawa SACA Board and new agency staff; catalyzed the resolution of over six months industrial action by Taraba state health workers; facilitated the development a two year operational plan (OP) for HIV/AIDS in Kebbi State, bringing to 3 states supported in OP development. Detailed achievements and challenges are highlighted below:

ACHIEVEMENTS

I. Supported the Development of Kebbi State Two Year HIV/AIDS/TB Operational Plan

As part of ongoing efforts to strengthen capacity for effective HIV/AIDS coordination as well as ensure that the states strategic goals for HIV/AIDS are realized, ProACT within this quarter, supported Kebbi state to develop a two year costed HIV/AIDS OP. This support was done in partnership with UNFPA who provided funding resources for the state workshop whilst ProACT provided funding support for the development of the plans at the 21 Local Government areas (LGA) and overall technical facilitation of the whole OP development process. This partnership demonstrates of the types of synergy MSH ProACT is promoting in our supported states.

The LGA HIV/AIDS OP development workshops was conducted between June 6th and 10th 2011 with key stakeholders from the LGA while the overall state OP development was done between June 27th and July 1st, 2011, with state level stakeholders and key representatives of the LGA that incorporated the LGA plans into the overall state OP. A performance monitoring plan (PMP) was also developed with the stakeholders to support the state track the implementation performance quarterly. The developed OP/PMP in addition to serving as a tool for effective HIV/AIDS response coordination, the costed OP also will serve as advocacy tool and budget guides for states and Local Government towards increasing Government stewardship for HIV/AIDS/TB.

II. Supported the Inauguration of LACA Stakeholders Forum in Argungu Kebbi State

The rural and local government areas bear the most brunt of the HIV epidemic and yet their capacity to respond to HIV is the weakest. In order to improve the capacity of the LGA's to respond to HIV/TB, and strategically engage all the stakeholders in the LGA, ProACT has

designated 3 pilot LGA's with 3 supported states (1 per state) to strengthen the local response from community to the Local Government administration. Towards this, a LACA Stakeholders Forum (LSF) was inaugurated in Argungu Local Government of Kebbi state on June 8, 2011 and was attended by important state and local government dignitaries including the ProACT Project Director. The LACA Stakeholders Forum (LSF) is a platform designed to facilitate coordination, networking and linkages among service providers, service beneficiaries and the larger community under the chairmanship of the chairman of the LGA. A key objective of LACA Stakeholders Forum is to facilitate positive community influence on the delivery of HIV/AIDS services in such a way as to be appropriate, well coordinated, equitable and accessible to all who need them. The establishment of LACA Stakeholder Forum has the potential of providing platform for information dissemination of available services in and outside of the communities in Argungu LGA of Kebbi State as well as build the capacity of the LGA leadership on HIV/AIDS issues and increase financial support for HIV/AIDS in LGA. Members of the inaugurated Argungu LACA Stakeholders forum included representatives of PLWHAs, CBOs, FBOs, Women, Youth, LGA staff and Traditional rulers. Others included representatives of Private / Public Service providers, Implementing Agencies, and LACA as the coordinating body. A term of reference was also shared with the members and the first quarterly meeting of the forum was fixed for first week of September, 2011.

III. Ongoing Technical Assistance to Adamawa SACA on Development of HIV/AIDS Work Plan for World bank HAF II

In May 2011, at the request of the newly constituted ADSACA management, ProACT provided technical support in the development of a 6-month (July-December, 2011) work plan by Adamawa SACA and other stakeholders in the state. The development of the work plan became necessary and urgent as NACA and the World bank requested the newly constituted ADSACA to come up with a work plan for the 2nd half of year 2011. ADSACA was able to come up with a realistic results focused work plan that was submitted to NACA/World Bank for consideration for HAF II project. The World Bank and NACA have approved the ADSACA work plan and the state is to be awarded \$5m HAF II funds. Whilst the Governor has also approved N20m as State counterpart contribution this is N5m above the required N15m. MSH ProACT team is poised to support the state plans implementation.

IV. Technical Support and Mentoring Visit to Niger State MOH And SACA LDP Teams

Since January of 2010, when ProACT supported the training of health managers from Niger and Kogi States SACA, SMOH and I CCT health facility on the MSH leadership development program (LDP) the Project team has continued to mentor the states LDP team on the applications of leaderships practices and tools. Each of these state teams have successfully implemented a first change project that resulted in improvement of Government Stewardship, (Kogi state owned 3 CCT, LACA inauguration and improving M&E Data collection). Improved service provisions (increase access to ANC and reduction of patient waiting time). The State LDP teams are currently implementing a second change project whilst sustaining the gains from the previous. In this quarter a scheduled mentoring visit was conducted for the Niger state LDP teams of GH New Bussa, NGSACA & SMOH. The mentoring visit aimed at encouraging efforts and assessing the performance of the teams in the application of leading and managing practices. A joint review of

their current follow-on LDP project shows 60% implementation status for the SMOH team, and 35% for SACA. There is a remarkable improvement in the team efforts at improving their organizational management systems, work climate and staff capacity to embrace change.

2. Health facility leadership/management structures to coordinate HIV/AIDS/TB services strengthened

I. Strengthened the Capacity of Hospital Management Committees (HMC) For Improved Health Care Delivery and Systems

Within this quarter three HMC meetings were supported 2 in Taraba and 1 in Kwara state. ProACT approach to strengthen HIV/AIDS service delivery management at the health facilities by the hospital management teams is yielding results; in FRH Serti, prior to our intervention their management team didn't meet regularly, with our TA and capacity development in leadership especially in areas of holding effective meetings, scanning and focusing, the FRH Serti have begun to hold regular HMC meetings making decisions on HIV service such as recent redeployment of a staff to support record (M&E). Collaborated with LGA where a Lab tech was redeployed to work in the Lab. The management with support from MSH conducted advocacy to the new care taker chairman and leveraged N50, 000 monthly to cater for fuelling of Lab equipment and off-set payment of minor surgeries for the poor and vulnerable. Kick started the process of integrating M&E and record as one unit office.

II. Conducted an Orientation meeting on Management Organizational Sustainability Tool (MOST) in GH New Bussa Niger State

As part of the requirement to conducting a MOST assessment training for GH, N/Bussa, an orientation meeting was held with the facility management with the aim of gaining their support, assign specific duties and appoint change officers. The whole idea of MOST is to further strengthen management systems that will ultimately lead to an improvement in service delivery. By the end of the orientation, the facility management endorsed and welcomes the idea, agreed on a date in early July to have the MOST training and also nominated 3 dedicated and respectable facility staff as change managers.

III. Strengthened the Human Resource base of Supported Health Facilities across the Six Project states

Concerned with the dearth of workers in MSH supported facilities, the Adamawa state team conducted series of advocacy visits to the National Directorate of Employment (NDE) to explore their graduate assistance program, this effort yielded result when NDE deployed 5 graduates to the 5 MSH supported in Adamawa State. So far, the team with input from their supervisors at the facility developed Scope of work (SOW) for the NDE interns as we plan a comprehensive orientation for them. The orientation was conducted in the month of June and the interns have since started functioning in their various facilities.

NEXT QUARTER PLANS

- Technical Support for development of 2 year HIV/AIDS operational plan in Adamawa State

- Inaugurate LACA Stakeholders forum in Omu Aran Kwara State
- Conduct HSS and Project Management training for ProACT staff
- Support states SACA SMOH Coordination forum

STRENGTHENING COMMUNITY SYSTEM FOR DELIVERY OF OVC, BASIC CARE AND SUPPORT SERVICES

INTRODUCTION

During the quarter under review, regular community services were provided across ProACT supported sites in Adamawa, Kebbi, Kwara, Taraba, Kogi and Niger States. However, other activities conducted within the reporting period included advocacy to stakeholders for ownership and participation towards sustainability as well as networking with other national programmes to leverage resources to support economic empowerment of persons living with HIV. Activities at some



Figure 1 Community driven food basket Launch in June 2011 in Kagara Niger State

of the health facilities were quite low during the reporting period due to the industrial action embarked upon by the health workers for about two months in Kwara and Taraba States respectively. A major highlight for the community team in this quarter was the development of the support group transition model as well as the 450,000 Naira grant given to the support group in Michika adamawa State by World Bank Fadama III project. The work of community unit contributes mainly to the achievement of sub results (SR) 2 and 3 outlined in the RMF which are strengthened public/CSO and community enabling environments and increased uptake of HIV/AIDS Services by communities in catchment areas

1. Strengthened Public/CSO and Community Enabling Environments

Over the last two quarters, ProACT Community services unit intensified efforts in networking with other health/social development programs to leverage on available resources to strengthen community systems for effective response to needs of vulnerable populations across her supported States has yielded results in the quarter under review.

ACHIEVEMENTS

I. Community Driven Food Basket launched in Kagara Niger State

The MSH team in Niger State recorded huge achievements following a series of advocacies and sensitization of the community leadership to own, participate and mount effective response to the needs of vulnerable populations in their communities. One major result recorded in this quarter is the donation of 45 bags of assorted grains and twenty-two thousand naira (N22, 000) only to the support group of PLHIVs and OVCs receiving care and treatment services in general hospital Kagara by the Kagara emirate council led by the Emir of Kagara as a way of kick starting the community food bank initiative targeted at vulnerable populations in the entire Rafi LGA communities. Making the presentation to the facility head of the Kagara hospital on behalf of the beneficiaries, in the presence of important dignitaries from the emirate, partners and other stakeholders including the country representative of MSH-Nigeria and the media, the Emir said this is their own token to the less privileged and called on other well meaning sons and daughters of the emirate to also support the initiative. MSH country representative Barry Smith was particularly happy with this development which coincided with **MSH 40th anniversary**; while expressing MSH's appreciation to the Emir and his council members for this positive response, noting that it represents what MSH mission stands for i.e saving lives and improving the health of the world's poorest and vulnerable people. Additional foodstuffs were received from other donors at the occasion, while cash donations as well as pledges to the tune of over N350, 000 (USD2300) only were also received.

II. Sustainability Initiative for PLHIV Support Groups in Partnership with World Bank FADAMA III Project Yields Results

Following series of advocacy visits by the MSH State team in Adamawa and the Michika support group leadership to the **World Bank Assisted Project (FADAMA III)** to support People Living with HIV/AIDS (PLHIV), the State Project Coordinator; Mr. Muhammed Kabir Bello handed over a cheque of four hundred and fifty thousand (#450,000.00) naira to the Living with Hope Support Group in Michika, Adamawa State. The money was to be used to purchase a rice milling and hollar machine which will be sited in a choice location of the support

“It is a new day for our support group in Michika and many thanks to MSH for showing us the way and helping us to achieve this. I will ensure that the machine is put to good use in a manner that will benefit our members and the OVC we care for. I will also promise to facilitate the smooth running of our support group even as we prepare to transit to community-based support group” Mrs. Esther Joshua-President Hope SG Michika

group members in Michika Local Government Area of the Adamawa State. The purchase of the machines was done on the 24th of June by a vendor and the members of the support group. The machine will be used to generate income which will sustain the running of the support groups as well as help to them to meet the needs of PLHIV/OVC.

III. Targeted Advocacy for Continued Support and Resource Mobilization In Host Communities

The MSH Niger State community/ prevention team, executive members of support group in New Bussa, and Tunga Magajiya, some key LGA staff including the Director Primary Health Care, his deputy, the OVC desk officer also conducted several other advocacy visits to other traditional leaders such as the Emir of Borgu, District head of T/Magajiya and the LG council chairman of Rijau LGA to:

- ✓ Introduce executives of Support Groups (SG) in the various sites to the traditional leaders and other stakeholders
- ✓ Discuss the handover of SG activities to stakeholders for ownership and sustainability and
- ✓ Solicit for support for clients and OVC in their communities.

During the visits, the traditional leader and other stakeholders were brought up to date with the activities of MSH in their domain and the need for the community leadership to take ownership and support the health and well being of the vulnerable populations in their communities. These advocacy initiatives are ongoing and tangible results will be shared as they are reported in subsequent quarters.

2. Increased Uptake of HIV/AIDS Services By Communities In Catchment Areas

During the quarter under review HCT and OVC services were provided across ProACT supported sites. To optimize service provision, the volunteer system was restructured and only committed and dedicated volunteers were recruited with a new scope of work developed and shared with them. The volunteer system was strengthened in a manner that enables all volunteers to be able to multitask across supporting OVC, HCT and Adherence services in the CCT sites. They now work five days in a week instead of the previous 3 days to ensure adequate coverage, increase efficiency and effectiveness. Below are summaries of results from some states;

- In Niger, the HCT target of 4455 for this state this quarter was surpassed with recorded figure of 6749 (3533 F; 3216 M) and OVC target of 630, was also surpassed with a hundred children, bringing the total number of children reached to 730 while the adherence services were provided to 1993 clients (630 M; 1363F)
- In Adamawa, three minimum services which include; psychosocial support, nutritional support and medical support were provided to **312** OVC. Also Sixty (60) exercise books, twenty (20) big notes and thirty (30) biros were leveraged and donated to the OVC based on needs. :
- In Kwara, 370 OVC (154M, 188F) were identified and enrolled across the 3 supported sites using the child status index and vulnerability index tools. OVC identified were served with three services: medical, psychosocial and nutrition. 9 (3M, 6F) OVC tested positive to HIV and have been enrolled into care and treatment. As part of efforts to give adequate psychosocial support to OVC in the community, Kids' club meeting was held with 61 children in attendance (29M, 32F). The children were given health education and they also had fun from the recreational activities that was facilitated during the meeting.

In Niger, 50 out of the 730 children had their names registered and obtained birth certificates from the National Population Commission in Mokwa.8(5 F; 3 M) children found to be positive following PITC services provided to the enrolled OVC and were also referred for care/treatment.

- In Taraba, A total of **252 OVC (114M/138F)** were enrolled and served with at least 3 OVC services in Gashaka, Ibi and Donga communities. (The June data from Gashaka could not be collected due to network failure and inability of the specialist to visit the site) the table below shows details of OVC services provided during the quarter under review
- In Kogi, the state team has recently developed a central database for OVC service delivery that is currently being managed by the Community Services Specialist. The database has been fully updated for the Kogi State Specialist Hospital. During the quarter in KSSH **268** children were identified, enrolled and served under the OVC program, using the OVI tool, **263** were identified as vulnerable, **5** as more vulnerable while none of them fell into the category of most vulnerable, of the total enrolled, **43** were tested for HIV and none of them was reactive. The more vulnerable ones among them are living with HIV and counseling support for their treatment, appointment reminder, prevention of infection and counseling on nutrition were services provided for them. Also the expansion of the OVC programme to GH Dekina has ensured that performance on OVC targets has improved from 132 to 448.

3. Strengthened the Technical Capacity of Community Structures to Provide Services

Monthly Support Group meetings were conducted successfully across ProACT supported States. Key outcomes of these meetings include;

- Increase in the number of male spouses attending support group meetings with their wives as a result of male mentor initiative.
- Increased participation and engagement during meetings
- Ongoing strengthening of Savings and Loans Associations.
- Executives of SG soliciting for support from key stake holders in their communities in order to sustain what MSH has been doing.

4. MSH ProACT Grants Program-Summary of Achievements

The quarter under review was the 4th quarter of the year-one CBO grant support.. The final achievements of the 5 Grantee CBOs implementing Community HIV/AIDS Programmes in Kogi and Taraba States are captured in the table below;

NAME OF CBOs	PROGRAMME AREA	TOTAL TARGET FOR THE PROJECT	Achievement as at the end of June, 2011 4th Quarter	% Project Achievement	Comments
GLOHWOC	OVC	200	224	112	Targets met
	CHBC	150	156	104	“

CESDYO	CHBC	150	153	102	Targets met
CCFAN	OVC	200	212	106	Targets met
	CHBC	150	150	100	Targets met
GCF	OVC	200	206	103	Targets met
SOFUTH	CHBC	150	150	100	Targets met

Highlights of other activities carried out during the quarter under review:

1. 75 adherence counselors were trained within the month of June 2011. 6 program specialists were also trained and equipped with skills and knowledge to mentor and support newly trained service providers to provide quality adherence services to all clients in their facilities and sites.
2. 4 community services specialists and 2 prevention specialists also participated in the MSH grants management training which strengthened their capacity and skills to manage grants provided to CBOs operating in their various States.
3. Development and sharing of the ProACT's support group model.
4. Support group transition meeting was held with the Specialists also in this quarter; during this meeting, they were brought up to date with the support group transition plans and the Alpha Beta cell model was shared with them in preparation for the implementation across the Support groups.
5. In Kogi State, three volunteers were supported to write and submit one abstract each on the work they are doing. These abstract were submitted to ICASA conference coming up towards the end of the year.
6. The Community services Advisor ProACT, HR Manager and the OVC Advisor CUBS, participated in the Child Safeguarding(Child Protection) Training for USAID Implementing Partners Held in Apapa Lagos from 20th – 21st June, 2011. The overall aim of the training was to increase understanding of the problem of child abuse and enable participants to strengthen, develop and implement protection measures in their organizations in order to support keeping children safe.

CHALLENGES

- Elections and post election violence affected work and made it difficult to meet up with the targets at the initial stage in some areas such as the OVC,

- Industrial strike action embarked upon by the state health work force impacted negatively on service provision in Taraba, Kebbi and Kwara States.
- Inability to provide home based care services to clients in hard to reach communities due to the rainy season and unavailability of BCKs.
- Shortage of test kits to offer HIV counseling and testing services to the teeming number of clients in some sites

NEXT QUARTER PLANS

- Strengthen service delivery across ProACT supported sites and generate demand for HIV AIDS services provided at the health facilities.
- Follow up sustainability efforts initiated in partnership with WORLD BANK/FADAMA III projects for PLHIV Support Groups across the six supported States.
- Support community sensitization and mobilization activities for the planned activation of 3 government supported sites in Kogi.
- Follow up with the implementation of strengthened adherence support systems and plan developed by each facility following the adherence counseling training organized this quarter.
- Review registration of PLHIV groups with relevant ministries and bodies across the six focus states
- Organize the Peer Support Group capacity building workshops in two focus States Kogi and Niger as part of the transition plan.

HIV PREVENTION PROGRAM

INTRODUCTION

In this quarter, scale up of activities of the HIV and Sexual Prevention program of the ProACT project linked to IR 1 and IR 2 was sustained to MSH supported communities. This scale up has contributed to increase access of many more people in the target population to HIV prevention interventions and services that are focused on behavioral change. During the quarter, MSH concluded the process of signing contracts with 12 selected HIV Prevention focused Community Based Organizations (CBOs) in all 6 ProACT supported States. The CBOs were basically engaged to expand interventions to new communities and more importantly achieve the Prevention targets. In addition, more of the target population was reached with HIV prevention interventions using the minimum prevention package interventions. Strategies that support behavior change as well as behavior maintenance of positive attitudes by the beneficiaries were employed by the peer educators and volunteers. Activities were also focused on increased community involvement, system strengthening and ownership to ensure quality service delivery across all sites. More condoms

services outlets were also established to cater for the needs of especially those considered ‘most at risk’. Details of activities and achievements during the quarter are narrated below;

- Increased Access to HIV/AIDS Services through Engagement with CBOs;
- Assessment of Grantee CBOs;
- Supportive monitoring and supervision of peer educators both in and out of school youths and MARPs to ensure quality delivery of peer sessions;
- Establishment and maintenance of more condom services and distribution outlets;
- Target Achievement for the quarter



Figure 2 Experience sharing by peer educators during monthly review meeting in Anyigba Kogi State

Details of Activities/Achievements

2.1 Increased Access to HIV/AIDS Services through Engagement with CBOs:

As part of ProACT efforts toward increasing demands and access of individuals and communities to HIV Prevention intervention programs and services, the process of MSH’s engagement with 12 selected community based organizations in the 6 ProACT supported States was finalized during the quarter under review. Two CBOs of each of the six States having satisfied the requirement for MSH grant engagement, preparatory to signing of the contract agreement and following this, the MOU was signed to seal up the contractual procedures between heads of the CBOs and MSH. Consequently, funds were released and HIV Prevention activities kicked off in the target communities.

2.2 Assessment of Grantee CBOs:

During the quarter under review, a joint team of MSH staff comprising Joy Kolin, Director Business Development, MSH Cambridge, Community team staff in the Country office and in Kogi and Taraba States conducted an end of contract year performance assessment of the grantee CBOs. This was to document lessons and best practices for MSH future engagement with community based organizations. The assessment visit took the team to the CBO offices in Kogi and Taraba States as well as to the primary beneficiaries of the interventions. During the assessment visit, the team conducted interviews with some of the CBO staff, peer educators, traditional leaders, trade associations and other stakeholders who have benefitted from the CBO interventions with a view to appraise their performance in the last one year, with particular emphasis on level of capacity building received, impact of the collaboration with MSH on their organization, effect of the program on the direct beneficiaries, sustainability plans, level of program acceptance and ownership by the community leadership and members.

At the end of her two weeks visit, Joy Kolin documented and shared the outcomes of the team's assessment visit. These were in form of lessons and best practices; she also shared useful recommendations made by the team for MSH future engagement with CBOs.

2.3 Peer Education Sessions/Review Meetings:

Peer education sessions were held across the old and new project communities in the six project States. This activity which remains the fulcrum strategy of MPP contributed to the attainment of the Prevention targets. These processes have ensured and guaranteed quality delivery in the conduct of peer sessions and reaching of peers across the target groups. A positive outcome of the activities of the trained Peer Educators across old and new sites was a huge increase in the number of target population reached during the quarter with HIV Prevention interventions adopting positive behavior change. A case in point is the visible positive impact in some of the host communities where the prevention intervention is being implemented as witnessed in Government Secondary School Bode Sa'adu, Kwara State where incidence of unintended teenage pregnancy was the order of the day prior to the Prevention intervention but is now on the decrease ever since the implementation of the program in the school. In fact , there has not been any reported case of teenage pregnancy, this fact was attested to by the school principal. This has increased support for the program by the school management.

2.4. Monthly Monitoring and Supervision of CBOs:

Oversight function and technical assistance in monitoring and supervising the peer educators in reaching their peers with information on HIV prevention were provided to the CBOs. NYSC Ex-pets still serve as volunteers monitoring and supervising the peer educators' activities in all project communities.

2.5 . More condoms distribution and services outlets established

More condoms distribution outlets were established during the quarter. This was to increase access of the MARPs population in the new sites to condom services and products. In this quarter, a total of about 164 condom distribution and services outlets were established across sites in the six states, 30 of which are female controlled outlets. This is a deliberate effort to stimulate access of women to safer sex products. In addition, it is believed that, the institution of these female controlled condom outlets will empower more women to negotiate for safer sex to reduce their vulnerability to HIV infection. Existing condom outlets were equally serviced with condoms within the quarter to ensure continuous availability of the products and services.

2.6. Provision of ongoing supportive supervision

In the same vein, the HIV Prevention team continued to receive ongoing supportive mentoring, coaching and supervision from the Advisor and Directors to improve performance and effectiveness especially as the ProACT project focuses more on communicating results. Emphasis was laid on ensuring quality delivery at all times as it is traditional with MSH. Verification and validation of data was also stressed to ensure the CBOs are on their toes and are doing the right thing.

3.0 Conclusion

Demand and access to quality HIV Prevention program have considerably increased with the emergence of 12 new CBOs being engaged on the project. Consequently, over twenty percent increase of the target population was reached during the quarter.

CHALLENGES

A major challenge experienced early in the quarter is the delay in finalizing the procedures of signing an MOU with the newly engaged CBOs. However, this has been resolved.

NEXT QUARTER PLANS

In the next quarter, activities will be focused on;

- Strengthening engagement with the 12 CBOs in 6 States
- Continuous engagement with focal persons at the Ministry of Education and Teaching Service Commission to ensure in-school program support;
- Supportive monitoring and supervision of peer educators both in and out of school youths and MARPs to ensure quality delivery of peer sessions;
- Establishment and maintenance of more condom services and distribution outlets.

SUPPLY CHAIN MANAGEMENT SYSTEM (SCMS)

INTRODUCTION

Axios Foundation is a commodities logistics partner on the ProACT Project. Her key mandate as the supply chain management partner in the LMS-ProACT project is ensuring reliable availability of diagnostics, ARVs, and drugs for prevention and treatment as well as other consumables at designated health facilities in the six states being supported by the project. The organization is also responsible for strengthening of Pharmaceutical care, Pharmacy Best Practice (PBP) and development of a pull of locally based Health Facilities Leaders and Managers with capacity and capability to become recognized in their own fields and be able to mobilize stakeholders from across the health community to ensure local ownership, create sustainable health solutions, maintain high responsibilities standards and better respond to changing needs and challenges to help advance the quality and impact of program implementation. Key achievements during the quarter under review are highlighted below:

I. Commodity Management

During the quarter, The SCMS in their various states Supported facility staff across all LMS ProACT supported sites in updating inventory management tools and strict adherence to FEFO through stock rotation were thoroughly emphasized. The implementation and adherence to FEFO

principle in all the MSH supported facilities in the state helps reduce greatly the rate of commodities expiration and ultimately maximize stock utilization.

Also during the quarter, physical stock sheets were designed and distributed to inform and remind clinicians at the facilities of the available commodities (medicines) were also updated regularly.

Challenges:

Lack of commitment of some facilities staff in documentation and updates of tally cards, worksheets and registers

Next Step:

- Ensure all inventory tools across the facilities are updated timely.
- Complete ART status register audit in all the state within the next one month.

II. Integrated Supply Chain Management

Visits were made to all the CC&T facilities to support the facilities in their stock management, generation and validation of their bimonthly reports from both the Pharmacy and the Laboratory unit. Feedback from the reports was provided to the facilities and activities review to help improve quality of service delivery. These reports were reviewed and orders placed for stock replenishment. Consequently, supplies of drugs and laboratory commodities were received during the quarter. In the laboratory shortage of test kits and some reagents across the states affected HCT and other laboratory services to some extent. In response to this some stock were sourced internally leading to one emergency delivery of laboratory commodities during the quarter to supplement to some extent the unfilled orders.

Challenges:

- Shortage of test kits especially Unigold, Stat Pak and lately Determine slows down HCT services in some states which was later relieved by the supplementary delivery to the states. In the absence of Unigold then, confirmations of reactive samples were carried out with the use of stat Pak.

Next Steps:

- Follow up with the SCMS advisor and Laboratory System Advisor to facilitate full supply of commodities to the state.
- Redistribution of the available commodities to be pursued to complement the short fall. Stocks at the facility whose laboratory machines are not functional should be moved immediately to those facilities who has the capacity to utilities them to complement stock in that site and also the avoid expiration of such commodities.

III. Capacity Building

Training on good pharmacy practice was conducted in Zing Taraba state for participants from both Adamawa and Taraba state LMS Pro-ACT supported health facilities. Participants also included the DPS'S from the SMOH, HSMB and Essential Drug Programme from both states. During this training, capacity of facilities staff was also built on the new PMTCT guideline. Facility specific action plans were developed and reviewed during the training.

In order to enhance the capacity of AFN staff on the Pro-ACT project in area of laboratory commodities logistics management and mentoring as a form of training or human capacity building, a TOT on laboratory commodity logistics and mentoring process concept was organized by AXIOS for all state SCMS specialists and some Directors of Laboratory services from four states ministry of health. The Directors were charged to work with SCMS in their state and other laboratorians under them to step down the knowledge received to as many facilities as possible to improve laboratory logistics in their respective states. The goal of the mentoring scheme is to equip the logistics officer with the skills of enhancing the knowledge of facility staff on commodity management. To put this knowledge to practice and improve service delivery some states has identified a mentee and commenced the structured on-site mentoring process. Also in Niger state, the Deputy Director of Pharmaceutical Services in the HMB supported by Pro-ACT was trained on "Strengthening Supply Chains through Monitoring and Evaluation". With the new knowledge and skill acquired, the state has charged him during the last TWG on Logistics meeting with responsibility of coordinating the state team on quantification processes.

Challenges:

Transportation to and fro the mentee HF may be a challenge as there is no budget to accommodate expenses.

Next Steps:

- Follow up on the implementation of the action plan developed during the GPP training by the facility staff.
- All state SCMS should identify a particular facility for piloting the mentoring scheme concept by AXIOS in their state. Work out plan for a successful mentoring exercise with the mentee and work with other team members closely to loop in SCMS schedule/visits to the mentee in their itineraries in order to ease transportation challenge.

IV. Good Pharmacy Practice:

From the last quarter attention on Good Pharmacy Practice has been focused in the area of Adverse Drug Reaction (ADR) detection and reporting (Pharmacovigilance) and good dispensing practice. Three cases of ADR were reported from Kogi and Adamawa state during the quarter. The effects were resolved after the offending drugs were substituted. The Pharmacists completed the NAFDAC Pharmacovigilance form and submitted it to the office. Pharmacists in other facilities were reminded to ask patients appropriately for any incidence of ADR and report appropriately using the NAFDAC Pharmacovigilance form.

Update on patients regimen distribution:

In line with IR 2 "increased access to quality HIV/AIDS and TB services and products", in all the state there is progressively gradual withdrawal of patients from stavudine based regimen to Zidovudine or tenofovir based regimen. In Niger state unfortunately, in this era of stavudine based combination eradication from ART regimen, the MDGs/SACA in the state procured 3000 X 60s tablets of Stavudine/Lamivudine/Nevirapine for distribution within the state ART services. On the guidance of the SCMS advisor, and full involvement of the State Team Leader, advocacy visit was

paid to Niger SACA to prevail on the supplier to swap the drug for Zidovudine or Truvada based combination. The process was immediately initiated by the new Director of Care and Treatment in Niger SACA, but has not been concluded due to recent changes in political situation in the state, SACA is currently awaiting appointment of a new Director General. Currently, in all LMS Pro-ACT supported sites only about 1.8% of patients are still on stavudine based regimen as at the end of April 2011. Analysis of the regimen shows that 69% of the patients are on zidovudine backbone as against the forecast of 60%, 29% on tenofovir backbone as against 40% forecast, 86% on nevirapine (forecast of 75%) while only 14% are on Efavirenz as against the forecast of 25%. This skewed and variant consumption distribution has great implication on stock level as it pushed so much pressure on some products while leaving others in excess. Clinicians are however encouraged to place more patients on this regimen after appropriate laboratory investigation.

Challenges:

- Adverse Drug Reaction reporting is still minimal. Some patients do conceal the events and stay back at home especially when they feel it's not life threatening.
- Inability of some clinicians to identify ADR when the patients visit the hospital with such complains.
- Reluctance of some clinicians to place new patients on tenofovir based regimen thereby places much pressure in zidovudine based regimen.
- Procurement of more stavudine based regimen into the system.

Next Step:

- Encourage clinicians to place more eligible clients/patients on tenofovir based regimen.
- All stavudine backbone should be substituted as soon as possible as the stock currently available in the project will soon expire and there is no plan to replace them.
- Encourage facility staff to probe and report adverse drug reaction. Documenting it is critically very important, not just saying it.
- Continue following up with SACA on the MDG procured Stavudine based combination to get it swapped for Zidovudine/Truvada based combination.

Strengthening supply chain management systems

IR3, sub 3.1.1: During the quarter a team of the Axios Technical Mission on Model Pharmacy from the Country Office visited Kogi, Niger and Taraba state to assess five selected facilities Pharmacy and provide guidelines in line with the Model Pharmacy Concept. Courtesy visit was paid to the head of the Hospitals for debriefing and to buy-in the hospital management support for the department. After the assessment, State Specialist Hospital Jalingo in Taraba state was selected to take the lead in piloting model Pharmacy concept while other facilities management were encourage to address the identified gaps preparatory to the next round of selection.

Full Integration of Dispensing Services was achieved at SSH Jalingo in Taraba state. As against the traditional dispensing for PLWHA from one designated dispensary and other hospital dispensing services to non-PLWHA in another dispensary, three dispensaries has been created with all project medicines and DRF medicines stocked and are dispensed by the same Pharmacist to all patients

(both PLWHA and non-PLWHA). This will go a long way in eradicating stigma and discrimination of HIV clients.

Encourage linkages especially Between Pharmacy department and M&E department to regularly reconcile data to ensure that data collated is correct and a reflection of harmonized efforts from them. This is already creating an improved the working relationship between the two units and has also given them an increased sense of ownership of the work. The planned setting up of state own comprehensive HIV/AIDs treatment centre is in full swing and on course. With the completion of the minor renovation works and the installation of the lab automated machines at the laboratory unit, formal launching and commencement of services is slated for third week of July 2011. The state SCMS officer visited the State Central Medical Store (SCMS) to access the storage space identified within the warehouse for the storage of medicines and laboratory commodities. The shelf arrangement is perfect and adequate but the stores (both drug and laboratory commodities) air conditioners (four 2.0 horsepower window units) are not working. The roof is leaking as spots of leaked water were seen clearly in several places on the ceiling. The unit has a seventeen (17) year old delivery van which breaks down more often than being on road for delivery services. There is a dear need for their immediate replacement if we're to guarantee the shelf life of the products during storage and also timely distribution. In Kebbi state advocacy visit were made to Director Pharmaceutical services (DPS) kebbi state ministry of health to follow up on the provision of some selected opportunistic infections medications which was included in the state government procurement plans for the year ending 2011. In the last visit of the SCMS, he confirmed the inclusion in the procurement schedule and that hopefully supplies will be received in two months time.

Update of TWG on Logistics Activities in Niger state; As a follow up to support from MSH/Axios in facilitating the establishment of a state wide logistics TWG. The state TWG on Logistics held its quarterly meeting with deliberation on the submission of Action Plan committee. In attendance were various stakeholders like SACA, SPHCDA, FDS-FMoH, Medical, and Laboratory, Pharmaceutical services, Nursing, Planning & Research (PRS) units of the SMoH as well as representatives from various IPs such as MSH, AXIOS, FGH and IHVN.

The following resolutions were made;

1. The Central Medical store should come up with consumption rate for all hospitals within two weeks.
2. The State to compile its pull of IPs trained Logisticians inviting trained Pharmacists and Laboratory scientists to enable the State take charge of training its own staff on Logistics system after initial training assessment needs of its facilities.
3. The HMB to invite trained Pharmacists and Laboratorians in the state to deliberate on; the existing quantification tool (developed by the ACTION Plan sub-committee), Good Pharmacy and Laboratory Practices training, Therapeutic Drug Monitoring Committee and other inventory tools – 2 weeks
4. Three (3) technicians to be posted to the store, and staff rotation be performed in the absence of any person – 2 weeks

5. State to deploy Medical Laboratory Scientist to the Central Medical store and Pharm. Alfa Dangana assigned to head the Quality Control Unit.
6. Step down training to be performed by staff members that recently attend workshops or training with immediate effect.
7. To strengthen the skills of the state officer at the MOH MDGs desk in order for her to perform her duties accurately and efficiently.
8. Provision of bigger and better space for the storage of health commodities in the epidemiology unit, appealing for urgent support from IPs in providing a suitable solution.
9. Determine the reasons why the Central Medical Store is being used in storing TB commodities designated for zones but not that of the state.
10. Follow- up on NAFDAC and state task force on environment for SOPs and destruction of expired commodities.
11. To seek assistance from IPs in the provision of storage for expired/damaged commodities.
12. TWG on Logistics secretariat to follow up with Axios on electronic inventory for the HMBs DRF.
13. The MOH to conclude procurement of Computer set for the HMB DRF.

Challenges:

- Infrastructural decay at Kogi state central medical store may hamper/impede the storage and smooth distribution of commodities. Eg Leaking roof, broken down A/Cs and delivery van at the State Central medical Store will accelerate the deterioration of products and also affects distribution.
- Inadequate manpower poses a serious threat to efficient service delivery across the states.

Next Steps:

- Continued following up with the Hospitals management in the establishment of structured and functional maintenance unit in the hospital and address some of the gaps identified in the Pharmacy department during the assessment.
- In Kogi state the logistics officer is to liaise with the DPS, SAPC and relevant person(s) in the ministry to facilitate the posting of corper pharmacists to the new state owned CC&T sites. The use of corper Pharmacists in the interim as plan B to kick start services while the government plan to engage a more permanent staff (Pharmacist) for the sites.
- Follow up with the DPS SMOH Kebbi state on the update of OIs medications procurement.
- Continued strengthening of TWG on Logistics activities in Niger state.

Waste Management

With the intensive redistribution of commodities during the quarter, only few items got expired. Sequel to the introduction of a new PMTCT guideline which exclude the use of Zidovudine suspension for the first-six weeks of life of exposed infants, the last batch of dated Zidovudine suspension and some other items which expired in May 2011 were removed from the shelves and

quarantined to the reject store of the facility where available (or to a specified section of the store) and documented appropriately.

Challenges:

- Lack of adequate space to be designated as reject stores for keeping of expired and damaged commodities in some of the facilities.
- Some facilities staff not using their initiative to withdraw expired commodities on their own and still wait for SCMS to remind them is still a big threat to imbibing the culture of expired commodities management.

Next Steps:

- Ongoing mentoring of staff on ensuring that commodities are dispensed base on First to Expire, First Out.
- Continue to negotiate with the facilities in order to identify free space to be used as reject stores.

CLINICAL SERVICES

INTRODCUTION

The clinical unit activities this quarter essentially built on last quarter's achievements to improve quality and increase access to service uptake by strengthening system in the supported facilities. These activities contribute towards the attainment of intermediate results (IR) 2 which is to strengthen capacity of supported tertiary secondary and PHCs to provide quality prevention, care and treatment services and IR 3 of the ProACT Results Management Framework (RMF).

Specific activities carried out include sustaining efforts towards the lead PMTCT IP concept in five focus states, follow up on the implementation of pediatric, ART, PMTCT improvement plans drawn up after the central training as well as intensifying efforts to identify patients failing on first line ART regimen through reevaluation and appropriate clinical intervention. Furthermore capacity building activities in adherence counseling, psychosocial support and PwP was conducted for 70 participants drawn from all our supported facilities to improve client retention and adherence support systems.. The sessions below highlight further key strategies adopted and specific achievement during the reporting period.

1. ART Services

I. Strengthened Capacity of Clinicians to Increase Treatment failure Case identification

As part of MSH Pro-ACT's effort to improve the quality of service at our supported facility, the clinical team embarked on review of patients that had spent over a year on ART to identify patients who are potentially failing their first line regimens. This was done using a standardized template to conduct a retrospective chart review of certain clinical and immunologic parameters as well as a review of the patient's adherence to medication and clinic appointments.

At the end of this quarter, 60% of Pro-ACT supported facilities have been reviewed and 38 clear cut cases of treatment failure have being identified. The clinical, community and supply chain management teams are working in tandem to ensure that these patients with clear cut treatment

failure are adequately prepared and followed up for regimen switch to second line therapy and subsequent adherence counseling.

In addition to this cohort, another 34 clients were identified for further evaluation to ascertain probable treatment failure. This set will require further clinical and laboratory reassessment and may benefit from viral load estimation. Possibility of linking patients to viral load assessment is presently been explored with other implementing partners.

A major fallout from this retrospective assessment is the capacity gap among facility physician to timely identify and switch clients with to alternative regimen.

Next Steps

- Development and distribution of simple switch algorithms and job aids to be used by facility based Clinicians.
- Planned capacity building activities in form of structured CME modules on treatment failure identification and switching of clients to be delivered on-site in both didactic and hands-on mentoring sessions.
- MSH Pro-ACT also plans to hold an advanced ART training in the latter half of 2011 as part of the capacity building activities for facility based Clinicians.

II. Strengthened Adherence Support Systems to Improve Client Retention

In the first quarter of the year, Pro-ACT conducted an audit of adherence counseling services across all 25 supported CCT's which highlighted certain gaps in service provision and the knowledge of service providers. This resulted in instituting several activities to strengthen the quality of adherence services provided such as;

- Development of a revised training curriculum
- Development of adherence counseling and patient retention job aids and protocols (at print)
- Furnishing of adherence rooms in some facilities
- 6 day Central adherence counseling training of 70 facility based staff

Based on the findings of the audit ProACT conducted an adherence counseling training in Abuja from the 13th- 18th of June 2011 to train 70 medical and allied health professionals. The training was facilitated by a team of MSH staff, UMSOM IHV-AIDSRELIEF and 3 external facilitators as part of an ongoing initiative to enhance collaboration with other USG IPs. Beyond impacting adherence counseling skills, the training also focused on teaching counselors to build hope and self esteem of clients. Other key topics included client provider interaction, nutrition in HIV and prevention with positives. To maximize learning the training was provided to both health care workers who made up 34 participants and 36 volunteers 36 participants. Training sessions were highly interactive and learning methods such as group discussions, role plays and case scenarios were adopted to enhance delivery. Pre and post tests from the training revealed significant knowledge gain in both groups with an average knowledge gain of 29% and 23% in the Health care worker and volunteer cohort respectively. Pro-ACT plans to follow up this training with structured mentoring and close monitoring to ensure that facilities achieve the milestones set in their action plans. This approach will help strengthen the quality of adherence services provided at sites and invariably impact positively on the programs patient retention rates.

IV. Addressed Universal Safety Precaution (USP) Knowledge Gap in KSSH Lokoja

As part of Pro-ACT's efforts to ensure the health care givers are well protected and observe universal safety precaution, ProACT audited the PEP protocol in Kogi State Specialist Hospital Lokoja. This became necessary as it became obvious after a needle stick injury sustained by a staff that there is a knowledge gap in the understanding of the protocol despite previous trainings. A quick survey using structured questionnaire revealed that though 15 (25%) of 60 Staff responding admitted having at least one episode of occupational exposure within the last three years, the PEP register had just 3 cases documented for staff in the same time frame. This paints a picture of gross under reporting of occupational exposure. Furthermore the regimen choice for the majority of the 20 cases (including 15 females) who had received PEP within the period was EFV based with three drug regimen. This prompted the need for an interactive session which focused on Universal Safety Precaution and post exposure prophylaxis. This was followed by the preparation of a draft Hospital policy on USP and PEP. The Policy was shared with Management along with the data from the previous three years to emphasize the need for improved monitoring. At the end of the activities, the Management accepted full ownership of the process and subsequently will receive reports from the PEP committee on a regular basis. As a pertinent next step, state teams have been encouraged to carry similar audits at Pro-ACT supported facilities to assess the practice of USP and functionality of on-site PEP systems.

2. TB/HIV Collaborative Services

I. Improving Quality of TB/HIV Service Provision through Ongoing Collaborations

During the quarter, there was a Federal ministry of Health led joint supervisory TA visit to three MSH supported CCT's and one PHC in Kogi state. The team also had officials of the WHO, John Snow International (JSI), and staff from the Kogi state TB control program. The TA visit carried along the senior management of the facilities and resulted in a number of previously identified gaps being addressed. Some of the immediate gains resulting from the visit include;

- Training of three staff from GH Dekina on TB DOTs by FMOH as a result of knowledge gap identified during the visit. The positive effect of the mentoring is already evidenced in increase in case detection and HCT coverage in DOTs unit. There was a rise in Case detection from 5 cases in the preceding quarter to 22 cases in this quarter. The HCT coverage at the DOTs unit also increased from 80% to 100% over the same period.
- Seconding of an additional full-time nurse to the TB DOTs clinic in Kogi State Specialist Hospital (KSSH) Lokoja
- Strengthening of drug and commodity logistics at all visited facilities to guard against drug stock outs; no MSH facility in the state has reported a stock out since the visit
- The repair of a faulty microscope at GH Abejukolo. Patients previously had to be referred to other facilities due to the faulty microscope and this was impacting negatively on case detection and patient retention.

Across the program, there has been a consistent effort to improve case finding and treatment of co-infected patients with the strengthening of escort services to and from the DOTS clinic.

II. Strengthened Public/CSOs and Community Enabling Environment

As part of the drive to improve Government and inter-agency collaborations, Pro-ACT participated in several technical meetings at state and national levels where we contributed our technical expertise. One of such meetings was the USG TB audit team visit where key recommendations to IP's included improved support of the National TB program, supporting the Government for improved coordination of services, and the need to expand Isoniazid preventive therapy (IPT) coverage. The north east Zonal National TB and Leprosy Control Program (NTBLCP) meeting was held in Yola during the quarter. Presentations at the meeting clearly placed Adamawa state TB control program for which MSH provides technical support as a key stakeholder ahead of other states in the region. Parameters compared include; DOTS coverage (100%); AFB microscopy service coverage (79%); DOTS treatment service coverage (88%); TB HIV collaborative services-DOTS unit with HCT (100%). Other technical meetings attended included the quarterly national TBHIV TWG meeting, review of the national TBHIV guidelines and a meeting for the national Tuberculosis prevalence survey.

Next steps

In line with the USG audit team recommendations on the need to expand IPT access, MSH Pro-ACT plans to pilot the provision of IPT services in at least 2 of our supported CCT's.

3. PEDIATRIC ART

I. Pediatric Training Conducted to Address knowledge Gap And Improve Service Delivery in Supported Sites

Despite previous capacity building exercises, review of uptake of pediatric services and capacity of facility health care worker showed significant gap. This can be attributed to multiple factors; amongst which include the change in pediatric treatment protocol, staff attrition, reposting of staff and the general reluctance of health care worker to commence children on lifesaving ARVs.

In other to address observed knowledge gap ProACT organized a week long pediatric ART training for a total 35 participants from 22nd to 27th May. The participants included (6 females and 29 males) 12 nurses and 23 doctors. During this training participant were worked through the basics of pediatric ART, Treatment protocols, pediatric adherence service as well as treatment of opportunistic infection (OIs) in children. The training methodology included didactic session, case base learning group work and brainstorming sessions. Knowledge gain measured by a pre and post test showed a class mean of 61% and 72% respectively.

- An evaluation of participants' satisfaction showed that 33% of participants had their expectations exceeded while 30% had all met. About 37% however had only some their expectation met.
- As follow up plan Pediatric focal persons were identified and facility specific targets for pediatrics ART uptake was given per site. Participants were also given specific timelines to step down the training using abridged training curriculum distributed during the training. The step down training will be supervised by the MSH clinical specialists at the state level.
- The post training impact is being measured and expected to reflect in the June data. However early gains have been reported in some states where trained facility staff have admitted increased uptake of pediatric HIV services.

II. Uptake of Pediatric Services Increases Following Capacity Building Activities.

Following the pediatrics ART training highlighted above and an active follow-up by MSH field staff for facility team to implement the site specific action plans and achieve the set targets, there has been some significant increase in service uptake when compared with last quarter's data. For clinical care, a total of 94 children were enrolled against 63 for the previous quarter. Out of those enrolled in this quarter, 55 (58.5%) of them were started on ARVs this quarter against 24 (38%) for the previous quarter.

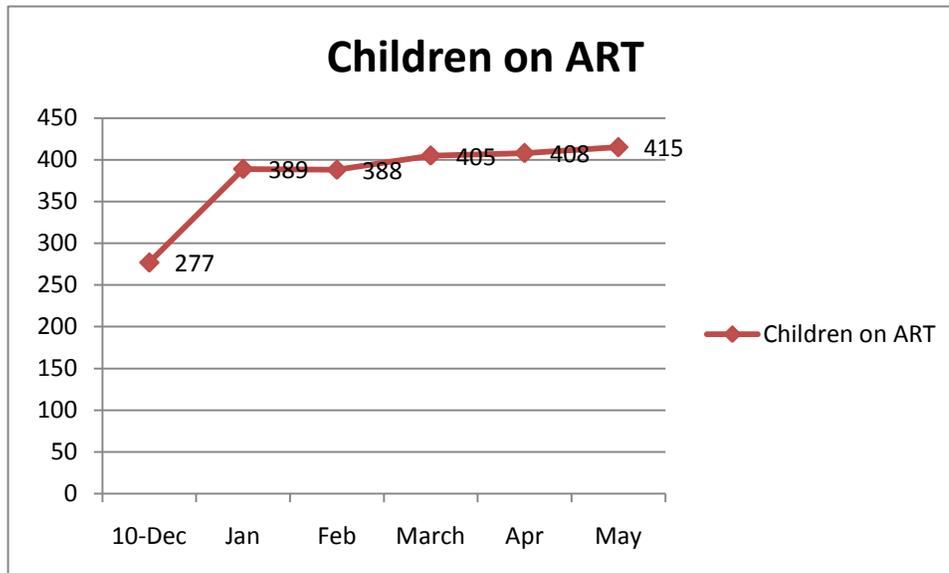


Fig.1-Chart showing numbers enrolled into care and treatment

The relative improvement in the enrolment and treatment figures can also be attributed to the calling off of the prolonged strike in Taraba state where service is gradually resuming back to normalcy. However overall the number of children placed on treatment this quarter represents only 44.7% of the set target set for the period. Efforts will be sustained through continuous mentoring and supportive supervision.

Early Infant Diagnosis services

EID services have also improved in quality and uptake. This may be attributable to close follow up of the facility focal persons from the last EID training in March by the Clinical team along with increased capacity of the focal persons in the area of quality sample collection that has resulted in few cases of rejection at the reference laboratories. Also, the difficulty in accessing the services because of its central location in the laboratory has been overcome in some facilities. This was achieved through the decentralization of the DBS bundle kits from the Laboratory to the various testing units such as the immunization, post natal and nutritional units in some facilities thereby bringing the services closer and making it easier. The result of these interventions has seen an improvement in the number of samples tested. 71% of samples collected were analyzed. This is an

improvement over last quarter's figure of 68.5%. More infected infants have also been identified: 15 infants in this quarter over 4 infants for last quarter.

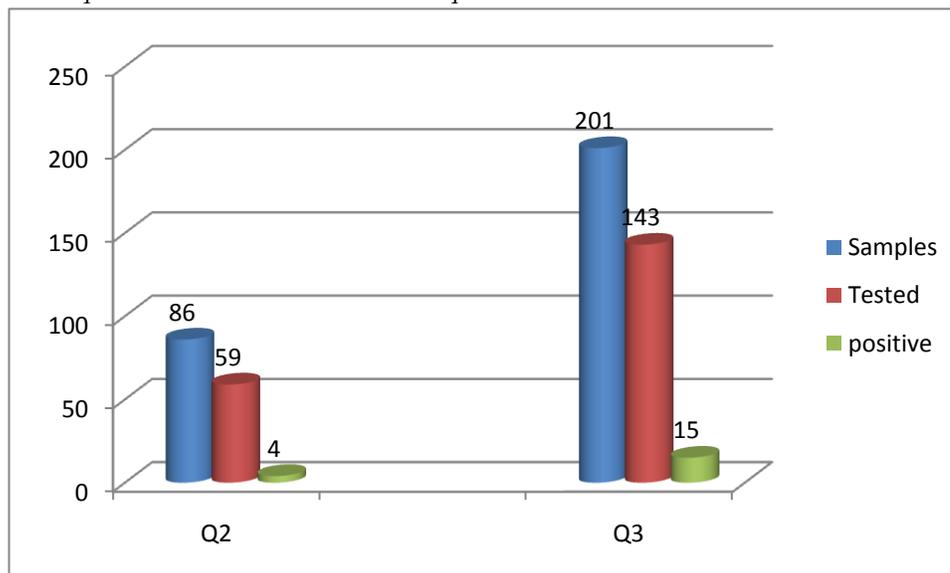


Fig 2 comparison of EID samples collected tested and positive for Q3 and Q4

Improved Pediatric adherence through appointment co scheduling and FDCs

The mother- baby pair appointment scheduling system has helped improve pediatric adherence to drugs and appointment as well as save cost for the client. In a bid to further improve on this, a family appointment system is being adopted by some sites where the mother, her spouse and exposed/infected child are given appointment on the same day. The availability of pediatric ARVs in fixed dose combinations was made widely available and has helped to decrease the volume of drugs collected at the facilities. This has also helped to reduce stigma and also further helped to increase adherence through the reduction of pill burden. Job aids for the fixed dose combinations have been produced and in the process of being distributed.

Cross cutting Challenges

- Frequent stock outs of rapid test kits
- Prolonged industrial action in three MSH supported states which impacted significantly on service delivery and targets
- Post election violence in some MSH supported states
- Staff attrition at facility level

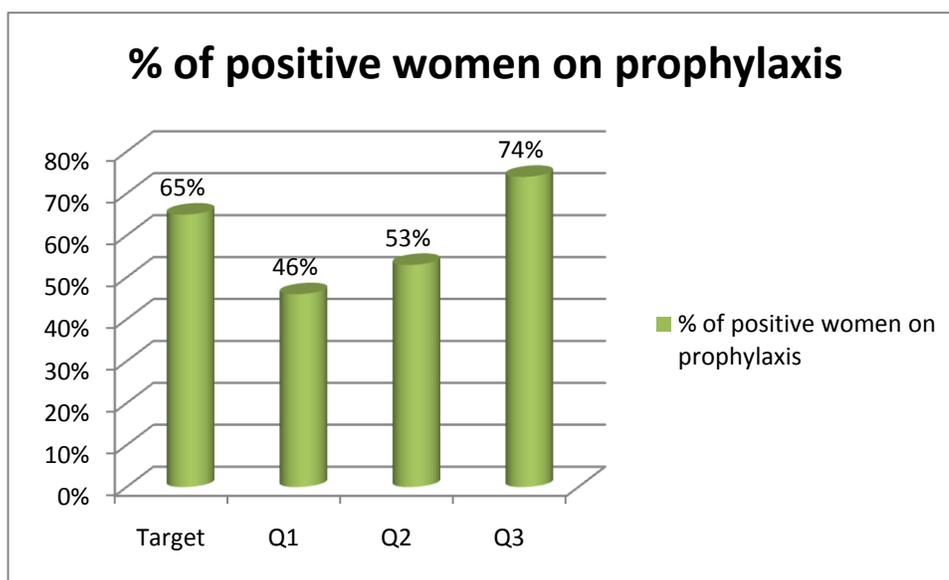
4. PMTCT Services

I. Strengthened PMTCT service delivery to increase uptake in Supported Sites

The project continued to ensure testing of pregnant positive mothers in ANC setting. 98% of women attending ANC were tested and received post their results. There is a gradual increase in uptake of prophylaxis from 115 positive women last quarter to 177 positive pregnant women (74%)

receiving prophylaxis this quarter. This exceeds the project set mark of 65% positive receiving prophylaxis and can be attributed to the close mentoring and follow up by the clinical team following a series of PMTCT trainings in February and March this year.

This was followed up with facility based Structured Continuous Medical Education (CME) sessions has to reach more facility health workers with new PMTCT knowledge. These CME sessions have continued across sites as a way to step down the central trainings to other facility staff. It is being led by facility focal persons with support from MSH staff. The CMEs range from 3 to 4 days of 2 hours daily didactic and hands on mentoring using a case based leaning approach. This has achieved an increase in knowledge base in the application of the new guidelines amongst facility staff many of who did not attend the centrally organized training. Participants that have successfully completed the CME and acquired the set skills evidenced by the Pre and post test scores as well as 75% attendance have been awarded certificates of participation. The immediate gain is an increase in the uptake of prophylaxis for pregnant positive women as demonstrated in the graph below.



CHALLENGES

- Reported test kit shortages across ANC settings significantly affected availability and uptake of services.
- Strike action in some state has lead to the paralysis of activities across the health facilities. This has lead to a good number of women formerly accessing ANC to drop out and opt for traditional delivery homes.
- The turnaround time for DBS samples is still a challenge.

NEXT STEPS

- Implementation of ProACT accelerated plan to scale up PMTCT services using project data to design strategies

- Continuous advocacy to the state to take ownership and provide test kits in view of the anticipated World Bank fund.
- Obtain mapping and assessment reports from FMoH to guide Lead IP activities

LABORATORY SERVICES

INTRODUCTION

In the quarter under review, the Laboratory unit presents an executive summary of activities conducted to consolidate on the gains of the preceding quarter. There were in place effort at systematically tracking results of interventions initiated in the previous quarter. Some of these approaches include the deployment of abridged quality assurance gap assessment tool, Proficiency testing for HIV serology and CD4 from NHLS through the National External Laboratory External Quality



Assessment Scheme, direct feedback from attendees of automation training and tracking of equipment downtimes and vendor activities. Technical assistance visits to sites were conducted to monitor routine ongoing activities like specimen transport to optimize patient monitoring in treatment centers without laboratory monitoring platforms.

Figure 3 Pre service Trainee running CD4 test while Supervisor watches

Site staff capacity development was conducted based on training needs assessment carried out to identify skills gap in the operation of automated laboratory equipment platforms for patient monitoring. Additionally, Axios Foundation supported the training of Directors of Laboratory services and two program staff on supervisory monitoring of Laboratory logistics. Details of the outcomes/results are as provided in the succeeding paragraphs.

Achievements/Immediate Outcomes According to IR.2

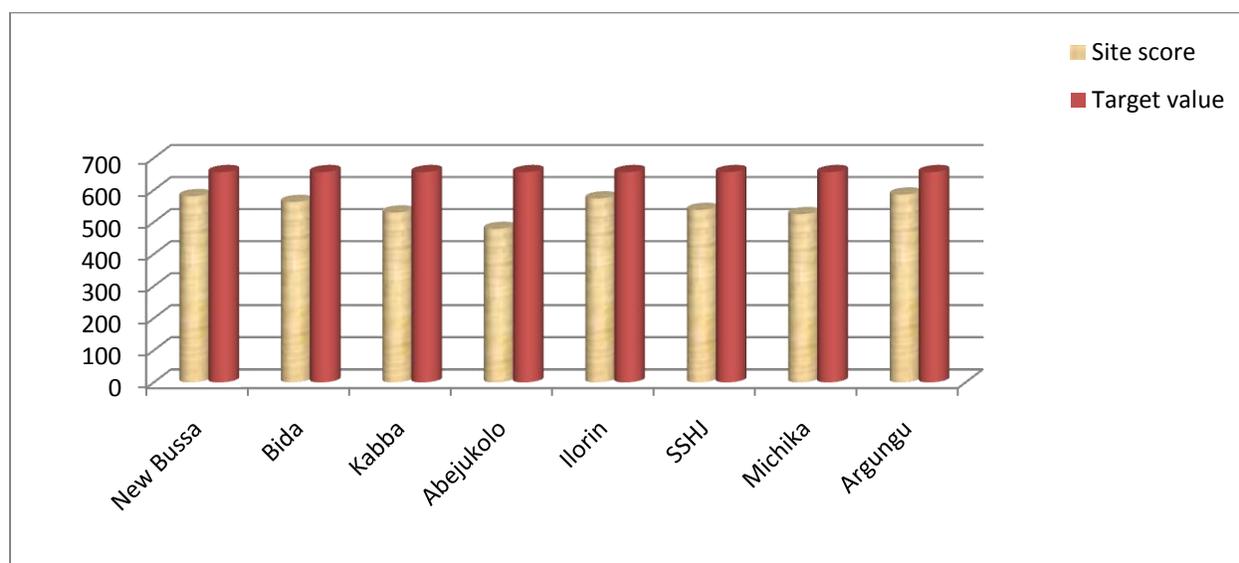
Quality Assurance Program

8 MSH supported participated in the phase 1 (Trial 7) of the Nigeria PEPFAR External Quality Assurance Program with very impressive performance. With a statistically determined mean CD4 (target value) of 655.89 and a 95 per cent confidence interval (95%CI) as set by the National health Laboratory Services (NHLS) in South Africa and shown in the table below, site performances analysis shows that all participating laboratories score within the statistically established QC ranges of 95%CI.

Table.1: CD4: Site Performance Data

Sites	New Bussa	Bida	Kabba	Abejukolo	Ilorin	SSHJ	Michika	Argungu
Performance Score (CD4)	581	563	530	479	574	538	525	586
Mean CD4 (Target Value)	655.89	655.89	655.89	655.89	655.89	655.89	655.89	655.89
±2SD (statistical QC range)	455.73 – 655.89	455.73 – 655.89	455.73 – 655.89	455.73 – 655.89	455.73 – 655.89	455.73 – 655.89	455.73 – 655.89	455.73 – 655.89

Chart 1 showing CD4 site performance against the Target Value (Mean)



The EQA program among other things evaluated the participating laboratory’s ability to receive, store, process, and test samples, as well as document and report results accurately and in a timely manner.

Capacity Building

- Automation End-user training: With the planned deployment of automated laboratory automation platforms in three new comprehensive care and treatment centers set up by the Kogi State Government and two additional sites planned for infrastructure upgrade by MSH, a capacity gap assessment was conducted based on which a 5-day automation end user workshop was conducted by MSH and facilitated by the Institute of Human Virology Nigeria (IHVN) at the PEPFAR

supported Asokoro Lab Training center, Abuja in a collaborative partnership. A total of 23 participants (18 males and 5 females) participated at the training.

- In the same vein, State Lab directors from Adamawa, Kogi and Kebbi were also trained on Laboratory logistics management systems by Axios foundation in Akwanga, Nassarawa State through a collaborative effort. The Lab Advisor and Kogi State Lab specialist participated in the training as well.

Closing HRH Gap through Pre-service Training: Identified HRH gap in Adamawa and Niger State has informed MSH advocacy effort to the college of Health Technology, Mubi in Adamawa State with the attendant deployment of pre-service trainees under the institutions student industrial work experience scheme (SiWES) program to MSH supported facilities in Adamawa State to support service delivery and also enhance capacities of the trainees in their future endeavor. Trainees were exposed to the following - HIV testing, documentation, temperature charting, CD4, chemistry and hematology tests.

Installation of Automated Equipments in 3 New Comprehensive Care and Treatment Centers in Kogi State.

- In furtherance of the sustainability and collaborative effort between management sciences for health and the Kogi state Government towards increasing access and scale up of HIV services across the state, the three sets of laboratory equipments were installed by the service engineers in the selected health facilities. The Ministry of Health which was the lead agency was represented by the State HIV Control Program Coordinator in the person of Mrs. Abu and the Representative of the Director Lab services who were present throughout the equipment installation processes in the three facilities-Koton Karfe, Onyedega and Iyara. Lab equipments were presented by the SAPC focal person (who represented the commissioner for health Kogi) to facility heads, representative of the local Government council and the Traditional institutions with an appeal to ensure that the equipments were put into good use and protected. All sites had their equipment successfully installed, test ran and certified okay by the service engineer.



Picture 4: Installed Automation Lab Sets in one of the selected Hospitals in Kogi State

Planned Preventive Maintenance

During period under review, all equipment service contracts were renewed while new ones were initiated to be operational for the next one year. Routine planned preventive maintenance services were conducted across various MSH-supported sites to ensure proper equipment functionality. Mentoring and hands-on training of laboratory staff on the proper use, operations, troubleshooting and maintenance of laboratory automated equipments was extended to the lab personnel. Equipment maintenance logs for the various laboratory analytical equipments were reviewed and proper mentoring on documentations was given to the various laboratory staff. This would hopefully culminate in reduced equipment downtime. Similarly, case base reviews were conducted for faulty platforms. An analysis of cost expended on the faulty equipments covering service charges and replacement of parts amounted to three million, three hundred and eleven thousand, two hundred and nine naira five kobo (N3, 311, 209. 05). See table below for location, type of equipment and cost implications.

Facility Where located	Automation Platform	Average cost expended (N)	Status of Automation
General hospital Kabba, Kogi	Vitros DT II	178,978.00	Functional
KSSH Lokoja, Kogi	Reflotron Analyzer	120,000.00	Functional
GH Abejukolo	QBC	150,000.00	Outstanding
GH New Bussa, Niger	Vitros DT II	536,693.00	Functional
GH Bida	QBC	400,000.00	Functional
GH Mokwa	Reflotron	570,000.00	Completed
GH Kagara	Reflotron	570,000.00	Completed
GH Argungu, Kebbi	Vitros DT	85,000.00	Completed
GH Argungu	Sysmex KX 21	225,538.05	Completed
GH Koko	Reflotron	220,000.00	Completed
CH Hong, Adamawa	Reflotron	255,000.00	Completed
Total Amount expended so far on repairs.		3,311,209.05	

Table2: Showing location, type of equipment and cost for repairs for the period under review

EID-DBS ADAMAWA: Continuous DBS transportation system has received a boost by the installation of SMS electronic Result printer capable of transmitting results from the PCR Laboratory to the facility. It is hoped that more success would be recorded thereby improving turnaround time of results. The integrated transport support system initiated last quarter shall run concurrently with this additional support



of SMS electronic result printer as well as the hospital transportation arrangement to achieve maximum result. This result is linked to intermediate result 3.1.4(improved synergy, collaboration & networking among key State/LGA donor partners in support of the 3-ones principle for HIV response)

ADVOCACY/SUSTAINABILITY AND OWNERSHIP

The Adamawa State laboratory systems specialist paid advocacy visits to Directors of Laboratory services and Director of Medical Services at various Health Services management board to garner support for the take off of the State Laboratory management task team. During the meeting, the State director of Laboratory services included the MSH state Laboratory systems specialist in the team to develop Laboratory SOP's (Standard operating Procedure) for the State health institution in order to harmonize the laboratory practice for effective service delivery. This is linked to Intermediate result 3.3.3(Health facility and Leadership/management structures to coordinate HIV/AIDS/TB services.

Health systems strengthening of State and Local government Leadership structures for more effective HIV/AIDS response was hitherto one of the challenging issues being encountered by Taraba state health sector. It is worthy of noting here that due to advocacy visit to Gashaka Local Government Area Caretaker Chairman, approval for #50,000 for monthly supports of the laboratory generator and by extension, all the hospital activities were fully reinforced. This was a pilot sustainable move which is in line with MSH Pro-ACT drive for sustainability.

In a similar development, advocacy visits to Kebbi state speaker House of Assembly resulted in a donation of microscope for GH Jega, his constituency. He also pledged to do more to support increased quality service delivery. Series of meetings held at the Ministry of Health comprising the Director Health Services, Deputy Director Laboratory Services, MSH Laboratory System Specialist and all the Heads of department of Laboratory from various state Hospitals yielded a fruitful outcome as plans are underway to organize a State training on GLP for Laboratory Staffs from the State Hospitals.

JOINT QUARTERLY SUPERVISORY VISIT WITH THE TARABA STATE TUBERCULOSIS-TB/HIV-AIDS COMMITTEE

This was the first Joint supervisory visits and assessment of the State TB/HIV/AIDS collaboration team in Taraba state. It was first of its kind as MSH as the Lead Implementing Partner in the state, through the participation of the MSH Taraba State Laboratory systems Specialist provided high technical supports to the State TB/HIV/AIDS team which comprises: representatives from the State Ministry of Health, State Tuberculosis, BU and Leprosy Control Program, SACA, Health Service Management Board, SAPC, and Family Health International-GHAIN.

This quarter Joint supervisory visits were made to the various HIV/DOT centers in the Northern and Central Taraba Zones. MSH and FHI/GHAIN supported facilities within these zones were visited and assessed. There was strengthening of TB and HIV/AIDS activities and collaboration of services in each of the visited DOTS centers. All the data tools and documentations tools for TB/DOT and HIV Counseling and testing-HCT, PMTCT were reviewed and hands-on mentoring was given to each facility staff on areas of identified documentation gaps, linkages and proper referral systems from TB/DOT, monitoring and evaluation unit, laboratory and HCT points of

service. The joint supervisory visit was an eye opener to the different stakeholders that participated and it also helped to strengthen collaborations and integration of TB and HIV/AIDS services within the visited health facilities and as well demonstrated improved government stewardship for HIV/AIDS/TB services (commitment, ownership, championing & accountability for results (in line with MSH Pro-ACT RMF sub-IR.3.1.3).

MEETINGS AND OTHER ROUTINE SITES SUPERVISORY VISITS

All MSH-supported sites were routinely visited during the review period, to ensure that there are no disruptions of essential ART lab services as well as to continuously implement CQI efforts (continuous quality improvement) in the following areas:

- Use of standard operating procedures, in the Labs and all the testing points
- Review records of quality control results

- Check/reiterate good lab practice in the lab and other testing points
- Preventive maintenance procedures and equipment utilization.
- Review and replenish worksheets for HCT, CD4, Hematology and chemistry tests
- Review temperature charts for the last quarter

The Niger state PEPFAR Quarterly Lab TWG meeting was held on the 4th of May. The mainstay for the quarter's meeting was: Laboratory integration as a critical factor for health system strengthening.

Presentations were made on integrating of PEPFAR supported Labs into the mainstream labs; also experiences from IPs who have been involved with Lab integration were shared.

SLQMTT quarterly meeting also took place during the review period. The task team held their second quarterly meeting on the 23rd June, 2011. This afforded the team the opportunity to review the report of the assessment of the Laboratories as a team and chart way forward. Also In line with IR 2.2.4.8 (Quarterly State Lab QM team joint supervisory visits), a joint supervisory visit was embarked upon by the Laboratory Specialist and four members of the SLQMTT to Bida, Mokwa, and New Bussa. This is intended to serve as a skill transfer in preparation of the team for their own supervisions across the State in future.

■ STOCK MANAGEMENT/LEVERAGING RESOURCES

The program within this quarter continued to experience some challenges in the area of Test kits, reagents and other laboratory commodities and consumables. This significantly affected services at the facility level, especially testing and other routine laboratory analysis, These challenges were partly circumvented through redistribution, leveraging and temporary switch of algorithm. For instance in Kogi state, the laboratory team was able to advocate for support from the office of the state HIV/AIDS coordinator in the Ministry of Health which resulted in the presentation of 300 pieces of Stat Pak to support the program in the state. This was able to temporary solve the challenge across the sites and ensured uninterrupted clinic flow. The same success was recorded in Niger state where 4000 Determine test kits were provided by the state government to bridge the RTK shortages being faced.

■ NEW SCOPE OF WORK AND EMPLOYMENT OF NEW LAB ADVISOR

- USAID finally gave the nod for the full commencement and implementation of the new scope of work for the lab. A new laboratory Advisor in person of Mr. Aliyu Gana was earlier employed to support services in Abuja country office.

CHALLENGES

- Insufficient and shortage of HIV testing kits such as Stat Pak and Unigold across all the MSH- supported sites in the six target states. Temporarily had to stop testing in some facilities due to out of stock episode of test kits like Determine and Unigold during the review period. This inadvertently hindered essential CT services thus negatively affected clinic flow.
- Persistent stock out of laboratory reagents: Vitros DT Chemistry reagents (Sodium, Potassium, chloride, glucose, GOT/AST, Bilirubin, reference fluid, calibrators, reference fluid.
- Equipment challenges: Vitros DT60 Chemistry Automatic Pipette that was reported faulty at SSHJ by the Vendor Engineer and MSH State Laboratory Systems Specialist has not been replaced and so chemistry tests are affected in terms of efficiency. QBC haematology and Reflotron chemistry analyzers in Ibi, Donga and Gashaka need proper servicing by the equipment vendor to avoid breakdown and promote efficiency. Breakdown of Reflotron Plus in Hong Cottage hospital Lab and QBC machine at Garkida and Hong Hospitals.
- Human resource challenges due to staff attrition or withdrawal from service is threatening to hinder essential lab services in various states-Kogi and Kebbi being worst hit.
- Erratic water and electricity supply still a major issue in many states. Typically the new Kogi CCT sites whose laboratories were recently installed with lab equipment, lack sustainable source of electricity and running water.
- Difficult terrains in Taraba, Adamawa and Niger states with reported armed robbery attacks on the road makes movements to logging sites very scary and dangerous.
- Despite efforts to provide sharps and non-sharp containers across the sites, laboratory staff still needs to be mentored or proper waste segregation as part of best lab practice.
- **Use of Fans in some of the Laboratories visited is against the standard practice.**

NEXT QUARTER PLANS

- ✓ Repeated targeted advocacy visits to the appropriate quarters for fueling support and ownership with the respective State Team Leaders and lab specialists.
- ✓ Advocacy to HSMB, SMOH and SAPC for staff deployment/employment and leveraging of HIV test kits for supported facilities.
- ✓ Conduct continuous site supervision to all supported sites for effective and more efficient laboratory services. In the new Kogi CCT sites, regular on-site mentoring in collaboration with the Deputy director laboratory services Ministry of Health would be required to coach users on the use of Automated system, Quality Assurance, documentation, trouble shooting and other lab processes.
- ✓ Follow up on lab commodity supplies as well as working closely with Axios to ensure effective supply chain management system devoid of stock out episodes.
- ✓ Follow up on the repairs of faulty equipments that are still pending.

- ✓ Continuous strengthening of site support and monitoring to ensure quality improvement in the entire laboratory system.
- ✓ Continue to network and collaborate with AIDSTAR one in terms of injection safety and waste management training for sites yet to be trained, as well as training of sites with staff attrition.

MONITORING AND EVALUATION

INTRODUCTION

The M&E unit continued to focus its efforts in the provision of ongoing supportive mentoring and supervision, COP 11 work planning, deployment of electronic medical records systems in State Specialist Hospital Jalingo, participation at USAID and national meetings and workshops during the quarter under review. It is important to note that the long spell of strike actions, state and national elections and post election violence in some states had a significant impact on our targets, with the strike called off and elections over we are expect to see an increase in target achievement. Specific achievements and challenges during the period under review are highlighted below:

ACHIEVEMENTS

I. Data Use for Informed decision making

The ProACT project's M&E unit has continued to support the 6 state M&E systems through various capacity building strategies ranging from supportive mentoring and supervision to onsite-trainings of the data clerks and M&E officers in supported health facilities. Our focus is to continue to strengthen data documentation and reporting from health facilities to the various data coordinating points in the Ministries and the SACAs.

II. Installation of Electronic Medical Records System-LAMIS

Installation of the EMRS LAMIS is at advanced stages. MSH selected a consulting firm to network the State Specialist Hospital Jalingo, and this has been completed and inspected by the IT unit. We are yet to conclude the development and signing of the MOU which will give FHI/GHAIN the leverage to begin with the training and installation of the software.

III. Strategic Meetings & Trainings Attended

The M&E Advisor was in Minna Niger State from the 8th – 10th June 2011 to work with the M&E team to define and explain their roles in the context of the new M&E focus and direction. He also facilitated meetings with the State stakeholders involved in the management of the health facilities and the State HIV coordinating agencies to discuss strategies to improve the functionality of the health systems and imbibe a data use culture. The following objectives were achieved by the M&E technical team in his meeting with the stakeholders:

- Met with selected and available key staff including Heads of the M&E unit of Niger HMB, SMOH and SACA to discuss current data use for decision making activities in the state.

- Identified possible solutions to improve data use culture at all levels from the community and health facilities to the state government through quarterly M&E briefs
- Agreed on a state wide integration of joint supervisory visits amongst IPs and the Government

The following action points were the immediate steps agreed upon at the end of the meeting to be concluded on or by September 8 2011:

- The committee was to meet and set was set up for a joint supervisory visit which is headed by the Director of Planning, M&E records and Niger M&E team to appraise the medical records of all the State Health facility (HMB will provide accommodation while MSH will provide logistics and feeding). The SMOH & SACA also bought into the idea of joint supervisory visits. They require both logistics and feeding support from MSH while they will provide accommodation for their staff; this will be planned for and concluded with the MSH country office.
- Development of a checklist to assess and monitor the Medical records units of health facilities for the different levels of facilities (Primary, secondary & tertiary)
- Increase involvement and coordination of all IPs alongside the HMB, SMOH, SSACA in the process of HSS
- MSH to assist in conducting 2 sets of trainings: M & E trainings to be conducted for medical records and pharmacy staffs of health facility, while a Data Demand & Information Use (DDIU) trainings to be conducted for HMB, SMOH & SACA senior management board
- MSH to follow-up on advocacy visit to the Government for timely release of M&E funding for monthly verification and other related M&E activities (HSS Advisor)
- Training of SACA & LACA on DHIS
- Completion of the State M&E Plan

IV. Data Quality Audit conducted by MEMS II/USAID

The USAID funded Nigeria Monitoring and Evaluation Management Services (NMEMS) II, was contracted by USAID to conduct DQA on 9 health facilities selected from 3 (Kogi, Niger and Adamawa States) MSH PROACT States using the new national DQA tools. The DQA aimed at assessing the functionality of the facility M&E systems and reviewing data MSH had reported to USAID for 6 indicators for the Oct.–Dec. 2010 data reporting period.

The indicators assessed include:

- # of pregnant women with known HIV status (includes women who tested for HIV and received their results)
- # of HIV-positive pregnant women who received ARV prophylaxis to reduce their risk of mother to child transmission
- # of individuals who received testing and counseling (T&C) services for HIV and received their test results (HCT sites only)
- # of adults and children newly enrolled on ART

- # Who are currently on ART Treatment
- % of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy

The DQA has been conducted and we are yet to be briefed formally on the outcome of the DQA, however preliminary reports states that the results were good though gaps were also observed.

1. Kogi State Annual Performance Review (APR) Meeting:

The Kogi State M&E Specialist participated in a 1 day state APR (April– June 2011) meeting facilitated by KOSACA; it involved data validation from IPs operating in the state including ProACT. The report showed that 80% of adults and children with advanced HIV infection were receiving antiretroviral therapy (ART) [CURRENT]. More importantly, the state has collectively and consistently improved in its retention of ART clients when comparing data from the last 3 quarters starting from 2010 quarter 4, 2011 quarter 1 & 2 with % increase from 78 to 80 to 84 respectively.

	Indicator	Oct- Dec 2010	Jan- Mar 2011	Apr-Jun 2011
1	Number of adults and children with advanced HIV-infection who ever started on ART	1,745	1,878	2,049
2	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	1,359	1,498	1,716
3	% increase of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	78	80	84

Source: Kogi State Database

This exercise clearly demonstrates capacity and skill transfer from the M&E unit to the KOSACA M&E Team as they are now better able to coordinate data review meetings, use data for decision making and coordinating the activities of all IPs in the state. We plan to continue building their capacity and improving their skills.

2. Training on Routine DQA

NACA in collaboration with, Global fund, PEPFAR, USAID, WHO, UNAIDS and MEASURE Evaluation reviewed and improved on the national DQA tool used to measure the quality of M&E systems and data from HIV service delivery points in Nigeria. This multipurpose generic tool is more flexible than the previous tool and was first pilot-tested in Tanzania and Rwanda prior to its being rolled out in Nigeria. In ensuring a comprehensive roll out training was conducted in Abuja on data quality assessment aimed at building the capacity of M&E Specialist from all implementing Partners and government on the practical use of the new DQA tool. For the 2011 Joint Annual National DQA exercise, intensive 2-day training was conducted while five days were used field exercise. The M&E Team plans invite Measure Evaluation to conduct a similar training for the

M&E Team so that we are able to begin to utilize the new DQA tool to conduct in house ProACT M&E DQAs.

3. Review of HIV/AIDS M&E Tools:

The Kogi State M&E Specialist represented MSH M&E unit in a 5-day National M&E tools and guidelines review meeting in Akure, Ondo state with Measure Evaluation facilitating the process. Various Stakeholders were in attendance which include: the Government of Nigeria (FMOH, NASCP & NACA); Donor Agencies (USAID & UNAIDS), Implementing Partners (MSH, Society for Family Health, AIDSRELIEF/Futures Group, FHI, ICAP, IHVN, Hygeia Foundation, NMEMS and ARFH); ART treatment sites (FMC Gombe, LUTH, UNTH & UMTH); and civil society organizations (CISHAN, CHBCFP & PASI). The followings were achieved by the end of the meeting: -

- Reviewed national HIV/AIDS programme monitoring tools that meets programmatic needs and Nigeria's minimum international data obligations;
- Reviewed the existing PMM/PME tools taking into account the reviewed national indicators; developed the guidelines for data collection and reporting; reviewed/developed relevant training manuals for the tools;
- Deliberated on the next steps after this meeting in which we were asked to hold on until M&E Task Team gives final approval of tools before implementation by IPs.

CHALLENGES AND NEXT STEPS

Challenges

Strike Actions and post election violence

Strike actions in some states, posed a serious challenge both to service delivery and attainment of allocated targets. The elections have come and gone but its stead there were a lot of election and post election violence reported. It is clear that these strikes though now called off and election violence affected the health systems in the states where there were reported incidences.

Inadequate staffing in some of the facilities

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

NEXT STEPS

Deployment of the Electronic Medical Records at SSH Jalingo

In concluding the deployment of the EMR in State Specialist Hospital Jalingo, the computers to be used have already being procured and a meeting has already been held with the facility ART team preparing them for the deployment of the computers and networking of the facilities. Hopefully we would have fully deployed the computers by the end of the COP Year

Routine drive to use data for Decision making within the facilities

The M&E Specialists will continue to ensure that the use of data for decision making becomes a norm within their respective CCT sites. We began the process during the 6 months review and hope to continue this during the coming months. The M&E Unit will build on the M&E training ensuring that the facility staff translates theory into practice and ensuring that this process becomes routine.

SUMMARY OF MSH ProACT FY11 QUARTER 3 DATA

April – June 2011

Introduction

Taraba and Kwara states called off their strike actions during the quarter, It's also important to note that a number of facilities where there were strike actions still provided some skeletal unreported services therefore June data is a composite of all data from these service delivery points where skeletal services were provided plus the actual June 2011 achievement. A breakdown of selected performance monitoring indicators shows the following results thus far: *Please note that any indicator less than 75% is not meeting the expected targets for the fiscal year, see table below for summary*

No of Sites

In the months of April– June 2011, no new sites were activated in any of proACT focal states, however services were maintained in all 56 supported sites (25 Comprehensive Care and Treatment and 31 feeder sites) as strike actions in Taraba and Kwara State were called off during the quarter.

HIV Care and Treatment

Care

Between April and June 2011, **1,695 (1,165 Females & 530 Males)** new patients enrolled into care bring it to a FY 11 cumulative total of 4,551 (**1,496** males and **3,055** females) this represents **31%** of the FY11 target (**14,750**) far short of the anticipated 75%.

Treatment

1,103 new patients initiated ART in the quarter under review an improvement from the **712** clients who initiated ART last quarter. Currently, we have attained **75%** of the anticipated **75%** FY11target (**3,795**). Cumulatively, from inceptions to June 2010 total number currently on treatment stands at **9,225 (6,231 females and 2,994 males (68% women, 32% men) (5% children & 95% adults).**

PMTCT

During the quarter under review **10,799 (38 Known positives at entry & 10,761 unknown)** pregnant women received HIV counseling and testing and received their test results in an MSH-supported PMTCT service site, **205 (2%)** of whom tested positive for HIV.

In total, **31,656** pregnant women have been reached this FY11; this represents **65%** of the anticipated **75%** FY11 target achievement due this quarter.

177 HIV+ pregnant women were placed on prophylaxis during the quarter (representing **74%** of all pregnant positive women including those with known HIV status from the ANC and L&D an improvement over last quarter's **59%** achievement; however, we are still very short of the FY11 target of **2,450** which so far stands at **17%**. Of the number that received prophylaxis, the regimen analysis shows (**3%**) received SD-NVP; (**7%**) received double therapy; (**24%**) received triple therapy while (**66%**) were HIV positive pregnant women who were on treatment for their disease

Exposed Infants Data

During the quarter **201** (Males 112 & females 89) exposed infants had their blood samples collected for DBS test. **143** (71%) (Males 85 & females 58) of those samples were test for HIV and **15(7%)** (Males 8 & females 7) were confirmed HIV.

TB/HIV Services

During the quarter, of the **1,695** HIV+ enrolled into care; **1,542(91%)** were screened for tuberculosis upon enrollment into HIV care and treatment at MSH-supported sites. A total of **545 (34%)** were suspected to have TB while **76** patients were confirmed to be TB+ and initiated TB treatment at these facilities during April - June 2011.

Laboratory

During the quarter of the **1,695** HIV positive adults enrolled into care **1,257 (74%)** had a baseline CD4 test done upon enrollment into HIV care and treatment at MSH-supported sites.

Community/HIV Services

During the quarter, **9,241 (3,140 male & 6,101 female)** clients received umbrella care services a composite indicator that consist of patients offered Preventive, Supportive and Clinical care services. It is aggregated by collating the number of PABAs, OVCs and number of new HIV+ adults and OVCs who received at least one clinical care and OVC services. Cumulatively we have achieved **19%** of the **49,001** FY 11 target far below the 75% cut off for FY 11.

OVC

During the quarter, a total of **1,923** (956 males and 967females) OVCs were served with a minimum of one OVC care service, cumulatively we have reached **2,780 (51%** of the expected FY targets) while **1,964** eligible adults and children received food and/or other nutrition services **22%** of the **8,850** FY11 target.

Prevention

During the quarter **28,462** individuals were reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards (General Population). Cumulatively, we have reached **47,635** representing (105% of FY11 targets). **27,605** people were 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 (Abstinence and Be faithful) cumulatively, we have reached **47,635** representing (146% of FY11 targets). **27,548** individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (MARP) cumulatively, we have reached **47,202** representing (157% of FY11 targets). 130 outlets were established, cumulatively 189 outlets representing 76% of the 250 FY 11 Targets. Also, a total of 28 people representing only (9% FY Targets) of 297 have reached post exposure prophylaxis.

Table of Key Indicators against Targets for FY 11 – October 2010 - June 2011 by Quarters

	Indicators	Qrt 1	Qrt 2	Qrt 3	Total	Annual Target	% of Target Achieved
	<i>PMTCT</i>						
1	<i>Indicator #P1.1.D:</i> Output: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	10,299	10,559	10,799	31,657	49,007	65%
2	<i>Indicator P1.1.N:</i> Outcome: Percent of pregnant women who were tested for HIV and know their results.	94%	96%	95%	95%	95%	95%
3	<i>Indicator #P1.2.D:</i> Output: Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	124	115	177	416	2,450	17%
4	<i>Indicator #1.2.N:</i> Outcome: Percent of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT	47%	59%	74%	60%	65%	
	<i>Prevention</i>						
5	<i>Indicator #P8.1.D:</i> Output: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	11,349	11,751	28,462	51,562	49,091	105%
6	<i>Indicator #P8.2.D:</i> Output: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are <u>primarily focused on abstinence and/or being faithful</u> , and are based on evidence and/or meet the minimum standards required	11,349	8,681	27,605	47,635	32,727	146%

7	<i>Indicator</i> <i>#P8.1.D:</i> Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,693	8,961	27,548	47,202	30,000	157%
8	<i>Output:</i> Number of individuals who received testing and counseling services for HIV and received their test results (PICT+LAB)	27,746	23,536	29,574	80,856	63,338	128%
9	Number of individuals who received testing and counseling (T&C) services for HIV and received their test results (including PMTCT)	38,062	34,108	40,541	112,711	115,177	98%
10	<i>Indicator # P7.1D:</i> Number of people Living with HIV/AIDS (PLHIV) reached a minimum package of PwP intervention	19	299	2,782	3,100	11,063	28%
11	<i>Indicator</i> <i>#P.6.1.D:</i> No of person provided with Post exposure prophylaxis	2	18	8	28	297%	9%
	<u>Umbrella Care Services including OVC</u>						
11	<i>Indicator</i> <i>#C1.1.D:</i> Output: Number of eligible adults and children provided with a minimum of one care service	4,858	5,496	9,241	19,595	49,001	40%
12	No of Clients who received at least one clinical care service	1,644	1,212	1,695	4,551	14,750	31%
13	No of PABAs reached	3,094	2,284	3,192	8,570	28,768	30%
14	Number of orphans & vulnerable children (OVC) that received at least one OVC care services	194	663	1,923	2,780	5,482	51%
15	<i>Indicator</i> <i>#C5.2.D:</i> Output: Number of orphans & vulnerable children (OVC) that received OVC services	448	974	2,648	4,070		
16	<i>Indicator</i> <i>#C5.1.D:</i> Output: Number of eligible adults and children who received food and/or other nutrition services	-	466	1,498	1,964	8,850	22%
17	Number of HIV positive persons receiving cotrimoxazole prophylaxis	933	609	868	2,410	8,406	29%

	<u>TB/HIV Services</u>						
18	<i>Indicator</i> <i>#C3.1.D:</i> Output: Number of TB patients who had an HIV test result recorded in the TB register	340	214	410	964		
19	No of individuals who received C&T for HIV and received their test results at a USG support TB services outlet (including suspect)	598	353	821	1,772	2,832	63%
20	Number of HIV+ patients screened for TBHIV Care or Treatment setting	1,290	981	1,542	3,813	13,275	29%
21	# of HIV+ patients in HIV Care or Treatment (pre-ART or ART) who started TB treatment	74	45	76	195	876	22%
22	<i>Indicator</i> <i>#</i> <i>C2.5.D:</i> Output: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	5%	4%	4%	5%	6%	
	<u>OVC Services</u>						
23	# of HIV+ children (0-17)years provided with clinical care services (including those on ART)	115	100	266	481		
	<u>ARV Treatment</u>						
24	Number of adults and children with advanced HIV infection newly enrolled on ART	1,028	712	1,103	2,843	3,795	75%
25	<i>Indicator</i> <i>#T1.2.D:</i> Output: Number of adults and children with advanced HIV infection receiving ART therapy	7,784	8,310	9,225	9,225	6,770	136%
	<i>Total Adult</i>	7,405	7,905	8,779	8,779	5,278	166%
	<i>Total Children</i>	379	405	446	446	492	91%
	<u>Health Systems Strengthening</u>						
26	# of community health care workers who successfully complete an in service training	71	2,517	134	2,722	1,011	269%