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

Quarterly Progress Report, April – June, 2010

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PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT— ProACT

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Photo caption:
LMS MSH round table session at the 5th Nigeria National AIDS Conference in Abuja where the Permanent Secretary for Taraba State Agency for Control of AIDS, a PEPFAR fellow attached to a tertiary hospital and the principle medical officer for a general hospital made presentations of the capacity attained from MSH project work. The President of MSH, Dr. Jonathan Quick had earlier made a plenary presentation titled "Is health system strengthening a diversion or necessity for Nigeria's HIV/AIDS response?"

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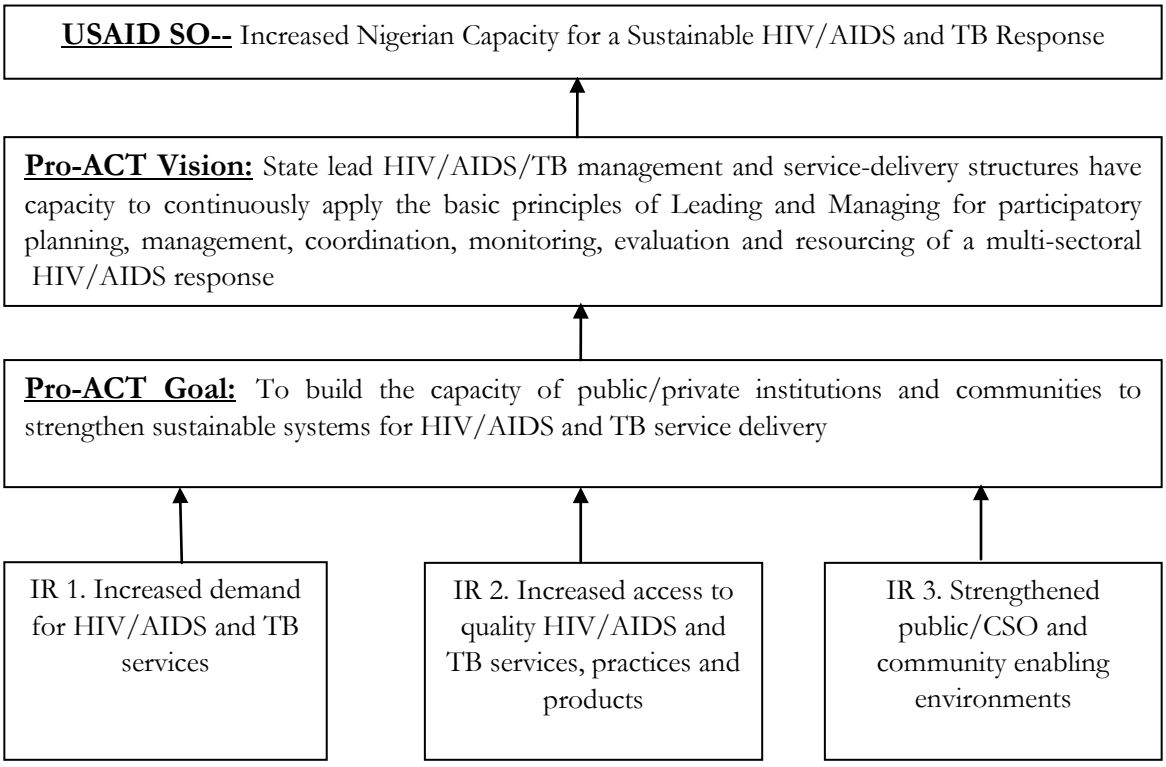
ABOUT THE LMS PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT (PROACT)

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



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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
MOH	Ministry of Health
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
OI	Opportunistic Infection
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

TB	Tuberculosis
USAID	United States Agency for International Development
USG	United States Government

INTRODUCTION

The Prevention Organizational Systems AIDS Care and Treatment Project (LMS ProACT) is a unique project building the capacity of Nigerian Government and civil society to simultaneously strengthen health systems while also delivering quality HIV/AIDS/TB services. Learning from its predecessor two-year LMS-ACT project and PEPFAR-1, ProACT is modeling an approach that is already providing direction on the following broad areas:

i. Getting Nigerian federal and state governments to own and commit resources to the hitherto donor-driven HIV/AIDS/TB programs
ii. Strengthening Health Systems for HIV/AIDS service-delivery and answering the donor and government's and INGOs "So what?" question.

The project leadership has committed resources to ensure all project staff clearly understand the USAID and MSH vision and mission for supporting the Government of Nigeria and appreciate that ProACT's role is to transfer capacity to the local public and private health system. Project staff have been trained to adopt a "results mindset" in their approach to development work taking time to develop the project results framework in a participatory manner. Below are the 8 sub-results the project aims at creating along the 5-year project life:

1.1. Capacity of selected CSO's and community leadership structures to mobilize for health and HIV services using gender and rights-based approaches strengthened
1.2. Public awareness and access to health promotion and HIV/AIDS prevention, care and treatment information enhanced.
2.1. Capacity of CSOs and community leadership structures to provide quality services & products at community level strengthened
2.2. Tertiary, secondary and PHC's have capacity (trained HRH, adequate infrastructure, SCMS) and are providing quality services and products at facility level
2.3. Effective State, LGA and health facility referral systems established and functional
3.1. Capacity of State and Local Government leadership structures to mount an effective HIV/AIDS/TB response strengthened.
3.2. Capacity of Community leadership and structures to mount an effective HIV/AIDS/TB response strengthened
3.3. Health facility leadership/management structures to coordinate HIV/AIDS/TB services strengthened

In the quarter April to June 2010, the project has witnessed marked progress in strengthening health systems as well as reaching clients with HIV/AIDS services. For example, the following early health system results were observed:

i. The establishment of a government-led and owned technical working group for Logistics and commodity management by the Niger State Government.

ii. Commitment and release of MDG-funds to support State level procurements of RTKs and ARVs in Kwara and Niger States
iii. Establishment of a vibrant network of partners who are regularly holding strategic meeting to coordinate and resource TB/AIDS care in Adamawa State
iv. The merger of the hitherto vertical HIV information system into routine HMIS in Kogi and Niger States.
v. Activation of State Laboratory accreditation system for continuous quality improvements in the 6 supported States. Read more of system success in the detailed report below.

In the same quarter, at its eleven-month life, the project provided HIV/AIDS/TB services as shown in the table below.

A glance at LMS ProACT Progress toward PEPFAR COP09 Indicators and Targets for COP09 (Aug09-June10) - 11 month-period

	Indicator Title	COP09 target	August 09 to June 10 progress	% achievement
1. Counseling and Testing				
1.5	# of individuals who received counseling and testing for HIV and received their test results (excluding TB)	8,500	119,328	1404%
2. HIV/AIDS Treatment/ARV Services				
2.1	# of service outlets providing antiretroviral therapy	21	25	
2.2	**# of individuals newly initiating ART during the reporting period**			
2.2.1	Children (0-14)		218	
2.2.2	Adults (15+)		3,826	
2.2.3	Pregnant females (all ages subset of 2.2.2)			
	Total		4,044	
2.4	**# of individuals receiving ART by the end of the reporting period**			
2.4.1	Children (0-14)	800	239	30%
2.4.2	Adults (15+)	7,088	5,280	74%
3. Palliative Care Services				
3.1	# of service outlets providing HIV-related palliative care (including TB/HIV)	21	25	

3.3	# of HIV+ individuals not on ART provided with palliative care (including TB/HIV)		6,586	
3.4	# of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,458	19,426	156%
4. Laboratory Services				
4.1	# of laboratories with capacity to perform CD4 tests and/or lymphocyte tests	21	21	100%
4.3	# of tests performed during the reporting period (HIV testing, TB diagnostics, syphilis testing and HIV disease monitoring)		60,668	
4.4	# of HIV screening tests performed during the reporting period		33,507	
4.5	# of CD4 tests performed during the reporting period		11,384	
4.6	# of individuals trained in the provision of laboratory-related activities		81	
5. Orphans and Vulnerable Children/Child BC&S				
	Total Primary & Supplemental	1,800	2,446	136%
5.2	# of HIV+ children (0-17yrs) provided with clinical care services (including those on ART)	1,200	703	59%
6. TB/HIV				
6.2	# of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed)	21	22	
6.5	# of individuals who received counseling and testing for HIV and received their test results in a TB setting	533	2,960	555%
6.6	# of registered TB patients who received counseling and testing for HIV and received their test results		1342	
6.7	# of HIV+ registered TB patients		312	
7. PMTCT				
7.1	# of service outlets providing the minimum package of PMTCT services according to national and international standards	29	41	
7.3	# of pregnant women who received counseling and testing for HIV		40,495	
7.4	# of pregnant women who received counseling and testing for HIV and received their test results	12,000	38,538	321%
7.5	# of pregnant women who tested positive		918	
7.6	# of pregnant women who received ARV prophylaxis	560	497	89%
7.7	# of Exposed babies		690	

8. Strategic Information				
8.1	# of local organizations provided with technical assistance for strategic information activities		57	
9. Prevention				
9.1	Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	49,091	15,149	31%
9.2	Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	32,727	17,156	52%
9.3	Number of targeted condom service outlets	190	270	142%

Cumulatively 19,426 patients have been enrolled into care with 7147 ever commenced on ART. Owing to Lost to follow (especially experienced at the inception of the program), death, transfer out and self discontinuation, the program presently has 5519 patients on ART (5280 adults and 239 pediatric). Unlike the care and treatment program, this is the first year of implementation for the HIV prevention program. A remarkable 15,149 and 17,156 clients were reached with Abstinence Be Faithful and Other Prevention messages, respectively. ProACT is mindful of the challenges faced by most treatment programs in assuring quality of services. The rapid enrollment of eligible clients on ART without adequate preparation has often resulted in high loss-to-follow up of both clients in care and those on ART. During the quarter under review, participatory health facility and MSH project staff chart reviews, data analysis and critique was undertaken resulting in tracking back most clients that had been LTFU.

The low performance for some indicators may be partly explained by the following:

i. Missed/incomplete enrollment of all HIV-positive clients.

Inadequate human resource to actively escort clients from PITC points to the records unit for enrollment. This is particularly so for patients identified positive in the laboratory during routine blood donation. Other factors are clients who are still in denial of their Status and would not enroll immediately. These human resource gaps also affect the quality of post test counseling after PITC. To address this challenge, the project instituted the following measures:

- Training and deployment of lay counselors at all the points of testing including the laboratory.
- Coaching counselors to improve the quality of post test counseling.
- Decentralized tracer cards to all the testing points. The descriptive addresses of all positive clients are collected at the points of testing to ensure clients in denial who did not get enrolled immediately are not missed. Weekly verification is done to ensure all positive clients

from all points of testing are enrolled. Clients not listed as enrolled are tracked using the details in the tracer cards.

- Adherence and ongoing counseling was strengthened with re-orientation of facility staff on clinic flow.
- Strengthened referral system from feeder sites by Introducing use of tracer cards and tracking activities at the primary health care level.
- Strengthened community referral network meetings using existing community structures.

We observed an improvement in percentage of positives enrolled with figures increasing from 66% enrollment in February to 85% in June. Efforts are still on going to further improve on these figures.

ii. Inadequate baseline and repeat CD4 testing for newly diagnosed patients and those in care, respectively.

At most of the 25 CCT sites, CD4 testing was done once a week on clinic days posing great constraint to clients who test HIV-positive at PITC points on non-clinic days. Secondly, only doctors could request a CD4 test and clients had to wait for long hours. Thirdly, non documentation of CD4 appointment dates in appointment dairies such that clients missing appointments are not tracked. Fourthly, inadequate escort services from enrollment point to the laboratory resulting in missed opportunity especially for clients in denial. Finally, the automated lab equipment now in their 3rd year have began to breakdown. Again, through participatory charts reviews with facility staff, the following interventions were instituted:

- Daily running of CD4 test in high volume sites and at least 3 days in low volume sites
- Task shifting to the triage and ART nurse to generate CD 4 lab request forms before 12 noon to ensure clients samples are collected on same day as they are enrolled.
- Ensure all appointment dates are recorded in the appointment dairy for clients not able to do CD4 on the same day. Ensure immediate tracking of patients missing CD4 appointments.
- Strengthen escort service of clients from records unit to the laboratory.
- Continuous hands on mentoring on equipment maintenance and proper forecasting of reagent needs. Strengthen SCMS from central to field offices.
- Advocacy for the deployment of Lab Scientist to supported facilities by hospital services management board (HSMB).

A significant increase was observed in the number of clients getting baseline and repeat CD4 from 61% in January to about 75% in June. Effort is still on going to improve on this

iii. Loss to follow up of HIV positive clients

Our data analysis and chart reviews showed that about 26.4% of clients ever enrolled on the program were lost to follow-up. Most of this occurred at the inception of the program. Majority of these clients only enrolled and attended clinic once. A quick survey was done to assess reasons why clients default. A good percentage attributes this to distance. Clients live in far and hard to reach villages with high level of poverty so cannot afford regular transportation costs. Other factors

identified included denial, stigma and discrimination resulting in wrong addresses and self – discontinuation, as well as weak tracking teams in some of our supported facilities with consequent in inadequate follow-up of patient missing appointments. Some of the measures instituted to reduce the level of lost to follow-up were reconstitution of tracking teams, and initiation of decentralization of ART to other general hospitals and PHCs in collaboration with the Federal MOH. In Adamawa State 400 clients were tracked of which 204 were located and returned back to care. Repeat CD4 was done and all patients eligible were initiated on ART. In Niger State, 1073 clients were lost to follow-up, 656 clients had verifiable addresses and were listed for tracking, 116 were successfully tracked but only 76 returned to care. ProACT is presently playing a major role in supporting the GON initiative to decentralize ART drug refill to primary health care centers to ease access to drug refills by stable patient. This will be replicated across our supported states. It is believed that this will reduce the incident of Lost to follow-up. The program also encourages support group members to form cooperatives that make arrangements to accommodate members attending clinics from far distance who need spend a night. This has been successfully done in Taraba state

iv. **Low enrollment of pediatric clients.**

To address pediatric HIV care and treatment, ProACT supported CCTs to operate PITC at all points of contact with children (from PMTCT, labour ward, immunization, young children clinics (YCC), in-patients, OPD etc), trained and designated pediatric care champions at each health facility to test all pediatric clients, assess them for malnutrition and refer all identified positive clients. It is very promising that the prevalence of HIV-infection in the population is very low. For example during pediatrics testing days conducted by health facilities, a total of 1241 children born to positive mothers were scheduled for appointment and tested across 5 states. Only 17 (4%) children were identified HIV-positive and evaluated for commencement of ART. Following a communiqué released by the FMOH on new guidelines for initiating pediatric patient on ART, the project commenced a reassessment of the over 1000 children in care. So far a total of 67 patients have been re-assed in two states 20 of whom are eligible based on the new guidelines and have been placed on ART.

HEALTH SYSTEMS STRENGTHENING

Introduction

The ProACT project during the quarter under review recorded significant achievements in the area of Health System Strengthening across the six focus states in Nigeria. These achievements include the successful hosting of a round table session at the 5th National conference, ongoing support for the decentralization of ART services in Taraba state, harmonization of hospital management committee meetings with project management team meetings and addressing the human resource for health challenges across all facilities supported by the Pro-ACT project. Detailed achievements during the quarter under review are highlighted below:

I. MSH hosted a roundtable session on capacity-building of Nigerian public and service institutions at the 5th National Conference on HIV/AIDS

Management Sciences for Health, MSH, with support from USAID and the Government of Nigeria, hosted a satellite session sharing experiences and exploring strategic challenges and paradoxes revolving around HIV service delivery in the country, at the 5th National HIV/AIDS Conference held in Abuja from 2 - 5 May. The Roundtable titled ***Building capacity of Nigeria's public and service institutions to strengthen systems for sustainable HIV service delivery - the MSH journey,*** *was* held on Monday, 3 May. It was attended by about 220 people including top officials from the Federal and State Ministries of Health, related Government agencies, the United Nations System, Civil Society Organizations working on HIV and related issues, and participants from diverse arenas. The event was chaired by MSH President and Chief Executive Officer, Dr. Jonathan Quick, and co-chaired by Dr. Mohammed Lecky, Director Planning, Research and Statistics, Federal Ministry of Health, with well-received presentations by MSH's Capacity Building (CB), and Prevention Organizational Systems AIDS Care and Treatment (ProACT) projects, the Taraba State HIV/AIDS Control Agency, the Kagara General Hospital ProACT Site and a beneficiary of the PEPFAR Health Fellowship program. Crucial questions and comments were raised at the MSH Roundtable ranging from requests for partnership by representatives of state governments and NGOs, to suggestions that MSH focus its lens on private practitioners in addition to the public health sector. Participants also called for a critical examination of health systems to counter corruption, and ensure accountability for funds filtering through the system, while the organizers were asked to ensure that gender issues are well represented in subsequent fora. The Roundtable was preceded by MSH's strong presence at the plenary session of the 5th National Conference, held at the International Conference Centre, Abuja, also on Monday 3. Dr. Quick gave a presentation there titled "Health Systems strengthening, Diversion or Necessity for Nigeria's HIV/AIDS response?" which tracked the history of the global HIV pandemic, and proffered solutions to gaps in HSS in Nigeria, by stimulating thought on the "how-to-get-there" question.

Figure 1 MSH round table session at the 5th National Conference

II. Ongoing support for decentralization of ART services in Taraba State

In a bid to improve quality of ART care services especially at supported facilities managing high volume of ART clients (> 1000), and in line with the FMOH plans on decentralization, Pro-ACT, this quarter commenced the process of decentralization of ART services in Taraba state. The State Specialist Hospital Jalingo (SSHJ) has been designated for decentralization as part of the project's effort at de-bulking high volume sites. SSHJ a 230 bed capacity hospital activated to provide ART services in September 2009 currently has over 2400 patients enrolled, of which 1114 have, ever been initiated on ART. To jump start this process a meeting was held with various stakeholders in February to intimate them of plans to decentralize ART services. Participation at this meeting was drawn from the Health Services and Management board, State Ministry of Health, bureau for local

Figure 2 230 bed capacity State Specialist Hospital Jalingo

government and chieftaincy affairs and the Jalingo Local government council. A rapid assessment of 10 PHCs was conducted jointly with the SMoH and LGA authorities with a view of selecting six pilot sites. ART clients accessing care in SSHJ were mapped based on their location. In addition field testing of client eligibility form developed by the project M&E team was also conducted. Of the 15 clients on ART assessed, 73% expressed a desire to be down referred to PHCs closer to their homes to ease the challenge of transportation and the long distance to the clinic. The ProACT project has further advanced discussions with Taraba state government and the MDG office to support infrastructure upgrade and provision of solar power panels in the six selected PHC's as well as support posting of relevant staff to these facilities to ensure that quality services are provided and the needs of clients are met once the sites are activated

It is noteworthy that ProACT project also continued to provide technical support to the FMoH steering committee on decentralization at the national level, to facilitate the harmonization and adaptation of guidelines and training curriculum for ART decentralization. During the quarter under review the ProACT project actively participated in the assessment of pilot sites identified for decentralization by FMoH. SSH Jalingo, has been selected to participate in the national ART decentralization pilot, six of the ten PHC's assessed by ProACT was also approved for use by FMOH.

III. Human resource development in supported states

Effective management of Human Resources for Health (HRH) aims to ensure that the supply, performance and distribution of health workforce are aligned with the needs and priorities of the health sector. In this light a four day human resource management (HRM) workshop was organized in collaboration with MSH Capacity Building (CB) project during the quarter under review. The purpose of this workshop was to develop and support a critical mass of HRH champions with the appropriate skills and knowledge to articulate HRH issues and advocate for appropriate strategies and HRM systems to address some of the HRH challenges currently being faced. The workshop brought together 24 senior level HRH leaders drawn from FMOH, SMOH and Ministry of Local government from Adamawa, Taraba and Niger states. During the workshop participants learned the key elements of HRH within the Nigerian context. Each participant was also able to develop a personal action plan which would be implemented towards improving the current HRH status in their respective states. Furthermore and in line with the workshop objectives, the participants committed to maintaining the collaboration and networking initiated during the workshop. Based on the success achieved, the next step was identified as organizing three similar HRM skill development workshops focusing more on state and local government level and targeted at clusters of HR leaders and practitioners

IV. Participation at workshop to develop a national organizational capacity assessment tool and capacity development plan for government agencies (NACA/SACA/LACA/MDA's) and CSO Networks.

MSH participated in a three-day workshop organized by NACA with support from UNDP to develop a harmonized and comprehensive capacity development plan to support NACAs coordination of the National HIV&AIDS response, as well as develop a road map for the implementation of the plan. In attendance was Enhancing Nigeria Response (ENR), UNDP, UNAIDS, NACA and selected SACA representatives. During this workshop organizational capacity assessment tool of UNDP, ENR and MSH was reviewed following which NACA proposed a harmonization of the different partners assessment tools to enable the production of a harmonized national assessment tools. At the end of the workshop a draft capacity plan for SACA, MDA's and CSO was developed with agreement by the partners to convene another meeting for its finalization

V. Ongoing support to hospital management teams for efficient and effective HIV/AIDS service delivery

In pursuance of health system strengthening strategy in order to enhance efficient and effective health care delivery in our health facilities, the project provided technical support to four MSH supported facilities in Kogi, Niger and Kwara states in the facilitation of result-based Hospital Management Committee Meetings. The hospitals that benefitted from the support were General Hospital Kagara, Rural Hospital Lapai (Niger state) and General Hospital Omu-Aran (Kwara state) and General Hospital Kabba (Kogi state). This activity was conducted to strengthen the capacity of facility management committees on core management and leadership practices that are required for efficient and effective service delivery. In GH Kabba relocation of the accident and emergency unit from the GOPD and conversion of the available space into clinic rooms was agreed upon by the hospital management committee based on increasing client load and the need to provide audio-visual privacy to client during consultation. RH Lapai and GH, Kagara benefitted from efforts aimed at strengthening the hospital management structure, laboratory and supply chain management system. Both Hospital Management Committees have demonstrated highest level of management responsiveness in reaching decisions that enabled effective and efficient service delivery with the successful integration of Project Management Team (PMT) into the Hospital Management Committee, thereby making PMT responsibilities a function of Hospital Management Committee. Secondly, both have supported expansion of services with allocation of additional space in the laboratory unit for use as phlebotomy points, thereby helping to ease the congestion hitherto experienced in these units from increased patient load. Lastly, both are beneficiaries of electronic reporting systems initiated by ProACT sub partner Axios for electronic reporting of logistics commodities utilization, with RH Lapai taking the lead by being the first facility to use the service in sending RTK reports this quarter.

VI. Improving synergies, partnership and collaboration

ProACT recognizes that to improve health systems, synergy and collaboration with other like-minded projects/ programs is necessary for leveraging of resources as well as maximizing the available resources to avoid duplication. In line with this guiding principle, MSH's partnership with World Bank assisted project in Adamawa state yielded result with the provision of a 15 KVA

generator to power both laboratory and pharmacy units in the Cottage Hospital Hong Adamawa State. The Garkida Development Area has committed funds towards fuelling the power generating set at GH Garkida which was provided with support from MSH. In Kwara state, 2,000 pieces of RTKs were leveraged from the SMOH for the conduct of community outreaches and testing activities in OmuAran and environs.

CHALLENGES

- Understaffing of Health care workers in most of the facilities supported by MSH continue to affect the quality of services provided
- Delayed or none release counterpart funds by state government continue to affect the scale up of HIV services

Plans for next quarter

- Conclude the decentralization of ART services to at least two PHCs in Taraba State
- Strengthen the capacity of Hospital Management Committees (HMC) in all supported health facilities and subsume functions of PMT with HMC
- Provide support to partner state governments to improve human resource deployment for SACA in focus states
- Support two states to develop annual plans (2011) derived from the State Strategic Plan and linked to state budget circle
- Begin the process of identifying state health training institutions that will be provided with grant and technical assistance to initiate and manage a state HIV/AIDS training, quality assurance and supervisory team.
- Provide technical support to NACA in the development of NACA/SACA capacity building plans

HIV PREVENTION PROGRAM

Introduction

Significant progress was made in the HIV Prevention program this quarter. During the quarter under review, quite a number of activities were carried out in the communities to reach a wide range of audience with HIV prevention interventions that sustain positive behavior change. In the quarter, the Prevention baseline assessment was conducted in the non grantee states; the sub grants were also awarded to 13 successful CBOs who have actually started rolling out the community work in their various domains, there was also capacity building activities to enhance knowledge and skills to selected target for the benefit of reaching out to their cohorts and wider audiences. All of these efforts have firmly established the presence of HIV Prevention program in the states with attendant achievement of targets against set indicators. Details of activities and achievements during the quarter are highlighted below:

I. Baseline assessment of HIV Prevention Knowledge, Attitude, Practices and Behavior in Kogi and Taraba States

Sequel to approval by USAID and series of discussions to improve the outcome of the baseline assessment on HIV Prevention Knowledge, Attitude, Practices and Behavior amongst selected

target groups in Kogi and Taraba States, African Health Project, (AHP), an operational research based organization was awarded the contract to carry out the assessment. The activity which was divided in parts i.e. training of research officers/assistants, community mapping, field work, data collation & analysis and report writing lasted about 8 weeks. AHP had finalized the assessment including data analysis. The preliminary report submitted to the team revealed that all the target groups (in school, out-of-school and MARPS) were reached and the data collection exercise was very successful. A comprehensive report of the data analysis and findings is being expected from AHP.

II. Review of proposals submitted by CBOs and award of sub-grants

Thirteen successful Community-based organizations (CBOs) from Kogi and Taraba states (8 from Taraba and 5 from Kogi) were invited to Abuja in May to attend a refresher and quick update workshop. This was to review their proposals in line with the activities and to facilitate drafting of the contract agreement. MSH staff whose has the responsibility to support and supervise the CBOs were also at the workshop to initiate a good work relationship with the CBOs staff. Also available was Peter Mahoney, MSH Contracts Manager from Boston who drafted the contract agreement. The proposals were reviewed in line with the specific goal and objectives of the proposed interventions while proposed activities were also reviewed in line with the approved budget. The monitoring plans, documentation and reporting tools were agreed upon. At the end of the review process, the contract agreement for each CBO drafted by Peter was signed by both MSH and the CEOs of the organizations. Full program implementation thus began immediately.

III. Capacity building activities to improve prevention programs

i) Peer Education Plus (PEP) training for Out-of-School Youth and MARPs

As part of capacity building activities on the prevention program, a Peer Education Plus (PEP) training was conducted across the four non grantee states of Adamawa, Kebbi, Kwara and Niger from 12 – 16 April, 2010 for the Most At Risk Populations (MARPs) and Out-of-School Youth. The training which ran concurrently in the four states had the objective to promote adoption of positive sexual and reproductive health (SRH) behavior among the target groups. A total of 370 (197 males and 173 females) successfully completed the training. At the end of the training and field practicum sessions some copies of the SFH adopted PEP Guide were given to the participants so they could start to reach their cohorts with MPP interventions as the printing of the manuals is being finalized. Free training venues were provided in all the training sites as part of collaboration and sustainability efforts on the program through involvement of relevant local government official in the planning and implementation stages of the training.

ii) Training of teachers on FLHE and MPP

As part of MSH support on capacity building activities for prevention focused CBOs, a training of trainer's workshop on Family Life and HIV Education (FLHE) and use of the Minimum Prevention Package was conducted from 14 – 19 June, 2010 for 161 teachers from selected schools in Kogi and Taraba States. Prior to the training the CBOs had meetings with the State Ministries of Education HIV Desk Officers and also the Teaching Service Commission who is in charge of posting and transferring teachers. These meetings were to increase support for the program in the states and also to assure program sustainability through retention of teachers in FLHE Schools at least for two years. The training had the objective to enhance the capacity of the trained school teachers in the ProACT grantee states in FLHE and the use of the Minimum Prevention Package (MPP) to reach young people in school with messages that promote abstinence and low risk behaviors. Participants were taken through training modules that dwelt on; Adolescent Sexual and Reproductive Health; Anatomy & Physiology of Male and Female Reproductive Organs; Essential Life Building Skills; HIV/AIDS; the MPP for AB Strategies and the Data Collection Tool. To demonstrate knowledge and skills acquisition in addition to the pre and post test results, participants were also made to undertake micro training practicum to students in neighboring schools. At the end, certificates of attendance were awarded to all the teachers who successfully completed the training. The CBOs will in turn support the trained teachers to step down the training to selected peer educators in the schools.

Figure 3 A peer session at Wadata Secondary School Niger State

IV. Production of SFH adopted PEP Manuals and Guide for Out of School Youth and MARPS

As part of efforts to enhance the ProACT prevention program, five hundred copies each of the five various titles of Peer Education Plus Guide for out of school youth and MARPS have been produced and delivered. The process of distribution to project focus states has also been initiated and is ongoing.

V. Use of MPP to reach target population

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

No	Indicator Title	Niger	Kogi	Kwara	Adamawa	Taraba	Kebbi	Total
2.1	No of people reached with AB messages	4267	450	3316	2634	1142	2429	**14238**
2.2	No of people reached with COP messages	1989	430	3024	2233	870	6699	**15245**
2.3	No of condom services	0	4	11	21	5	11	**52**

	outlets							
2.4	No of people trained to promote COP	0	0	91	81	0	60	**232**
2.5	No of people trained to promote AB	298	75	0	27	86	40	**526**

There was a tremendous increase in the number of individuals reached in this quarter while also ensuring quality programming with the use of various prevention interventions strategies. Advocacy and community mobilization are ongoing activities in the Prevention program. With the award of grants to community based organizations in Kogi and Taraba states, all ProACT supported states are set to roll out quality HIV Prevention programs that will be sustainable. Related titles of Information, Education and Communication (IEC) materials in posters and pamphlets were leveraged from CEDPA a USAID funded organization. The materials have been distributed to the states for our various target information. 300 penile models were supplied during the quarter to all the states to support practical demonstration at the condoms distribution outlets and also at the facilities.

CHALLENGES

The program has ran out of condoms for some time now because the Society for Family Health charged with the responsibility of distributing pooled condoms by USAID has not been able to supply the second batch of condoms due since last quarter. However, the team has been proactive to leverage condoms from other organizations.

NEXT QUARTER PLANS

- Institutional support for the implementation of FLHE in partner secondary schools
- Facilitate inauguration of Project Management Committees in the Ministry of Education
- Support Peer Education Plus for Out of School Youth and MARPS in Kogi and Taraba
- Provide ongoing supportive supervision and technical assistance to the state teams
- Increase condoms distribution and outlets in supported sites and communities
- Roll out implementation of prevention work with MARPS at the LGA level

COMMUNITY CARE, HCT AND OVC SERVICES

During the quarter under review, the community program focused on the finalization of grants awards to 12 partner CBOs selected from two States, capacity building for staff and volunteers of the CBOs to implement the grants, detailed review of care and support services provided at supported sites, strengthening efforts to respond to the emerging issues and challenges of delivering care and support services as well as ongoing supportive supervision and mentorship of service providers towards improving the quality of services. This report highlights the achievements and challenges recorded in this quarter.

I. Built capacity of Community Leadership Structures to own HIV response for sustainability.

The ProACT project has continued to work with stakeholders in targeted communities to understand their role and take up the responsibility of owning and participating in health programs within their communities towards improving the health of their members as well as assure sustainability of community HIV service delivery. In Taraba State, series of community mobilization /advocacy activities by the MSH state team and First Referral Hospital Ibi facility management team to the Health Department of IBI LGA and relevant Stakeholders in the community have resulted in the reactivation of the existing but inactive Community Health Committee. The Director of health, Traditional ruler and the facility staff/community focal person took lead to mobilize communities and finally reactivated the Community Health Committee which is presently meeting independently on a monthly basis to discuss issues and address challenges of improving the health of their community. The community health committee hosted a meeting on the 11th of June and invited MSH to attend; this indeed was a strong indication of ownership and an outcome of a strengthened system. The committee agreed to meet monthly and even rotate the meeting round their respective wards.

Figure 4 community health committee meeting at Ibi

II. Strengthened PITC services to increase service uptake and improve client enrollment at supported sites

Following the detailed review of facility based HCT services which revealed that less than 70% of HIV positive clients identified from the various PITC points are enrolled, the community program during this quarter focused its efforts on implementing new strategies to address enrollment gaps identified across the supported sites. Strategies adopted included:, duty roster schedule for PITC volunteers and facility staff supervising testing points, creation of new testing points in wards and hospital units, introduction of the use of tracer cards at all testing points to document client descriptive addresses, strengthening of internal referral system to ensure positive client are escorted to the point of enrollment .These measures instituted as a result of declining HCT and enrollment uptake across the facilities has yielded results this quarter. Data review has shown a reversal of trend, particularly from high clients flow PITC points such as the GOPD. In Niger supported sites, a 62% increase in number tested and 40% increase in number of positives enrolled was achieved. In Kebbi supported sites a steady increase in number of positive clients identified and enrolled across PITC points at all comprehensive sites was also observed. 100% enrolment of HIV positives identified at the GOPD and TB DOTS unit was achieved when compared to last quarter where enrolment was less than 60%. In Kogi supported sites, there was a renewed focus on the quality of counseling services which led to the holding of quality improvement meeting with all staff providing HIV counseling and testing services. This inaugural meeting served to share experiences with the service providers and to proffer solutions on identified challenges.

III. Ongoing strengthening of facility and community linkages to improve access and client retention.

As part of ongoing efforts to strengthen referral linkages between the MSH supported facilities and host communities, referral network meetings were held across the sites. During these meetings, importance of two way referral systems and quality of HIV counseling services was extensively discussed; referrals between the feeders and the hubs were also reviewed. To improve referrals between the "hubs and the spokes" tracer cards and referral forms were also distributed to feeder sites during the meeting. In Kwara state, 3 referrals were made from the PHCs and private hospitals to the comprehensive site during the reporting period. In Kebbi state, the capacity of the staff at GH Koko feeder site (PHC Besse) was strengthened by the MSH team and this resulted in the testing of 206 clients with 6 positives out of which 5 were referred to GH Koko. 4 clients lost to follow up in Jega were tracked back by the Support Group representatives following the decision reached at the referral network meeting to improve retention in care. In Kogi, the referral system was further strengthened with the introduction of referral "drop boxes" in which referral forms are dropped in boxes at the points of enrollment as a way to ensure that the referring and receiving facility can track the status of referred clients during the monthly referral meetings.

IV. Capacity building of service providers on CHBC and OVC

Following the award of grants to CBOs, ProACT organized a week-long training on OVC and CHBC service delivery for Staff and community service providers of partner CBOs implementing OVC, CHBC services. The aim of the training was to equip the service providers with knowledge and skills to effectively deliver comprehensive OVC and CHBC service delivery in line with the National guidelines in a manner that would improve the quality of life of OVC and PLHIV. The training design was characterized by participatory methodologies and field practicum which gave the participants the opportunity to practice what they had learnt in the training room in a real life setting of a home of the OVC and PLHIV as would be found in their communities. A total of 39 service providers were trained from the three partner CBOs implementing OVC services and 52 service providers trained from 4 CBOs implementing CHBC services.

V. Deployed tools for improved documentation and reporting of home-based care, OVC, tracking and adherence counseling activities

Improved documentation and reporting of Home based care, OVC, tracking and Adherence counseling activities by Volunteers and facility staff alike was achieved across all sites with the deployment of HBC, tracking and adherence registers across all sites. Adherence service delivery was strengthened through the capacity building meeting conducted by the ProACT technical team. The adherence counseling services have been expanded to directly target and provide information for clients enrolled for PMTCT services in all supported facilities. The goal is to develop a mentor-mentee relationship between the adherence counselors and their pregnant positive clients that will gradually empower the clients to become better informed about the PMTCT interventions and to ensure that clients avail themselves of the services as at when due.

CHALLENGES

- Dealing with issues around self stigma and denial, client's attrition and high rates of defaulting attributed to lack of education in the communities and the quest for faith healing among PLWHAs which has led to increased status denial.
- Low male involvement in HIV care and treatment with resultant lack of spousal support and delayed access to care and treatment services by women and children

NEXT QUARTER PLANS

- Ongoing support to the 12 CSOs and volunteers to ensure that they are implementing the grants in line with the agreed terms and expectation
- Institute community programs that strengthen community systems towards ownership and sustainability of community HIV services
- Facilitate the deployment of adequate tools to capture OVC, CHBC services at community level.
- Intensify patient level education at the facilities and in the communities to enhance their knowledge and improve retention in care.
- Conduct a needs based assessment for the procurement of home based care kits to boost HBC service provision at the community level
- Strengthen the community structures such as the health committee and key into existing community networks to involve stakeholders on community care issues and advocate for sustainability and ownership of services.
- Continue support for community leadership engagement through stakeholders forum meeting for resource leveraging

CLINICAL SERVICES

Introduction

Building on the successes of previous activities, the quarter under review was characterized by a strategic assessment of the project's clinical program with a view to identifying gaps and areas that require improvement. A three week clinical program audit was conducted in all 25 supported sites during the quarter under review. Efforts at strengthening the quality of ART/TB service delivery across ProACT supported sites was intensified with structured clinical mentorship to facility multi disciplinary teams. On site capacity building initiatives and support supervision was also conducted to improve PMTCT and pediatric HIV care and treatment services. Detailed activities and achievements during this quarter are highlighted below:

A. CARE AND TREATMENT SERVICES

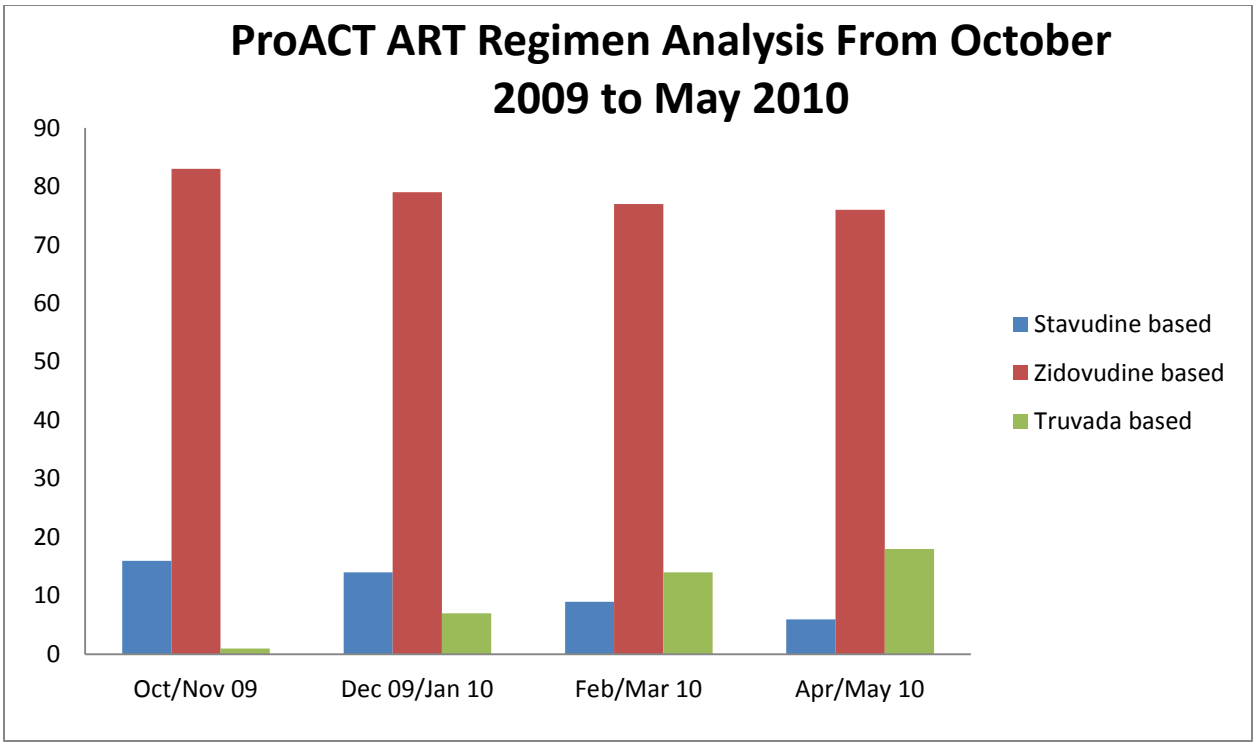
1. Strengthened capacity of supported sites to improve client retention

In its effort to improve retention in care, the project has continued to design ways to reduce loss to follow up which was identified as one of the key areas to be addressed having noted a relatively high rate of loss to follow up in the supported facilities. With about 9% of patients on treatment lost to follow up across the states and a higher number for patients on care (17%), the project initiated strategies to track patients lost to follow up and significantly improve client retention. To achieve this, the project initiated meetings with each facility management and shared site specific performance on client retention and challenges that affect retention of clients. In addition chart

reviews were conducted to identify clients lost to follow up. The capacity of the adherence counselors was further enhanced to provide information to clients on the benefits of adhering to clinic appointments. Patients identified as LTFU were tracked and re-evaluated in the accelerated tracking exercise conducted during the quarter under review. As a result of these measures, a drop in defaulter rates is being observed gradually with more impact expected as clinicians provide better clinical evaluations, improve appointment scheduling, and quality of counseling services. In Adamawa state, 24 clients were successfully tracked back in two facilities, of which 15 had repeat CD4 evaluation, with 11 eligible to start treatment. In Kebbi 38 clients were tracked back to care, 26 also had repeat CD4 evaluation. In Kogi out of 197 clients tracked on ARVs including both adult and children in the 4 CCT sites; 65% returned back, 16% were dead, 17% have relocated, 17% promised to return, 19% were transferred out while 15% self discontinued and 57% have been terminated from the program. In Niger state accelerated tracking of defaulters was carried out in all six sites and out of 656 LTFU tracked, 85 have so far returned to the facility to continue accessing care and treatment services. In Adamawa about 400 patients were tracked out of which 204 (46%) returned to the facilities. The returnees all had CD4 evaluation; patients found eligible for ART were initiated after adherence counseling. Outcome of the accelerated tracking activity indicates that some of the tracked PLWHIV were dead; some gave wrong addresses, while some have transferred to other CCT sites. In Kwara supported sites 131 clients were tracked while 61 returned to care. In all, 47% returned to the facilities and had CD4 test done, 5% were dead, 6% attended Support Group meetings, 30% had incomplete address, self transferred or moved to other areas while 8% promised to return and 4% opted for traditional medication. The ProACT project plans to share lessons learned from this activity at various TWG meetings with the hope that other IPs can be sensitized to conduct similar activities.

II. Switching patients from Stavudine to Truvada-based regimens

With a focus on increasing tenofovir utilization while gradually phasing out stavudine in the facilities, the project embarked on facility based hands on mentoring and supervision for clinicians in August 2009. In addition monthly site based CMEs were conducted to further enhance the skills of the clinicians. This has significantly resulted in a very positive output as illustrated in the chart below. The use of stavudine based regimens dropped from 16% in October 2009, to 8.6% in March 2010 and 5% in the quarter under review. During the same period, the use of tenofovir based regimens rose from 1% in October 2009, to 9.8% in March 2010 and 18% in the current quarter. The project noted a higher than expected use of zidovudine based regimens (75% in the current quarter) and plans to work with the clinicians to reduce its use to between 50-60% and will encourage the clinicians to initiate more clients on tenofovir based regime.



III. Ongoing Integration of HIV Care Clinic with Medical Outpatient Clinic Services

With the renewed drive towards ownership and sustainability the project began a process of integrating the provision of HIV care and treatment services into the outpatient clinics in all the supported sites. Prior to this initiative, the project had adopted separate clinic days for care of PLHIVs with the resultant effect of stigmatization by healthcare workers. With the harmonization of the medical records system and the adoption non specific clinic days, HIV clients are now accessing care and treatment services daily with other patients at the same location. This has resulted in an increase in the availability of service providers, a reduction in client load and waiting time. In addition access to CD4 evaluation has also improved with testing being conducted daily instead of once or twice a week. Effective triaging was also initiated to enhance the work of the triage nurses and adherence counselors in "filtering" patients who require clinical or laboratory services. All these measures have improved client flow in ProACT supported clinics and has resulted in an increase in the number of clients who access baseline CD4 test from 57% in February to 71% in April.

IV. Facility-based CMEs to improve quality of clinical services

ProACT strategy to improve the skills and knowledge base of clinicians has seen the hosting of Saturday only CMEs which targets a wider audience of clinicians in supported sites. Topics covered include TB/HIV integration with emphasis on clinical screening using the WHO TB checklist, good clinical evaluation and early initiation of ARVs, as well as monitoring clients for signs and symptoms of treatment failure. Hands-on mentoring was also offered to newly posted clinicians to provide antiretroviral treatment prior to the conduct of a formal training. Clinicians were also trained to discontinue cotrimoxazole in patients whose CD4 values has risen above 350 and sustained for six months as recommended in the national guidelines.

CHALLENGES

- Poorly coordinated state wide ART services and high client attrition is affecting the quality of services
- The strike action embarked upon by workers in Kogi Adamawa and Taraba states adversely affected services in the state.
- Human resource gap continue to affect the quality of services delivered across supported sites

NEXT QUARTER PLANS

- Conduct ART refresher trainings for service providers across all supported sites
- Ensure that all clients enrolled have access to baseline CD4 and other clients have access to repeat six, twelve months
- Continuous advocacy to state government to address human resource gaps
- Support facility multidisciplinary teams to initiate monthly Clinical Quality Audits

B. TB/HIV

I. Strengthened the application of the WHO TB Checklist to improve TB case detection

With a focus on improving early detection and treatment of TB amongst HIV patients, the project continued to strengthen measures that with enable the achievement of 100% clinical screening for all newly enrolled HIV positive patients across the 25 supported sites. Site specific TB performance was reviewed across the states which resulted in the categorization of sites based on their performance and output. Task shifting as a strategy was adopted with the training of more nurse counselors and data clerks to apply the TB symptom checklist. Each site was allotted targets and performance was monitored periodically. By the end of the reporting period, we observed that performance improved across all the sites with overall TB screening increasing from 44% in the past quarter to 72% during the period under review. In the State Specialist Hospital Jalingo, screening improved from 19% in January to 89% in April, while in Kogi State Specialist Hospital Lokoja clinical screening improved from 9% to 72% over the same period. Despite the increase in number of clients screened for TB, the number diagnosed with TB/HIV co-infection was not significant. This could possibly be explained by the inadequate skills of the nurses, data clerks and other volunteers trained to apply the checklist.

III. Partnership with Kwara State TB Program to increase access to DOTS services

Working in collaboration with the state TB program in Kwara, TB DOTS services were reactivated at the General Hospital OmuAran. This brings the total number of sites supported by ProACT which offer TB/HIV services to XX. To facilitate this process the state TB program built the capacity of laboratory technician to provide TB microscopy services while another staff was trained to provide DOTS services. The facility presently has 7 patients on TB treatment with one case of TB/HIV co-infection diagnosed. The reactivation of TB services in GH OmuAran has increased access to TB/HIV services as these patients would have otherwise been referred to another facility to access TB treatment. In the same vein, 2 staff were trained in the delivery of TB DOTS services at Children's Specialist Hospital Ilorin. One staff from the General Hospital Offa was also trained

by the state. These trainings supported by the TB program demonstrate an increased drive towards ownership and sustainability of the Kwara state TB response.

IV. Participated at the TB/HIV TWG Meeting Hosted by the NTBLCP

The ProACT project participated at national TB/HIV TWG meeting hosted by the NTBLCP during the quarter under review. Participants were drawn from the Federal Ministry of Health, various implementing partners, and the academia. The main issues discussed at the meeting include: Minimum TB infection control package, two-way referral between TB and HIV units, and supply of pediatric anti-TB formulations and stocking of the zonal stores for onward distribution to the states. The NTBLCP also plans to meet the Pediatric Association of Nigeria (PAN) in an effort to improve pediatric TB diagnosis and management in Nigeria. The meeting also agreed to set up a sub-committee to review the current referral tool as part of efforts towards the harmonization of TB/HIV reporting systems.

V. Functionality of infection control committees enhanced at 4 pilot sites

The ProACT project continued to provide support for the effective function of TB infection control committees initiated in four pilot sites. The technical team held meetings with each committee to review progress towards of the implementation of the TB infection control plan developed by the committees. Designated committee members now provide health talks at the ART clinics on basic cough etiquette. They also ensure that ventilation is good at the clinics and wards by encouraging the opening of windows. Patients actively coughing are prioritized and fast tracked for clinical evaluation. TB cases are aggressively sought after and treated while contacts are tracked for screening. ProACT in partnership with the hospital management in supported sites and AIDSTAR II project have continued to support sites with basic infection control equipment waste bins, gloves, disinfectants and tissue

CHALLENGES

- Lack of reagents for sputum AFB in most Niger supported sites which is affecting TB case detection
- Incessant industrial strike action embarked upon by health workers in Kogi, Taraba and Adamawa States affected service delivery
- Mass retrenchment in Kwara State also affected access to TB service delivery
- Even with intensified efforts to improve routine screening for TB, not all clients are screened
- TB microscopy services not fully functional in one Kogi supported site

NEXT QUATER PLANS

- Follow up with the state TB programs and other partners in Niger and Kogi states to address shortage of reagents and functionality of Microscopy centers
- Capacity building, supervision and mentoring of health workers, volunteers and counselors on clinical screening to improve TB case detection among suspects.
- Finalize plans on the implementation of community TB strategy in selected LGAs
- Initiate TB infection control committee in four additional sites

C. PEDIATRIC CARE AND TREATMENT SERVICES

I. Pediatric testing day organized across supported sites to increase pediatric case detection and enrollment

Due to low pediatric enrolment across all the sites, and recognizing the need to increase pediatric uptake across supported sites the project initiated the "Pediatric Testing Days" as an innovative approach of reaching children of PLHIVs enrolled in the program with HIV counseling and testing services .This activity was conducted in partnership with facility clinicians and community volunteers, and reached a total of **1070** children out of which **5** children were identified as positive and enrolled into care. In addition pediatric focused clinical system mentorship was conducted in three MSH supported health care facilities in Taraba State as part of efforts to enhance the capacity of clinicians in the diagnosis and care of pediatric clients. Clinicians are now better equipped with skills to appropriately stage the disease, initiate ART for HIV infected infants and children and co-schedule appointments with their parents or caregivers to ensure retention. Pediatric in patient testing was also strengthened with the reactivation of the pediatric testing points in the wards. Within two weeks of this activity a total of 124 children were tested in the pediatric wards out of which **3** positive and 4 exposed infants were detected.

II. Collaboration with Government of Nigeria (GoN), GHAIN and Clinton HIV/AIDS Initiative to improve EID Services

Figure: Pediatric Testing Day at GH Offa Kwara State

ProACT is collaborating with the government of Nigeria and the Clinton HIV/AIDS Initiative in piloting the new national EID register in two sites; the State Specialist Hospital Jalingo which is a tertiary site with high patient load (>2400) and Cottage Hospital Song which is secondary site with low patient load (<500). By end of July, the user friendliness of the new EID registers and the completeness of information it captures will be reviewed with the aim of finalizing and rolling out the registers across Nigeria. As part of ongoing collaboration for EID services during the quarter under review a combined team of MSH and FHI/GHAIN technical team visited five MSH supported sites in Adamawa, with the primary objective of evaluating the progress made with the implementation of the Phase III EID services across North East States of Adamawa and Taraba. With support from the GHAIN project, the Jalingo PCR Lab and EID network which consist of 18 facilities became operational in October 2009 and is meant to cover 5% of the National EID program. EID services commenced in MSH supported sites in Adamawa state in November 2009 and this evaluation served as a baseline to evaluate progress in the provision of services. The assessment team evaluated the following parameters during this visit; number of exposed infants offered EID services, turnaround time for receipt of results, PCR positive infants and the number of positive infants initiated on ARV. ProACT has sent 83 DBS samples for analysis, with all results received out

of which 5 positive. The team observed that activation of the PCR lab in Jalingo has increased access to EID services however it has not addressed the major challenge of delay in receipt of EID results by the clients.

CHALLENGES

- Incessant industrial strike action embarked upon by health workers in Kogi, Taraba and Adamawa States affected service delivery
- Mass retrenchment in Kwara State also affected access to service delivery
- Poor clinical evaluation of HIV infected children and exposed infants
- Slow turn-around time for receipt of EID results in supported sites is affecting the early initiation of eligible pediatric clients on treatment
- Frequent posting out of trained staff and posting of clinicians with inadequate skills and capacity to provide pediatrics HIV

NEXT QUARTER PLANS

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

LABORATORY SERVICES

Introduction

ProACT Laboratory program focused on concluding the planned Laboratory Logistics audit, implementation of the International Quality Assessment program, scale up of Laboratory work up days for both comprehensive and referring Laboratories. The period under review also featured capacity building for improved service delivery and enhanced quality management. Details of achievements/results recorded are explained in the ensuing paragraphs.

I. Capacity building to enhance knowledge base and skills of staff at supported sites

To further improve capacities of staff at the facilities to care, maintain and operate various laboratory automated platforms towards improved service delivery, a central automation systems training was conducted in partnership with the Institute of Human Virology action (IHVN) at the Asokoro Lab Training centre, Abuja. A total of 25 persons (19 males and 6 females) participated in this training. Site based trainings as well as CMEs were conducted in Kogi, Kwara, Niger, Taraba and Kebbi States for newly deployed Medical Lab Technicians/Assistants on industrial attachment, Corp members, and volunteers posted to the Lab and staff of PHCs. The Automation systems training has improved the

Figure 5 Laboratory Automation Training At PEPFAR Lab Asokoro

quality of services delivered as staff in supported sites now have a better understanding of equipment management issues and quality assurance processes associated with operating various equipment platforms.

II. Audit of laboratory logistics systems in Niger State.

The lab inventory audit was conducted in six comprehensive sites in Niger State. The audit activity was predicated on the following gaps

- Incessant stock out of commodities across sites
- Inconsistent and inaccurate commodity end of month reports
- Inability of facility staff to accurately interpret units of issue and consumption
- Facility staffs not reporting all commodities used at sites
- Tally Cards and other Logistics capturing tools not in use
- Documentation tools not used or where in use not properly used and not properly kept
- Only one person involved in laboratory logistic activities and if not around becomes difficult to sometimes locate commodity or documentation tools.
- Overwork/heavy workload on the only person involved

Some of the interventions include provision of revised and user–friendly tools for inventory management, site based CMEs explaining significance of reporting all commodities at the sites at every reporting period, how to ensure effective documentation, task scheduling among available staff as against centralization of duties on a single individual. Through training, additional persons have been co-opted into managing laboratory logistics. This has greatly improved laboratory commodity management in Niger State as well as improved documentation.

III. Ongoing partnership to improve bio-safety activities in supported sites

In addition to training support provided to ProACT supported site staff, partnership between ProACT and AIDSTAR-1 project has improved injection safety and waste management practices with the donation of 3,000 units of safe boxes to two State offices of Kogi and Kwara. ProACT through its Lab program will advocate for additional training and safe boxes for other States not yet served. Additional coverage areas for collaboration will include training of ProACT supported site staff on Post exposure Prophylaxis and tools adaption for monitoring Biosafety activities at the facilities by ProACT Staff

IV. Support to state laboratory quality management task teams to develop operational plans

As part of support towards strengthening Laboratory management towards registration and accreditation (SLMTA), Lab Systems Specialist for Niger State facilitated the development of a draft workplan. The workplan provides a framework for the attainment of registration of public health laboratories in the State in preparation for accreditation. Other activities to follow include advocacy visit to Commissioner for Health to present workplan, advocate for support towards planned Gap assessment/analysis and institution of Quality management Systems in all laboratories in the state. In Taraba State the State Laboratory Quality management Task Team members accompanied by MSH Lab Systems Specialist paid an advocacy visit to the Commissioner for Health to solicit for the

registration of Laboratories in the State. The team with support from MSH Nigeria Laboratory Team will continue to support and advocate for the registration of laboratory.

V. Preventive maintenance for various automated laboratory platforms

Preventive Maintenance Services as well as repairs and replacement of damaged parts were performed in the period under review for both Vitros DT 60 II/Reflotron Plus analyzer for Clinical chemistry investigations, Sysmex KX-21N/QBC autoread for hematology analysis and BD FASCCount system for CD4 Count(Absolute & %) estimation. Program will continue to support these activities as it addresses critical aspect of Quality Assurance and quality services delivery.

VI. Internal quality assessment/quality control conducted at supported sites

As a follow up to planned activities from the previous quarter, the Laboratory program commenced the preparation of proficiency testing panels for HIV serology and clinical chemistry investigations from the identified Quality Assurance Laboratories. The QA laboratories serve as validation centers for other peripheral laboratories. For Serology PT Performance the IQA process revealed some shortfalls requiring corrective action. A cursory look at the serology performance in Niger State shows a 100% concordance in all the sites except for one of the feeder sites. Similarly, in Kwara State, a feeder site to General Hospital Omu-Aran performed below 100%. Niger State PT for Clinical Chemistry Parameters records show that General Hospital Mokwa had the best performance with only one OR (Out of Run) case. Statistical QC ranges were defined for all parameters based on a 95%CI against which the peripheral laboratories were expected to fall to qualify for being described as 'within run'. Prior to establishing the QC ranges, pooled specimens from blood banks were characterized and aliquoted for distribution to the various sites. A sample size of twenty (20) for 5 Clinical chemistry parameters commonly assayed was determined to derive the Statistical QC ranges. Laboratories with values that fall within the QC ranges are described as having passed and are 'Within Run' while those with values either before or after the 95%CI region were described as failed or 'Out of Run'. It is to these set of Laboratories that corrective actions will be initiated to correct the causal factors. Values in the table indicated in red were out of run. Further investigations through L-J charts can reveal possible factors. Our team in the field will also work with site staff to continue to monitor performance and recommend where need be, retraining of staff based on findings. These performances could only be derived from this kind of activity and hence the justification for our Quality Assurance Laboratories. The Laboratory program will continue to support this activity preparatory to linking supported health facilities to External Quality Assessment programs.

Table showing Performance of Sites in the Internal Quality Assessment Program for HIV Serology

Facility	Test points	Result		Cumulative Result	Score	Comment
		G	S			
T/Magajiya	Lab	NR	R	Passed	100%	
	GOPD	NR	R			
	Pead	NR	R			
	DOT	NR	R			

	ANC	NR	R			
	B –WARD	NR	R			
Feeder Sites	MCH	NR	R	Passed		
	MHC	NR	R	Passed		
	BHC DUKKU	NR	R	Passed		
	HF DARINGI	NR	R	Passed		
G.H. Kagara	MATERNITY	NR	R	Passed		
	B – WARD	NR	R			
	ANC	NR	R			
	GOPD	NR	R			
	A-WARD	NR	R			
	DOTS	NR	R			
	BHC YAKILA	NR	R			
	BHC PANDOGERI	NR	R			
	BHC TEGINA	NR	R			
	LAB	NR	R			
G.H. Wushishi	LAB	NR	R	Passed	100%	
	ANC	NR	R			
	MATERNITY	NR	R			
	GOPD	NR	R			
G.H. BIDA	LAB	NR	R	Passed	100%	
	PEAD	NR	R			
	MATERNITY	NR	R			
	FAM PLANING	NR	R			
	GOPD	NR	R			
	DOT	NR	R			
	ANC	NR	R			
	MCH	NR	R	Passed	100%	
R.H. LAPAI	LAB	NR	R	Passed	100%	
	GOPD	NR	R			
	ANC	NR	R			
	WARD C	NR	R			
	DOTS	NR	R			
G.H. MOKWA	LAB	NR	R	Passed	100%	
	GOPD	NR	R			
	PEAD	NR	R			
	ANC	NR	R			
	MCH	NR	R	Passed	100%	

NEW BUSSA	LAB	NR	R	Passed	100%	
	GOPD 2	NR	R			
	ANC	NR	R			
	FAM PLANING	NR	R			
	DENTAL CLINIC	NR	R			
	DOTS	NR	R			
	MATERNITY	NR	R			
	GOPD 1	NR	R			
FEEDER SITES	HF DOGONGERI	R	NR	Failed	0%	
	FHC	NR	R	Passed	100%	
	BHC WAWA	NR	R	Passed	100%	
NEPA Hospital	NEPA/LAB	NR	R	Passed	100%	
	NEPA/MAT	NR	R			
	NEPA/ANC	NR	R			
	NEPA /IMMUN	NR	R			
S.H. Offa				Passed	100%	
C.S.H Ilorin				Passed	100%	
G.H. Omu-Aran					90%	10% discordant

Table showing Performance of Sites in the Internal Quality Assessment Program for Clinical Chemistry Parameters

	Sample L			Sample O		
FACILITY/ANALYTE	**Values**	**QC Range**	**Comment**	**Values**	**QC RANCE**	**Comment**
MOKWA						
GOT	22.9	**22.5-25.9**	W/Run	27.5	25.9 – 29.4	W/Run
GPT	9.30	**6.8 - 9.7**	W/Run	11.4	10.9-12.8	W/Run
CREA	94.9	**87.7-98.1**	W/Run	78.8	73.2-85.8	W/Run
K^+	4.90	**4.6 - 5.1**	W/Run	4.48	4.4 – 4.9	W/Run
GLU	**7.40**	**6.7 - 7.1**	O/Run	5.63	5.2 – 5.9	W/Run
BIDA						
GOT	23.2	**22.5-25.9**	W/Run	**29.7**	25.9 – 29.4	O/Run
GPT	7.82	**6.8 - 9.7**	W/Run	**18.0**	10.9-12.8	O/Run

CREA	110	87.7-98.1	O/Run	87.6	73.2-85.8	O/Run
K	3.32	4.6 - 5.1	O/Run	3.37	4.4 – 4.9	O/Run
GLU	5.70	6.7 - 7.1	O/Run	5.40	5.2 – 5.9	W/Run
KAGARA						
GOT	25.3	22.5-25.9	O/Run	27.1	25.9 – 29.4	W/Run
GPT	12.8	6.8 - 9.7	O/Run	12.3	10.9-12.8	W/Run
CREA	101	87.7-98.1	O/Run	77.8	73.2-85.8	W/Run
K	4.91	4.6 - 5.1	W/Run	<2.00	4.4 – 4.9	O/Run
GLU	7.74	6.7 - 7.1	O/Run	5.51	5.2 – 5.9	W/Run
T/MAGAGYA						
GOT(U/l)	24.5	22.5-25.9	W/Run	27.7	25.9 – 29.4	W/Run
GPT(U/l)	12.2	6.8 - 9.7	O/Run	13.0	10.9-12.8	O/Run
CREA(umol/l)	78.4	87.7-98.1	O/Run	0.732	73.2-85.8	O/Run
K(umol/l)	4.72	4.6 - 5.1	W/Run	4.29	4.4 – 4.9	W/Run
GLU(umol/l)	116	6.7 - 7.1	W/Run	86.8	5.2 – 5.9	W/Run

VII. Decentralization of laboratory work-up days for baseline and follow up investigations

Based on findings from the recently concluded clinical audit which revealed increased turnaround time for receipt of laboratory investigation results and work over load, the ProACT technical team worked with hospital management and heads of laboratory units in supported sites to increase the number of laboratory work-up days from once weekly to thrice weekly across most of the sites. This has increased access to Laboratory services to newly identified HIV positive individuals to baseline investigation and clients on ART to follow-up investigations. As a result the number of clients who access baseline CD4 test increased from 57% in February to 71% in April. In addition the increased lab work up days has reduced the high workload associated with single day per week laboratory evaluation of clients on both Care and Treatment.

CHALLENGES

- Incessant industrial strike action embarked upon by health workers in Kogi, Taraba and Adamawa States affected service delivery
- Mass retrenchment in Kwara State also affected access to service delivery
- Equipment down-time due to frequent rodent attack at the sites also affect service delivery

NEXT QUATER PLANS

- Commence Result validation through the reference laboratories
- Initiate and finalize procurement for fluorescence microscopy
- Conduct DTS PT Proficiency

- Continue with Biosafety activities in conjunction with AIDSTAR-One in sites not yet covered

SUPPLY CHAIN MANAGEMENT

Introduction:

The key mandate of Axios Foundation, Nigeria (AFN) as the supply chain management partner on the LMS-PROACT is ensuring reliable availability of diagnostics and treatment monitoring reagents and other consumables, ARVs, and drugs for prevention and treatment of opportunistic infections (OIs) at designated health facilities in the 6 MSH focus states. The organization is also responsible for setting up and maintaining Pharmaceutical care and Pharmacy Best Practice (PBP) in all currently supported sites in the states. During the quarter under review AFN main focus was on quantification, procurement, warehousing, and distribution of commodities to support the delivery of HIV care and treatment services in ProACT supported sites, capacity building for health care personnel both in facilities and at the state central medical stores, coaching and mentoring of relevant health facility staff (pharmacists, laboratory, nurses at service delivery points etc) on inventory management as well as setting up systems and tools for forecasting, inventory management and reporting. Specific achievements are highlighted below:

I. Management of expiries through reverse logistics

In collaboration with PEPFAR supported partners the management of expired commodities received a boost with the collation, packaging and labeling of the commodities according to USAID guidelines. All the expired Pharmacy, Laboratory and basics care items from inception till May 2010 were withdrawn to the CPD in Abuja for onward incineration at a facility recommended by USAID. During the period, quarantine locations for expired commodities were identified in conjunction with facility management at all ProACT supported facilities. Mentorship of facility staff on SOP for the management of expired commodities is ongoing in all MSH supported sites.

II. Electronic LMIS reporting system instituted in select sites

Electronic reporting was instituted across all the six comprehensive sites in Niger State. Internet modems, and electronic copies of bi-monthly reporting forms were shared with the facilities to facilitate reporting and information sharing. Electronic mail accounts were opened for each of the sites. Three facilities have demonstrated lead in using this modem in submitting their reports on time since March – April 2010 review period. With efficient use, the electronic reporting system affords staff in the pharmacy unit the opportunity of timely submissions of monthly LMIS reports. This new systems is educative, cost effective, as well as encourages and improves quality of and work. With the linking of these facilities to the internet, staff will now have access to up to date information in SCMS as well as current trends.

III. Pharmaceutical care services strengthened at supported sites

Data documentation was improved in Kebbi supported sites of General Hospitals Argungu and Koko, as a result of continuous mentorship, hands on training, and supervision. Increased emphasis on proper prescription evaluation and medication adherence counseling as cardinal components of

dispensing has tremendously improved on the quality of pharmaceutical services rendered to the patient.

IV. Capacity building on Good Pharmacy Practice (GPP)

TOT training on Good Pharmacy Practice was conducted during the quarter to standardize the training curriculum for Good Pharmacy practice for ProACT supported states. The purpose was to develop a pool of locally based trainers for subsequent step-down trainings at state and facility levels. The trainees comprised of the State Directors of Pharmaceutical services, project SCMS specialists and one staff from each state selected by the SMoH. In order to develop skills of pharmacy workers to respond to changes in their respective areas of practice especially HIV/AIDS, a step-down training at the state level was conducted for fifteen health facility staff drawn from eight facilities in Niger and Kebbi states. The project plans to train staff from the remaining four states in the first quarter of the next COP year. On–site hands–on mentoring of facility staff is ongoing in all the supported states and this has greatly improved the quality of services being rendered.

V. Renovation works on the Niger Central Medical Store completed

The ProACT project in collaboration with its sub-partner Axios completed the renovation works on the warehouse at the Central Medical Store complex Minna, Niger State. With the completion it is expected that there will be an increased access to HIV/AIDS commodities in the State. This has also enhanced partnership with the state government as some of the shelves were allocated to SACA for commodities meant for the state HIV/AIDS program. In addition storage space was provided for RTKs, ARVs, and drugs for opportunistic infections procured by the state MDG office for distribution by SACA. Technical assistance was provided to the SMoH to facilitate the distribution of RTKs to facilities that required them considering their short expiry dates. To ensure the maintenance of climatic conditions four 1.5 horse power generators were installed to power the over 15 cooling units mounted in the warehouse.

VI. Inauguration of Technical Working Group (TWG) on health commodity logistics

Despite large infusions of funding from various donors, many public sector health systems particularly logistics systems are unprepared to manage the massive volumes of HIV/AIDS commodities needed to achieve the ambitious treatment targets. Along with the need for significantly more human resources and increased skills in the public sector, new approaches in commodity management that avoid existing weaknesses and maximize on strengths are required to further strengthen the existing health system. In this light, ProACT facilitated the establishment of a Technical Working Group (TWG) on logistics in Niger state as part of its efforts to strengthen the state logistic management systems. The goal of the TWG is to address health commodity logistic management challenges which include implementation of parallel health commodity distribution channels by various stakeholders in the state. The TWG membership comprises various stakeholders in the sector including NAFDAC and other implementing partners (IPs). Draft terms of reference (TOR) were shared with the various stakeholders before the inaugural meeting which was modified and adopted during the technical session of the meeting. Actionable points for harmonization of the existing health logistic pattern in the state were later identified for effective running of the TWG and the meeting was adjourned to August 11, 2010.

VII. Participation at the PEPFAR TWG meeting on logistics

The ProACT project participated at the PEPFAR TWG meeting on logistics during the quarter under review. Key issues deliberated on during the meeting included the need for programs to adopt frequent waste management procedures and waste disposal activities. A presentation on draft Strategic Health Care Waste Management Guidelines, SOPs and timelines for waste disposal activity was made by AIDSTAR 1 and SCMS projects. All IPs, government agencies and stakeholders are expected to participate at a crucial meeting on standardization of waste disposal activities later in the year. A major recommendation at the end of the meeting was the need to harmonize LMIS (same format, same reporting period and cycle) and logistics systems in line with GoN guidelines and adoption of an integrated supply chain management for ARVs to eliminate overstocking and reduce expiries.

CHALLENGES

- Poor power supply and frequent breakdown of cooling systems which affects the maintenance of climatic conditions in the pharmacies
- None compliance to the SOPs still remains a challenge in some of the facilities in the states.
- Poor storage of commodities and supplies due to none availability of pallets in many of the facilities as a result of the increased quantities of commodities and patient load at the facilities.
- Inadequate supply of Zidovudine 300mg tablets to meet the demands of PMTCT program

NEXT QUARTER PLANS

- Support the Kogi SMoH in development of integrated system for quantification, procurement, storage and distribution of all Health commodities
- To improve drug storage conditions, work with the facility management to procure and supply drug pallets for the main store of the pharmacy units.
- Conduct data quality audit and joint supervisory visits with SMoH officials in all states
- Work with the State government and facility management to procure additional cooling units to improve climatic conditions in the pharmacies
- Ongoing advocacy for the engagement of additional staff to support delivery of pharmaceutical care services.
- Facilitate the establishment of a TWG on logistics in Kwara state
- Conduct a step-down training on Pharmacy Best practice for HF staff in Adamawa, Taraba, Kwara and Kogi states.
- Continuous mentorship of facility staff in GPP and logistics management
- Receipt and distribution of Zidovudine 300mg tablets for the PMTCT program

MONITORING AND EVALUATION

Introduction

The months of April to June has been eventful for the M&E unit, a number of new and pending activities were implemented with notable results that is guiding the project to further improve quality

and sustainability of the M&E systems within the supported facilities. Detailed highlights of the achievements, challenges and next steps are summarized below.

I. Data quality assessment (DQA) conducted in selected facilities

The M&E unit conducted a comprehensive Data Quality Assessment with the major aim of the identifying data gaps, weaknesses and challenges within selected facilities in the six focus states. Data was assessed across four data quality dimensions which include data availability, consistency, validity and M&E systems in terms of manpower, capacity available to continually provide data for decision making. The National DQA tool was used to assess each of the selected facilities; this tool was selected to ensure that subsequent and future DQAs can be conducted by the facility records unit staff to measure their own data quality. Each thematic unit was assessed under the 4 dimensions of data quality. The M&E Specialists were re distributed to other states to ensure objectivity in the assessment process and also observe best practices worthy of replication, two comprehensive sites were visited in each state except Niger where 3 sites were visited. The results provided an insight into each state's data challenges along the 4 data quality dimensions, data validity has been noted to be the major key challenge across all states except Kogi state which had a 76% score far above the average score of 39%. Data availability is another key focus area having had an average performance score of 59% with only 2 states scoring above the average (Kogi, 80%, Kwara 68%). The state ranking emphasizes, where more attention is needed (Taraba, Adamawa and Kebbi) in terms of frequent visits to the facilities and increased mentoring and supportive supervision necessary to improve data documentation and reporting.

II. Training to strengthen the capacity of facilities to use data for decision making

As part of ongoing efforts to enhance the capacity of supported facilities to utilize data for decision making, the ProACT project conducted a week long training on M&E for facility head of medical records unit drawn from the 25 supported comprehensive sites and 1 SACA M&E officer from the six ProACT focus states. The objective of the training was to build the capacity of the participants to have a data use mindset and also strengthen their capacity to collect, analyze and champion the use of generated information (data) for decision making by the facility management. The training methodology was in two parts; didactic session which covered topics such as overview of M&E, M&E indicators, data tools for ART programming and data analysis while the practical sessions provided the participants learning on development of indicators, completion of the data tools, and how to design a database using MS excel and make presentations using MS PowerPoint. A plan was jointly developed with the participants and commitment for each facility to demonstrate an ability to drive data for decision making after a three months timeframe was agreed. The implementation of the plan will be evaluated at the end of three months

III. Electronic data base to enhance data use culture instituted at the KSSH Lokoja

The application of knowledge and skills gained during the M&E training for facility records unit heads is yielding results at the Kogi State Specialist Hospital (KSSH) a ProACT supported site in Kogi State. Impressed by the inaugural presentation of hospital data trends by the HOD medical records, the KSSH management has provided a desk top computer and accessories to the medical records unit to support the unit in the electronic capture of data. With support from the Kogi M&E

team, the head of the medical records unit developed a database using MS Excel as well as indicators which were generated from all thematic units in the facility to ensure ownership and sustainability. The facility database and indicators will enhance the efficiency of the unit, will make for easy data retrieval and increase the use of data for decision making by the hospital management. Ongoing technical support will be provided to the unit to further enhance their skills. Similarly, the M & E Officer in First Referral Hospital, Gashaka Taraba State made a maiden presentation of the facility data trends during the Patient Care Team (PCT) meeting. His ability to interpret the data generated within that period to inform decision making by management of the hospital was well appreciated by the facility staff. Ongoing technical support will be provided to the unit to further enhance their skills in data presentation. These early results are part of ProACT project's ongoing efforts to enhance the capacity of supported facilities to utilize data for decision making for a sustainable HIV response.

IV. Ongoing integration of facility medical records systems:

Figure 6: Integrated Medical records unit in GH Koko Besse

In Niger State, discussions were held with all the heads of facilities and records units the benefits of integrating the medical records of HIV positive patients and that of the hospital records systems. Once this proposal was accepted by the facility management, the M&E team began the process of working the facility records unit staff through the process of integrating all the records. Thus far, GH Mokwa and GH New Bussa has started operating an integrated medical records unit where all patient folders (HIV and non HIV records) are stored in one central retrieving point making it difficult to differentiate between HIV and non HIV clients. In Taraba state three (Donga, Ibi and Gashaka) out of the four facilities now have an integrated medical records system while efforts are still ongoing to integrate that of SSH Jalingo.

CHALLENGES

- Inadequate capacity of facility record officers to appreciate quality indicators, and the monitoring and evaluation component of HIV/AIDS care and treatment programming.
- Frequent transfer of trained staff necessitating identification and training of new staff
- Multiple tasks leading to increased workload and poor documentation
- Lack of interest and commitment by facilities staff in supporting the data clerks

Next Quarter Plans

- Monthly Data review to track target achievement. The 6 month data review process set the precedence for continuous monthly review of all MSH data generated from our supported facilities. Data will continually be reviewed, compared with targets and presented to the project team to determine the level of target achievement for all indicators in our Performance Monitoring Plan..

- Conduct a repeat DQA exercise in September. The findings from the DQA have identified a number of challenges and gaps in all the respective M&E systems. The results indicate that the project needs to focus more attention on data validity and availability. A repeat DQA exercise will be conducted in September 2010 in the same facilities. The findings from the pilot exercise will serve as a baseline for comparing with subsequent DQAs.
- Organize refresher training for the State and M&E staff from supported sites.