

Prevention Organizational Systems AIDS Care and Treatment Project – Pro-ACT

Quarterly Progress Report, April – June 2013

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To build the capacity of Nigeria's public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated with the health system

5 Key Words: HIV/AIDS, Capacity, Nigeria, ProACT, Tuberculosis, TB, Prevention

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Leadership, Management, and Sustainability (LMS) Program, Nigeria

Prevention Organizational Systems AIDS Care and Treatment Project (Pro-ACT)

Quarterly Progress Report, April – June 2013



This publication was produced by Management Sciences for Health for review by the United States Agency for International Development (USAID).

Cover photo caption: Traditional leaders play a critical role in mitigating the impact of HIV. In this quarter MSH ProACT is proud to showcase on the cover page the Sarki of Ibi, His Royal Highness Alhaji Abubakar Salihu Dan Bawuro III, who championed the establishment of a community food bank, which have benefitted over 300 orphans and their care givers in Ibi community.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Project Name: Leadership, Management and Sustainability Project, Nigeria

Prevention organizational systems AIDS Care and Treatment Project

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ABOUT THE PRO-ACT PROJECT

Management Sciences for Health (MSH)'s Leadership, Management, and Sustainability Program (LMS) was a global, five-year, cooperative agreement funded by the United States Agency for International Development (USAID). The LMS Program was designed to help staff at health care organizations and programs develop leadership and management skills to improve patient health outcomes in the areas of family planning, reproductive health, HIV/AIDS, infectious disease, and maternal and child health. In Nigeria, the Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT) Project is an associate award under LMS funded by the President's Emergency Plan for AIDS Relief (PEPFAR) as a follow-on to the AIDS Care and Treatment (ACT) Project. The project's goal is to build the capacity of Nigeria's public, private, and community sectors for sustainable HIV/AIDS and tuberculosis (TB) prevention, control, care, and treatment. Pro-ACT supports six state governments in Kogi, Niger, Kwara, Kebbi, Adamawa, and Taraba states, and operates 30 comprehensive HIV/AIDS treatment centers. The project's main office is in Abuja and it also has decentralized state offices in the above mentioned states which allow Pro-ACT to bring technical support closer to the areas of greatest need.

USAID/Nigeria Quarterly Report

Pro-ACT Project Quarterly Progress Report April-June 2013

ACTIVITY SUMMARY
Implementing Partner: Management Sciences for Health (MSH)
Activity Name: Leadership Management Sustainability (LMS) – Prevention Organizational Systems AIDS Care and Treatment Project (Pro-ACT)
Activity Objective: To build the capacity of Nigeria’s public, private, and community sectors for sustainable HIV/AIDS and tuberculosis (TB) prevention, control, care, and treatment that is integrated into the health system. IR 14.1 To increase demand for HIV/AIDS and TB services and interventions, especially among target groups IR 14.2 To increase access to quality HIV/AIDS and TB services, practices, and products in selected states IR 14.3 To strengthened public-, private-, and community-enabling environments
USAID/Nigeria SO: SO 14
Life of Activity: July 16, 2009 – July 15, 2014
Total Estimated Contract/Agreement Amount: \$60,797,873
Obligations to Date: \$46,208,086
Current Pipeline Amount: \$6,258,575
Accrued Expenditures this Quarter: \$2,107,561
Activity Cumulative Accrued Expenditures to Date: \$39,949,511
Estimated Expenditures Next Quarter: \$5,817,096
Report Submitted by: Makumbi Med, Project Director
Submission Date: July 30, 2013

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ACRONYMS AND ABBREVIATIONS

AB	abstinence and be faithful (prevention strategy)
ACT	AIDS Care and Treatment (MSH project that preceded Pro-ACT)
APR	annual progress reporting
ART	anti-retroviral therapy
ARV	anti-retroviral
CBO	community-based organization
CCT	comprehensive care and treatment
CHEWs	community health education workers
CSO	civil society organization
DBS	dried blood spot
DOTS	directly observed treatment, short course (for TB)
EID	early infant diagnosis (for HIV-Infection)
EMS	expedited mail service
Fadama III	Third National Fadama Development Project for Nigeria
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
HRH	human resources for health
HSMB	health services management board
HSS	health systems strengthening
HTC	HIV testing and counseling
INH	isoniazid
IP	implementing partner
IR	intermediate result
KOSACA	Kogi State Agency for the Control of AIDS
LACA	local action committee on AIDS
LGA	local government area
LMS	leadership, management, and sustainability program
M&E	monitoring and evaluation
MARPs	most-at-risk populations (for HIV infection)
MoH	Ministry of Health
MPPI	Minimum Prevention Package Interventions (for HIV)
MSH	Management Sciences for Health
MTCT	mother-to-child transmission
NACA	National Agency for Control of AIDS
NASCP	National AIDS and Sexually Transmission Infection Control Program
NHOCAT	National Harmonized Organizational Capacity Assessment Tool
NIPOST	Nigerian Postal Service
OVC	orphans and vulnerable children
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHC	primary health care
PITC	provider-initiated testing and counselling
PLHIV	
PMTCT	prevention of mother-to-child transmission (of HIV)
Pro-ACT	Prevention Organizational Systems AIDS Care and Treatment Project
SCMS	supply chain management system
SACA	state agency for control of AIDS
SLQMTT	State Laboratory Quality Management Task Team
SMoH	State Ministry of Health
STI	sexually transmitted infection
TB	tuberculosis
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Management Sciences for Health is implementing the Prevention Organizational Systems AIDS Care and Treatment Project in Nigeria. Funded by the United States Agency for International Development, this project continues to support the Government of Nigeria in the scale up of HIV care and treatment services in six focus states. The project team has continued to work towards its three key result areas:

- 1) *Improving government stewardship of HIV, AIDS, and TB Programs,*
- 2) *Supporting healthcare workers to own and deliver qualitative HIV, AIDS, and [tuberculosis] services using an integrated approach, and*
- 3) *Building partnerships with communities and CSO to improve their response to HIV, AIDS, and TB in homes and communities.*

This quarter, the project team implemented several activities. Under health systems strengthening, the project provided technical assistance to state agencies for control of AIDS, state ministries of health, and health facilities in conducting strategic activities aimed at improving coordination and government stewardship and ownership. The team's specific activities included supporting states to develop costed plans and using the Leadership Development Plan-Plus approach to support improvement in the quality and uptake of prevention of mother-to-child transmission of HIV services. In Niger State, the project provided technical assistance as part of the state health systems strengthening grant to develop government capacity for coordination and ownership of health workers' training. Under prevention, the project continued to support civil society organizations, through grants and technical assistance, to implement quality HIV prevention activities that address the behavioural, biomedical, and structural drivers of the epidemic. Civil society organizations targeted in-school youth with small group interventions that focus on abstinence and/or being faithful through the adoption of positive sexual and reproductive health behaviours. The project also supported HIV testing and counselling activities targeting most-at-risk populations and helped to establish condom outlets supplied with penile models, condoms, and lubricants.

One of the project's major activities this quarter was conducting community-based HIV testing and counselling outreach activities across the five project-supported states, except Adamawa. This intervention helped the project move rapidly towards achieving its fiscal year (FY) 2013 targets. Short-term consultants facilitated the outreach activities and the project team worked with community stakeholders and traditional leaders to inspire their support for and involvement in HIV activities.

This quarter, the project team also provided technical assistance to peer support groups and linked these groups to other sources of support, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the United States Embassy Self Help Program, and the Third National Fadama Development Project for Nigeria. The project continued to be an active participant in national activities, including the URC led pilot project on quality improvement of service standards for orphans and vulnerable children in Nigeria.

The clinical unit focused on activities aimed at increasing access to quality HIV services. This quarter, the project's major antiretroviral therapy activities included retrospectively reviewing charts for patients in care, improving enrollment of identified HIV positive clients,

improving emphasis on testing, implementing the stage and treat strategy, increasing support for prevention, care and treatment meetings, and reviewing the appointment and defaulter tracking protocol in a bid to increase client retention at health facilities. Under TB, the project team worked to increase TB case finding by screening all HIV positive patients. The team also scaled up intermittent prophylactic treatment across Kebbi, Kwara, and Niger states.

Under prevention of mother-to-child transmission of HIV, the project provided technical assistance to all supported health facilities to ensure quality service delivery. The team also continued to assess and activate private and public facilities to provide prevention of mother-to-child transmission of HIV services in the Niger and Kwara states. These activities were complemented by the project's work to generate service demand and increase community awareness about the importance of various health services including: HIV/AIDS; maternal, newborn, and child health; antenatal care; and health facility-based labour and delivery. Specific demand generation activities included, among others, establishing stakeholder forums and working with traditional birth attendants to increase their HIV/AIDS knowledge and their role in referring women for prevention of mother-to-child transmission of HIV services.

During the quarter, the project facilitated a Leadership and Development Program training for staff from the Association of Medical Laboratory Scientists in Nigeria and the Guild of Private Medical Laboratory Practitioners in Nigeria. Through this workshop, the project team aim to build the leadership capacity of the executive members and inspire a shared vision for accomplishing the organisations' missions.

The project's major challenge this quarter continued to be insecurity, particularly in Adamawa State. The Federal Government declared a "state of emergency" in three North Eastern states, including Adamawa, and, consequently, Management Sciences for Health withdrew all project staff from the state for their safety. This has limited the project's ability to provide technical assistance to facilities in Adamawa and Taraba States. Although these two states contribute most significantly to the project's targets, the team has attempted to maintain its achievements in Nigeria by intensifying activities and scaling-up services in the other project-supported states.

The following sections provide a detailed report of the project's achievements between April-June 2013 and challenges encountered with plans to mitigate them.

HEALTH SYSTEMS STRENGTHENING

Introduction

This quarter, the Prevention Organizational Systems AIDS Care and Treatment Project's (Pro-ACT) Health System Strengthening (HSS) Unit continued to work towards strengthening key health systems areas by providing technical assistance to health facilities, state ministries of health (SMoH), state agencies for control of AIDS (SACA), and other key stakeholders. The Pro-ACT team also improved government stewardship of HIV/AIDS and TB programs in the project's focus states and helped healthcare workers deliver quality HIV/AIDS and TB services using an integrated approach.

During this reporting period, the HSS Unit provided technical assistance to SACA, SMoH, and health facilities in conducting strategic activities aimed at improving coordination and government stewardship.

Key Activity Highlights

- Supported the development of a 2013 – 2014 costed, annual, operational plan for the Kwara State Ministry of Health
- Provided technical assistance and mentoring support for the on-going implementation of prevention of mother-to-child transmission of HIV (PMTCT) scale up using the Leadership Development Plan-Plus (LDP+) program at health facilities in Kwara State
- Supported implementation of the HSS grant for improved HRH Capacity for the delivery of HIV services in Niger State
- Strengthened the capacity of community-based organizations (CBOs) and support groups to sustain HIV/AIDS prevention, treatment, care, and support services at the community level

Kwara SMoH 2013 – 2014 Costed, Annual, Operational Plan

Pro-ACT aimed to strengthen the capacity of the Kwara SMoH to use plans for improving health and HIV/TB service delivery. To reach this goal, the project team supported the Kwara SMoH through the Department of Planning, Research, and Statistics to develop a two-year annual, costed, operational plan (2013-2014) from the State Strategic Health Development Plan (2010-2015). This plan covered the following eight strategic priority areas:

1. leadership and governance for health,
2. health service delivery,
3. human resources for health,
4. financing for health,
5. national health management information systems,
6. partnerships for health,
7. community participation and ownership, and
8. research for health.

The Kwara SMOH will use this operation plan to inform budget allocations over the next two years and mobilize resources for its implementation.

Leadership Development Plan-Plus (LDP+)

To increase and sustain PMTCT services in the project's focus states, Pro-ACT helped Kwara State pilot an LDP+ capacity building workshop with a focus on PMTCT. After the training, the state team created the following shared vision:

“Kwara State's next generation is free from HIV infection due to improved PMTCT services.”

Staff from eight health facilities, including two private health facilities developed the following measurable results:

- Increase the proportion of HIV-positive pregnant women started on antiretroviral (ARV) prophylaxis in the hospital to 100 percent in six months
- Increase the number of partners of HIV positive pregnant women who are counselled, tested for HIV, and receive their test results in six months
- Increase the total number of deliveries at the Civil Service Hospital Ilorin (by registered pregnant women) by 40 percent in six months
- Increased the percentage of pregnant mothers provided with HIV counselling and testing (HCT) services during antenatal care (ANC) appointments at the health centre to 100 percent in six months
- Increase the percentage of HIV positive pregnant women that deliver in the hospital by 100 percent in six months

This quarter, Kwara State oversight team conducted supervisory visits to selected health facilities. The state oversight team includes the SMOH's PMTCT focal persons and other key staff, as well as staff from SACA and the civil society organizations' (CSOs') network. The team accomplished the following:

- Developed a supervision checklist,
- Reviewed PMTCT records from three health facilities,
- Discussed progress and challenges with managers and service providers,
- Provided on-the-job support to managers and service providers and made recommendations for the way forward, and;
- Ensured that service registers and monthly summary sheets were available at the facilities and used appropriately by staff (this has resulted in more efficient record keeping, reporting, and use of data for decision-making).

Anecdotal evidence from this pilot highlights a productive and sustainable approach to strengthen the SMOH and health facilities' capacity that can be implemented in other Pro-ACT supported states to support the delivery of effective and efficient health services.

Grant for Human Resources for Health (HRH) Capacity on HIV/AIDS and TB Processes

Pro-ACT's HSS Unit provided support and mentorship to help Niger's SMOH implement the HSS Grant at various health institutions. This support aims to build the state's capacity to own, manage, and coordinate health worker trainings to sustain improved health outcomes in Niger State.

In this quarter, the SMOH has continued to implement activities outlined in the HSS Grant's scope of work (SOW). Specifically, the ministry has developed a state training curriculum for the Continuing Medical Education (CME) Training Centre and begun registering with six professional medical and para-medical bodies.

Strengthen the Capacity of Community-based Organizations (CBOs) and Support Groups to Sustain HIV/AIDS Services

Strengthen the technical capacity of community structure to provide services

Seven project-supported community support groups applied to collaborate with the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) on a Global Fund grant. One group was selected to partner with NEPWHAN on an HIV service delivery project in Kogi State. Pro-ACT provided the community support groups with technical and institutional support and helped them to develop financial and organization systems.

Pre-award assessment of CSOs in Kebbi, Kwara, and Niger States

ProACT will fund CSO programs in Kebbi, Kwara, and Niger States to ensure continued provision of community-based HIV services and increased access to and uptake of HIV services in communities hosting and contiguous to ProACT's comprehensive care and treatment (CCT) sites. As part of this process, Pro-ACT conducted a pre-award assessment of 28 CSOs in Kebbi, Kwara, and Niger States in line with USAID requirements. CSOs assessed were those whose proposals Pro-ACT had selected and recommended for USAID funding. The assessment focused on the CSOs' management capacity, including financial management. Pro-ACT will invite the CSOs that completed this process to attend a proposal development training. Organizations that receive USAID funding will use the support to provide:

- HIV prevention services,
- Care and support for people living with HIV,
- Care and support for orphans and vulnerable children, and
- HTC services for general and most-at-risk populations (MARPs).

Next Quarter Plans

- Continue to support the Kwara SMOH in implementing its 2013 – 2014 annual operational plan
- Continue to support the Niger SMOH in implementing the HSS Grant for Continuous Medical Education
- Provide technical support to partners in the three assessed states to ensure effective implementation of the Capacity Building Plan developed to address gaps identified during the National Harmonized Organisational and Capacity Assessment Tool (NHOCAT) assessment.
- Conduct midterm review of the LDP+ in Kwara State
- Develop a concept note on repositioning ward health committees to mobilize communities for HTC, PMTCT, referral, and tracking services

- Develop a systematic tool to measure what has changed and improved as a result of the technical support Pro-ACT has provided to health facilities, SMOH, SACA, and other stakeholders.

Introduction

Pro-ACT has built the capacity of the grantee CBOs to provide quality HIV prevention interventions using the Combined Prevention Intervention (CPI) / Minimum Package of Prevention Intervention (MPPI) approaches. The CPI/MPPI strategies promote and reinforce positive health-seeking behaviours that prevent the target beneficiaries from contracting HIV.

During the reporting period, the CBOs continued to effectively implement the CPI/MPPI prevention program. MSH supported this effort by working with state technical leads and peer educators continued to conduct qualitative prevention interventions addressing the behavioural, biomedical, and structural drivers of the epidemic. The remarkable results achieved during the quarter are due to the combined efforts of the CBOs and MSH/Pro-ACT's state HIV prevention technical leads.

This quarter, Pro-ACT supplemented its activities with implementation of an MSH Innovative Challenge (INCH) fund project (headquarters funded). The main objective of the project is to improve reporting on HIV prevention interventions using a mobile application. The project also aims to strengthen structures within Local Action Committees on AIDS (LACAs) and improve their capacity to monitoring these community-based interventions and provide feedback to implementers. Pro-ACT began implementing the INCH project by conducting a five-day training with peer educators and Family Life HIV Education (FLHE) teachers in two pilot communities. This training built the participants' capacity to collect program data and upload the data using the new reporting platform. After the training, Pro-ACT distributed two laptops to the LACA coordinators and 32 phones to the peer educators from Mokwa and Borgu local government areas (LGAs). This equipment will enable the participants to effectively implementation of the new reporting system.

Key Activity Highlights

- Built the capacity of staff from five grantee CBOs in HIV service delivery
- Implemented the CPI/MPPI strategies under the abstinence and be faithful (AB) and condom and other prevention (COP) program areas
- Reached 16,439 people (9,067 males, 7,372 females) with HIV prevention interventions
- Established 45 condom distribution outlets to increase access to safe sex products

Prevention Grant/Capacity Building for Grantee CBOs

To increase access to quality HIV/AIDS and TB services and products in project-supported communities, Pro-ACT trained community volunteers and key staff from the five grantee CBOs HTC. The main objective of the training was to equip participants with requisite knowledge and skills to provide HIV prevention, care, and treatment services. The training also enhanced participants' capacity to provide biomedical prevention interventions to the key populations and especially those most at risk for HIV infection including people who inject drugs (PWID), female sex workers (FSW), men who have sex with men (MSM), incarcerated populations, and long distance drivers (LDD).

Abstinence and/or Be Faithful

This quarter, Pro-ACT targeted in-school youth with small group interventions that primarily focus on AB through the adoption of positive sexual and reproductive health behaviours. Activities conducted in line with the CPI include, but were not limited to, the following:

- Peer education (Fulcrum Strategy),
- Non-curriculum school-based activities through health clubs,
- Sexually transmitted infection (STI) prevention education,
- Community dialogue,
- Addressing vulnerability issues

In total, Pro-ACT reached 3,596 people (1,839 males, 1757 female) The project team also worked with the state ministry of education (SMoE) to conduct supportive supervisory visits to schools in Kebbi State. Because the FLHE program proved successful, the SMoE has replicated the FLHE activities in 18 additional schools in Kebbi State. Similarly, in Niger State, the state HIV prevention technical lead visited the heads of 12 secondary schools across Bida, Kagara, Kontagora, New Bussa, Minna, and Mokwa to ensure the schools had formed FLHE Program Management Committees. During these visits, the technical lead also shared the committees' terms of reference with school authorities in order to enhance the program's sustainability.



School children participating in In-school prevention intervention activities

Condom and Other Prevention

This quarter, peer educators from both the general population and MARPs conducted prevention activities with their peers under the three main prongs of the CPI strategy: behavioural, structural, and biomedical interventions. In compliance with the MPPI approach, the peer educators continued to promote the adoption of positive sexual and reproductive health behaviours and better individual health-seeking behaviours. Strategies used by the peer educators included but were not limited to the following:

- Peer education (Fulcrum Strategy),
- HTC services,
- Condom messaging and distribution,
- Addressing vulnerability issues, and
- Provision of STI management.

Figure 1 shows the total number of MARPs reached, and Figure 2 shows the total number of people reached.

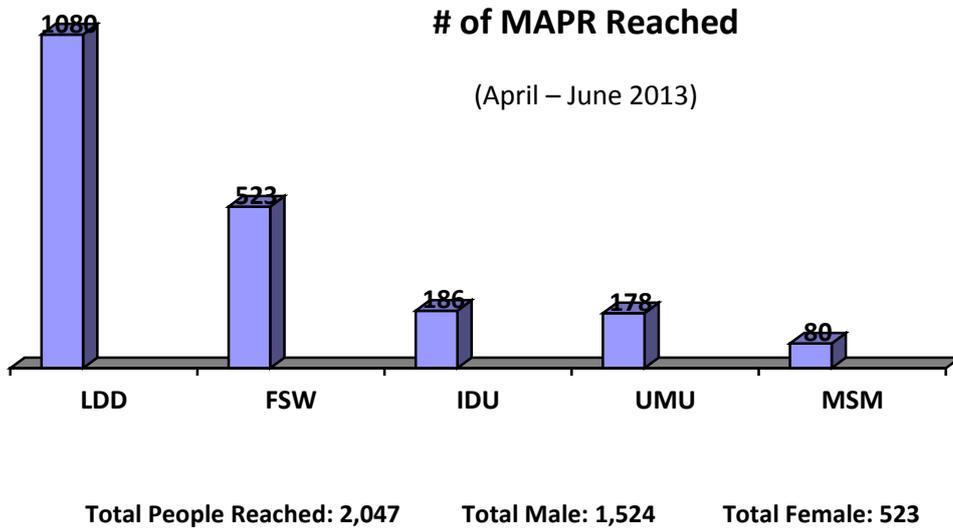
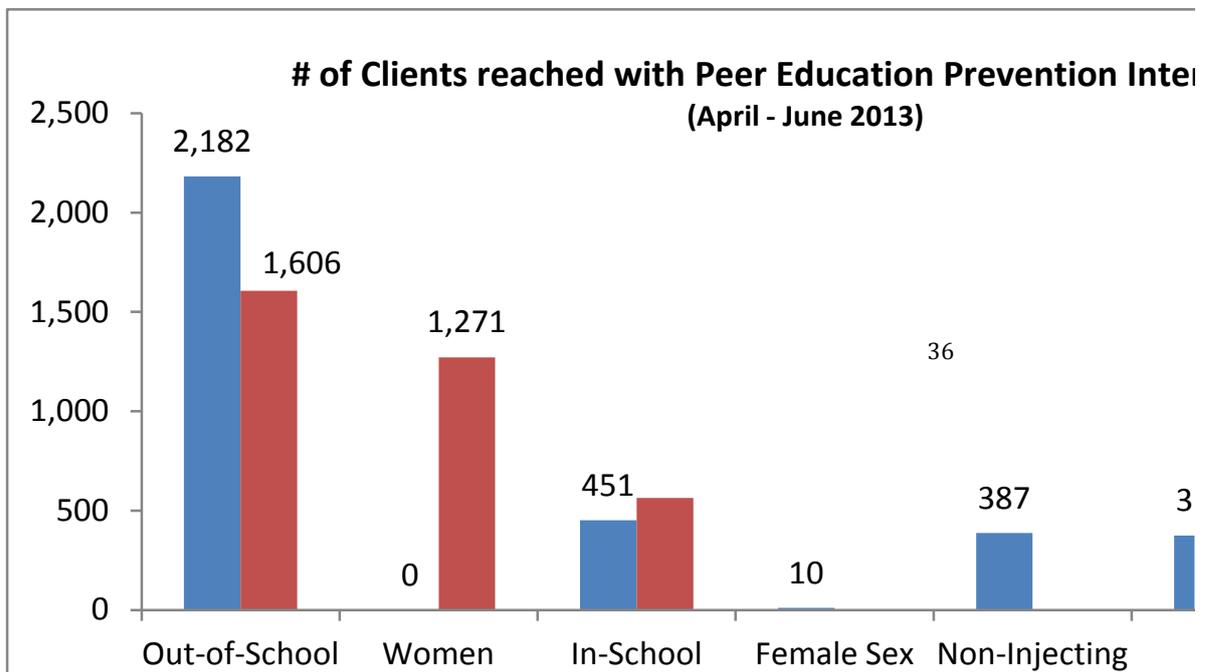


Figure 2: General Population Reached with Peer Educator HIV Prevention Interventions



HIV Testing and Counseling (HTC) for Most-at-Risk Populations (MARPs): Biomedical Intervention

Throughout the quarter, the Pro-ACT worked with MARPs to increase their access to quality HIV/AIDS and TB services and products through the provision of HTC services. During the reporting period, 2,536 MARPs (1,433 males; 1,103 females) accessed HTC services and 21 of these individuals (9 males; 12 females) were diagnosed with HIV and referred to health facilities for comprehensive care and treatment services. Pro-ACT will followed-up with these 21 individuals to ensure they are enrolled into the care and treatment programs.

Condom Distribution Outlets and Services

Pro-ACT's Intermediate Result 3 is to increase beneficiaries' access to quality HIV/AIDS and TB services and products. In line with this goal, Pro-ACT established 45 condom service outlets in strategic locations across the projects sites. The project team stocked each outlet with penile models, condoms, and lubricants and trained the outlet managers to demonstrate correct and consistent condom to clients using these tools.

Monitoring and Evaluation

Monitoring/Supervision and Peer Review Meeting

Pro-ACT monitored the peer educators at each site as they conducted their activities and mentored both the CBOs and peer educators to ensure they were providing quality services to the target beneficiaries.

The CBOs held peer review meetings across the sites so they could further educate the peer educators on current trends in HIV prevention, care, and support. These meetings also served as a forum where peer educators could discuss and address the challenges they were encountering. The CBOs use a Prevention Intervention Tracking Tool (PITT) to document those reached with MPPI by the peer educators. During the peer review meetings, CBO staff retrieved the PITT data and transferred it to the appropriate registers.

Challenges

- Implementation of the prevention program is being hindered by insecurity in the project-supported states; a state of emergency has been declared in some states due to the crisis
- Interventions with the MARPs, especially PWIDs, FSWs, and MSM, continue to be challenging due to cultural, religious, and legislative barriers.
- In some target communities, a high attrition rate among peer educators and FLHE teachers is hampering the project's prevention activities
- Cultural and religious barriers are hindering female peer educators from reaching out to their peers with prevention activities
- The insufficient quantity of rapid test kits (RTKs) is inhibiting implementers ability to provide HTC services, especially to MARPs
- The project has had to stall its prevention activities in Adamawa State due to the closure of the state office

Next Quarter Plans

- Scale up biomedical prevention interventions to the key populations, including MSM, FSW, and PWID
- Provide ongoing supportive supervision to grantee CBOs during project implementation to ensure they meet their set deliverables
- Mentor CSOs on timely documentation and the use of appropriate tools for reporting their prevention activities

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

Introduction

This quarter, Pro-ACT's Community Care Services Unit provided mentoring and supportive supervision to health facilities and grantee CBOs to sustain effective delivery of HTC, OVC services, and care and support services. The unit also focused on strengthening systems to increase demand and access to quality HIV/AIDS and TB services across supported facilities and adjoining communities. The project's efforts to promote community ownership and sustainability resulted in the Triumphant Support Group Kabba in Kogi State earning a Global Fund grant. The World Bank also rated the Nasara Support Group in Niger State as one of the best implementers of the Third National Fadama Development Project for Nigeria (FADAMA III). This quarter, the project also held support group meetings in selected facilities, implemented HTC outreach activities in targeted communities, and provided adherence counselling and Prevention with Positive (PwP) services in project-supported health facilities.

Key Activity Highlights

HIV testing and counselling (HTC)

To improve HTC performance from the Semi-Annual Progress Report, Pro-ACT deployed teams of HTC counsellors and testers across catchment communities of the project's CCT sites. These teams will work to boost access and increase uptake of HTC services so Pro-ACT is able to meet its project targets by the end of the annual progress reporting (APR) period. MSH also intensified efforts to provide support and strengthen systems for the provision of HTC services across CCT/PMTCT sites by using the provider-initiated testing and counselling (PITC) approach in project-supported facilities. Despite RTK shortages and security challenges, 75,719 people were counselled and tested for HIV this quarter, compared to 55,701 last quarter. Pro-ACT is working to intensify and sustain this accelerated progress so it can achieve its HTC targets by the end of the APR.



Taimoko Support group members posing in front of the grains donated by the Emir of Kagara in Niger State

Demonstrating community ownership and participation

One of Pro-ACT's key strategies is to advocate for community ownership and participation in community care and support service provision. Community leaders in Kagara and Niger States have continued to sustain the allocation of funds and donation of grains to address the food security challenges faced by some OVC household and people living with HIV (PLHIV) in the project's support group. This quarter, the Emir of Kagara again demonstrated his commitment to supporting the PLHIV group in his community by donating 31 bags of

grains and 25,000 Naira. The support group used these resources to meet the needs of indigent PLHIV and support group projects.

Strengthen the technical capacity of the community structure to provide services

Pro-ACT held PLHIV support group meetings across all project-supported CCT sites during the quarter. Over the years, Pro-ACT has invested time and resources to help PLHIV support groups become economically empowered and self-sustaining. This quarter, some of Pro-ACT's achievements related to the PLHIV support groups included the following:

- Strengthened partnerships between peer support groups and NEPWHAN
- Helped the Triumphant Support Group access Global Fund grant totaling 4,671,000 Naira (\$29,200); the grant will allow the group to provide care and support services under NEPWHAN for an implementation period of 2 years.
- Provided TA to four peer support groups complete applications for grants to fund small projects through the United States Embassy Self Help Programme.

In addition to these achievements, FADAMA III rated the Nasara Support Group as one of the best in Niger State during a performance review meeting. The FADAMA III Project management team will showcase this support group to the World Bank assessment team when it visits Niger State next quarter.

Pro-ACT's meeting participation

OVC IP Meeting

MSH Pro-ACT participated in OVC IP meeting during the quarter under review. The OVC IP meetings allow USAID and Centers for Disease Control and Prevention (CDC) partners to discuss OVC programming and agree on a way forward. During these meetings, USAID and the CDC also provide technical updates on OVC service provision and related areas; IPs are expected to integrate this technical content into their OVC programmes.

The OVC IP meeting held this quarter was the first of 2013. During the session, the USG partners emphasized the importance of working together and reiterated the role of system strengthening in sustainable OVC service delivery. Topics discussed during this meeting included the following:

- Dissemination of the new PEPFAR guidelines on community-integrated management of childhood illnesses (C-IMCI),
- Challenges of implementing OVC services in difficult terrains: the NELA experience,
- The University Research Company's presentation on its standard-based quality improvement approach for vulnerable children programming in Nigeria, and
- The United Nations Children Fund (UNICEF) and USG's update on birth registration.

First National Dialogue on Adolescents Living with HIV (ALHIV) in Nigeria

Positive Action for Treatment Access (PATA), in collaboration with the National Agency for the Control of AIDS in Nigeria (NACA) and UNICEF, organized the first national meeting on ALHIV in Nigeria. This session took place on May 14, 2013 at the Sheraton Hotel and Towers, Abuja, Nigeria. Approximately 70 people attended this session. Participants included representatives from government ministries and agencies, international development

partners, the media, health institutions, faith-based organizations, private foundations, CSOs, PLHIV networks, secondary schools, etc.

During the meeting, PATA shared the outcomes of its research project, *“Exploring the Challenges, Socio-Developmental and Sexual Reproductive Health Needs of Adolescents Living with HIV (ALHIV) in Nigeria.”* Some of the findings, as presented by the Principal Investigator, Dr. Morenike Ukpong, include the following:

- A large number of adolescents in Nigeria do not know their HIV status.
- Few ALHIV are enrolled in tertiary institutions; among those who are enrolled, females are underrepresented.
- Female ALHIV become sexually active earlier than their male counterparts. Sexual abuse and rape may explain the premature sexual life of these female adolescents.
- More and more ALHIV live with guardians.
- ALHIV are not well-informed about HIV transmission, as compared to their HIV negative peers.
- Male and female ALHIV practice a wide range of sexual activities including anal intercourse, oral sex, etc.; these practices were not necessarily linked to MSM.

At the end of the presentation, Dr. Ukpong shared the following recommendations:

- A program should be established to help HIV positive adolescents’ transition from paediatric clinics to ALHIV clinics.
- Adolescent-friendly services should be provided as a strategy to promote access to HIV treatment and treatment adherence.
- Support structures should be established at the family, facility, and community levels to promote the growth and development of ALHIV.
- Country plans and health programs should prioritize efforts to eliminate all forms of stigma and discrimination against ALHIV and address the reproductive health needs of these youth.

ALHIV Advocacy and Policy Brief Development Workshop Sponsored by the Ford Foundation

Following the *First National Dialogue on ALHIV in Nigeria session*, PATA organized a three-day workshop to draft a national action plan to address the needs of ALHIV in Nigeria. A total of 24 participants attended this workshop. Participants included international development partners, CSOs, PLHIV networks, and government ministries and agencies involved in national HIV control programs.

The meeting was held on May 15, 2013 with opening remarks from Dr. Victoria Isiramen, UNICEF’s HIV & AIDS Prevention Specialist. Ms. Morolake Odetoynbo, PATA’s Executive Director, made a presentation summarizing PATA’s research on the sexual and reproductive health needs of ALHIV. The workshop content focused on the following five key intervention areas for ALHIV:

- Data generation,
- Service provision,
- Effective program coordination,
- Demand creation among HTC and antiretroviral therapy (ART) uptake, and
- Advocacy for sexual and reproductive health programs.

Pre-validation meeting for quality improvement task force team

Pro-ACT and other stakeholders attended a meeting to review the final draft of the *Service Standards for Vulnerable Children in Nigeria* document. This meeting was held at the Federal Ministry of Women Affairs and Social Development in Abuja. The purpose of the meeting was to critically review the service standard in light of comments raised by stakeholders during recent harvest meetings and standard review meetings held by URC across the six geo-political zones. Meeting participants included professionals from all of the vulnerable children service areas including health, food and nutrition, protection, psychosocial support, education, shelter and care, and household economic strengthening. Several organisations were represented at this meeting, including NACA, PACT, Pro-ACT, MSH CUBS, CHEMONIC - MARKETS, Hope World Wide, AONN, APIN, ARFH, CRS, SPRING, MARKETS, and MEASURE Evaluation.

Challenges

- Security challenges in some communities increased client turnover at health facilities and reduced volunteers' access to OVC caregivers.

Next Quarter Plans

- Continue to implement HTC outreach activities across targeted communities and strengthen PITC to meet the project's FY13 targets
- Support grantee CBOs in the grant closeout process

Introduction

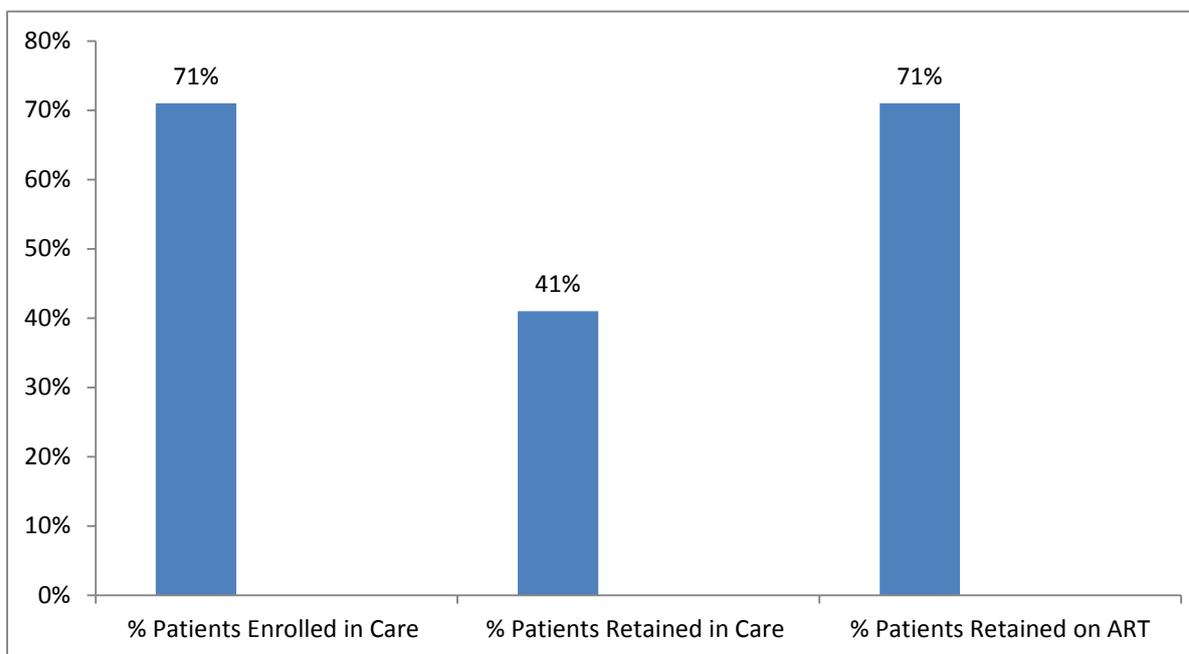
Pro-ACT's Clinical Unit activities for this quarter focused mainly on scaling up PMTCT services to both public and for-profit private hospitals, strengthening TB and HIV collaborative activities, building the capacity of health care workers to ensure quality service delivery, and participating in various partner meetings.

Adult Treatment Services

This quarter, the Clinical Unit continued to focus on increasing access to quality HIV services in Pro-ACT supported states. Some of the Unit's key activities during this reporting period included the following: retrospective patient chart reviews; improving enrollment of PLHIV into treatment; improving emphasis on the test, stage, and treat strategy; increasing support for prevention, care, and treatment meetings; and reviewing facilities' appointment and defaulter tracking protocol to increase client retention. These strategies enabled Pro-ACT to achieve the following results:

- Initiated 1,312 new patients on ART during the quarter
- Identified 3,162 PLHIV and enrolled 1,915 (61 percent) into care between April and June
- Reviewed 4,139 patient charts to determine staging and CD4 eligibility
- Identified 151 people (138 adults and 13 children) as eligible for ART; instituted a tracking system to prepare these patients for initiation of ART; tracked 93 clients and initiated 25 on ART. This activity is ongoing at other facilities.
- Reviewed an appointment and defaulter tracking protocol and began implementing this protocol at the facility level

Figure 3: Percentage of HIV Positive Patients Enrolled in Care, Retained in Care, and Retained on Antiretroviral Treatment (ART)



Evaluation of patient population reveals patients eligible for treatment

As part of Pro-ACT's Intermediate Result 2, "Increased access to quality HIV/AIDS and TB products and services," MSH reviewed the charts of clients in care to bridge gaps in identifying and initiating ART. MSH reviewed charts of both adult and child clients to determine staging and CD4 eligibility. The activity was conducted by the Facility Records Unit with support from Pro-ACT's Clinical Services Specialists. During this activity, the project team trained health workers to use job aids outlining ART initiation criteria and strengthened the facility staffs' capacity to routinely perform patient chart reviews. Staff tracked patients who were identified as eligible for ART and initiated treatment for those who returned to the facility. Pro-ACT also worked with facility's tracking teams to improve tracer card documentation and implementation of the reviewed appointment and defaulter tracking protocol.

Technical support for national meetings

Last quarter, Pro-ACT's Clinical Unit was nominated as a member of Nigeria's National ART Task Team and invited to participate in several national forums. These forums gave the team opportunities to present their project results, share best practices with other organizations, and support the National HIV/AIDS Division in developing key guideline documents and work plans to scale up ART. The meetings attended include:

- The inaugural meeting of the National ART Task Team,
- A meeting to finalize national guidelines on ART decentralization, and
- A national, two-year, ART scale-up planning meeting.

Improving client enrollment of HIV positive individuals

Pro-ACT's efforts to improve enrollment of PLHIV in ART was initiated last quarter and sustained this quarter. The project team supported monthly patient care meetings, as well as mentoring and supervisory visits. Pro-ACT also instituted the use of referral forms for all intra-facility referrals and escorts, where feasible. During meetings with facility management teams, Pro-ACT discusses operational issues including staff attitudes and program ownership. These activities were conducted in all of the project-supported facilities, either fully or in part.

TB/HIV Collaborative Services

During the review period, Pro-ACT's collaborative TB/HIV activities focused on providing program and technical direction for site-level interventions. The team helped program implementers apply USG and MoH strategy guidance to address identified gaps in service provision. Pro-ACT also supported efforts to screen all HIV positive patients for TB and scale up IPT in Kebbi, Kwara, and Niger States. In Niger State, after the MoH's HIV Division conducted a training of trainers on NigeriaQual Pro-ACT then helped facilities harmonize their quality improvement interventions using NigeriaQual.

Program

MSH participated in the USG's partner meeting on collaborative TB/HIV activities. The meeting provided an opportunity for USG IPs to provide program guidance on common challenges that impact TB/HIV interventions at the facility level. The IPs' presentations revealed a problem of poor TB/HIV activity documentation and a disproportionate number of patients confirmed to be co-infected and those initiated on TB treatment. A midterm TB country program review also revealed poor implementation of IPT. The USG provided partners with program guidance to address these identified gaps.

During the period under review, MSH also helped the MoH's HIV Division to finalize the *National HIV Care and Support Guidelines*. These guidelines were designed to enhance implementation of the continuum of care strategy at both the facility and community level. The guidelines also outline the following minimum package of HIV care and support services to be provided at the facility and community levels:

- Counseling, including Positive Health, Dignity, and Prevention (PHDP);
- ART eligibility assessment;
- Cotrimoxazole preventive therapy, when necessary;
- TB screening;
- Provision of basic self-care prevention kit at enrollment; and

Linkage to a community based support group or other community based organizations. MSH attended the MoH's NigeriaQual training of trainers workshop. The workshop allowed the Ministry to initiate state-specific quality improvement plan and integrate the existing MSH/PIs quality framework into the National Quality Plan. The Ministry selected one MSH-supported state (Niger) to participate in the national pilot of NigeriaQual. To ensure harmonization with the national program and quality service delivery, MSH reviewed Niger State's quality improvement team composition, its terms of reference for meetings, and the frequency of its facility-level meetings

Technical

In the quarter under review, Pro-ACT's TB Technical Lead developed a TB/HIV strategy document to guide state-level implementation of TB/HIV services in the project-supported facilities. Some of the areas addressed in the document include:

- Repeat screening of PLHIV receiving care, support, and treatment;
- IPT implementation; and
- Functionality of facility-based infection control teams.

Implementation

Intensified active TB case finding

- To meet the project's TB screening goal of 100 percent for both new patients and PLHIV, Pro-ACT helped health facilities use the HTC client intake forms to document TB screening. HTC patients with TB symptoms are referred for TB testing and acid fast bacilli forms are used to facilitate laboratory referrals.
- The project supported implementation of strategic TB screening in congregate facility settings including the adherence counseling service rooms and triage points.
- Pro-ACT trained 62 health care workers from three project-supported CCTs in Kebbi State on collaborative TB/HIV activities.

Intermittent prophylactic treatment (IPT) with isoniazid (INH)

- This quarter, MSH rolled out an IPT scale up plan in Kebbi, Kwara, and Niger States. MSH also received 180,000 INH tablets from the National TB and Leprosy Control Program to treat 1,000 patients in the MSH-supported sites. After distributing the tablets, the project team provided mentoring and support and conducted on-site CME trainings on IPT for stakeholders and facility staff. In Kebbi and Kwara State, health facility staff initiated 52 PLHIV on IPT with 300mg of INH.

PMTCT and MNCH Services

During the quarter, Pro-ACT provided technical assistance to all project-supported health facilities to ensure quality PMTCT service delivery. Along with support for outreach activities, Pro-ACT assessed and activated four private hospitals for PMTCT service delivery. The project team also equipped two primary health centers to start providing extended ANC HTC services in Kwara State.

Niger State PMTCT Implementation Plan

Niger State has a population of 3,954,772 and an HIV prevalence rate of 4 percent.¹ To



Sensitization meeting for traditional birth attendants in Niger State

better address the state's high HIV burden, the USG and Pro-ACT teams met together on February 5, 2013. During this meeting the teams discussed ways to prioritize and focus the State Hyper-accelerated Implementation Plan (SHIP) efforts in Niger State. MSH agreed to conduct a rapid assessment of viable public and private health facilities in high prevalence/high burden areas of Niger State. Since this meeting, MSH has assessed 101 sites and activated over

50 percent of these sites for PMTCT service provision.

Capacity building of service providers to ensure effective PMTCT service delivery

Pro-ACT conducted training and orientation meetings for the newly activated PMTCT sites. The team designed the training and orientation session for health care workers providing facility-based ANC services. These sessions were held from April 21-27 and attended by 35 health workers from 15 facilities. Participants included 3 medical doctors, 5 nurses, 9 CHO (including 6 maternal and child health coordinators from Wushishi, Rafi, Shiroro, Suleja, Bosso, and Chanchaga local government areas), 15 SCHEWs, and 3 JCHEWs. The second training and orientation sessions were held from May 26 to June 2 and attended by 34 participants from 17 health facilities. Participants included CHEWs, SCHEWs, nurses,

¹ Population data is from Nigeria's 2006 census; HIV data is from *Nigeria's 2010 National Sentinel Survey*

JCHEWS, and maternal and child health coordinators. From June 16 – 24, Pro-ACT also held an orientation meeting for 18 newly-assessed and viable public health facilities.

During these sessions, the project team provided an overview of PMTCT, pharmacy, and laboratory services and conducted M&E practicum sessions. Pro-ACT also shared terms of references letters with participants.

During the quarter, the Niger State team and a representative from the Niger State government activated 58 PMTCT sites. The activation process involved didactic mentoring, establishment of a client flow system, delivery of standard operating procedures and job aids for PMTCT service delivery, supply of commodities, training on the use of utility forms, linkages to nearby CCT sites for CD4 assays, and provision of M&E tools.

Demand Creation for Maternal and Child Health and PMTCT Services

After activating the health care facilities in Niger State for PMTCT services provision, implementers needed generate demand for the utilization of these services by women in the community. MSH hired a short-term consultant to support increased service demand generation for the PMTCT Hyper-implementation Plan in Niger State. The project team also worked to increase community awareness about the importance of HIV, MNCH, ANC, and labor and delivery at the health facilities. Pro-ACT's key achievements thus far include the following:

- Organization and facilitation of nine stakeholder forums in nine districts to sensitize and create awareness about PMTCT services and gain stakeholders' support in mobilizing the women in the community to use these services (over 180 community leaders attended the forums);
- Exploration of opportunities to establish mass media campaigns through the use of immunization program information officers and a health talk show that is now broadcast every Tuesday on a private radio station in both English ("*Health is Wealth*") and Hausa ("*Lafiya Uwarjiki*");
- Involvement of primary health care directors, maternal and child health coordinators, and LACAs in every stage of the demand creation process to ensure sustainability and collaborative networking;
- Organization and facilitation of a one-day sensitization workshop for 334 traditional birth attendants from four local government areas of Niger State (i.e., Bida, Suleja, Chanchanga, and Bosso) of Niger State. Pro-ACT used this workshop to build the birth attendants' capacity to educate the community about HIV/AIDS, strengthen referral linkages, and generate demand for MNCH/PMTCT services. By the end of the workshop, the traditional birth attendants were in support of the facility staff providing HTC services to pregnant women under their care.

USAID's PMTCT Technical Team Visit to MSH-supported Sites in Niger State

As part of measures to ensure the provision of quality PMTCT services, USAID's technical team, led by Dr. James Ezekiel, visited eight of the project-supported health facilities in Niger State. The technical team arrived in Niger State on June 16 and began their site visit on June 17 at Borgu LGA. For logistic reasons, MSH's team joined the USAID team on June

18 at the New Bussa General Hospital. The site visits focused on the follow key service areas:

- PMTCT,
- ARV prophylaxis,
- Human resources for health and staff training levels,
- Logistic management systems for laboratory commodities and ARVs,
- Level of support for referrals and linkages to hub sites,
- Frequency of supportive supervision and mentorship, and
- Documentation and data management.

USAID's findings and recommendations were as follows:

Observed Strengths

- PMTCT knowledge and training among staff was high
- Fully functional ANC and MNCH services were in place
- Availability of commodities procured from the 'pool' at the hub site, based on their forecasting made by use of the commodity utility forms
- Fairly good referral linkages between CCT sites and the spokes

Observed Weaknesses

- Poor data management and documentation resulting in under-reporting across most of the facilities visited
- Inadequate site support visits and mentoring of facility record staff and data clerks
- Non-availability of harmonized national tools and guidelines (i.e., PMTCT, Infant Feeding, etc.)
- Inadequate storage facilities for patient records

Recommendations

- MSH should increase the frequency of its site support visits and mentorship and should provide more support for active referral and linkages to comprehensive hub sites and other community structures.
- MSH, as a lead IP in the state, should develop a unified supportive supervisory visit work plan and template for use throughout the state.
- There is a need for MSH to fast-track the roll out of the Nigerian Postal Service (NIPOST) dried blood spot (DBS) transport model to reduce the current long delays in early infant diagnosis (EID) due to inefficient delivery of samples to the regional PCR laboratories for testing
- The facilities' documentation processes need to be significantly improved upon, and as such, MSH's M&E team may need to provide further mentoring and support to help facility staff correctly capture and document data.

MSH has started implementing these recommendations in all the PMTCT supported sites.

Pediatric HIV Services

Improving Access to Pediatric HIV Services

As part of plans to roll out the NIPOST DBS transport model, MSH's Niger team lead drafted and sent a letter of familiarization and advocacy to NIPOST's expedited mail service manager, service quality manager, and area postal manager. This letter included the following:

- A request to conduct a mapping exercise of post offices that provide expedited mail services across the state in order to identify hub and spoke sites for DBS pickup and return by NIPOST.
- A proposed date for an orientation meeting with NIPOST staff, state stakeholders, and the MSH team to discuss the objectives and logistics of the DBS delivery model.
- A proposed date for a joint advocacy visit to the PCR lab in Asokoro.

The letter also proposed the following NIPOST DBS transport model operational structure:

- For the PMTCT/EID facilities in Suleja LGA, CHC Maje was proposed as the hub because it has available facility space and storage shelves and is easily accessible.
- For the PMTCT/EID sites in Chanchaga and Bosso LGAs, the General Hospital Minna was proposed as the hub
- For the PMTCT/EID sites in Rafi and Wushishi LGAs, Kagara General Hospital was proposed as the hub.

Challenges

- Staff attrition and late replacement at the project level is hampering coordination and implementation of project-led activities.
- Insecurity continues to be an issue, especially in north eastern Nigeria, where MSH has 11 CCTs that contribute significantly to the project's targets. This has inhibited the project team from providing regular on-site support to health facilities and retention rates have dropped due patient displacement.
- Delay in printing and distributing IPT registers across project-supported states and facilities
- Facility-level human resource constraints continue to affect service quality; gaps in IPT initiation were more pronounced at facilities with nurse driven services

Next Quarter Plans

- Task shifting and task sharing training and orientation to address staffing constraints at the facilities
- Continued client chart reviews to identify in-care patients eligible for ART and treatment failure among clients on ART
- On-site CME train for facility clinicians to build their capacity to identify treatment failure among their clients
- ART client chart reviews to identify those failing on first line treatment so they can be placed on second line treatment
- Facilitate the distribution of IPT registers at sites implementing IPT interventions
- Report state-level IPT uptake using national program reporting tools
- Initiate and mentor staff on repeat TB screening at the GOPD records department
- Monitor patients in care and treatment to inform rapid scale-up of ART and IPT interventions
- Hire an ART consultant to support service provision in Niger, Kebbi, and Kwara States
- Rapid assessment and activation of 15 additional PMTCT sites in Kebbi State.

Laboratory Services

Pro-ACT, in collaboration with USAID's PLAN-Health Project, conducted two LDP trainings for the Association of Medical Laboratory Scientists in Nigeria (AMLSN) and the Guild of Private Medical Laboratory Practitioners in Nigeria. The LDP training is intended to build the leadership capacity of executive staff members (i.e., chairmen, vice chairmen, secretaries of the national and state associations) and their departments and empower them to Create an inspiring shared vision for accomplishing the mission of the association;



Participants of the MSH LDP+ training in Niger State

A total of 81 participants attended the LDP trainings including the AMLSN President and the Registrar of the Medical Laboratory Science Council of Nigeria (MLSCN). The MLSCN Registrar shared his experience as a past LDP participant and described the incredible benefits the LDP training has had on MLSCN.

Workshop participants produced six-month action plans that included measurable results and indicators. The participants' measureable results were as follows:

- **Zamfara State:** Increase the number of medical laboratory scientists who are skilled in identifying the malaria parasite by 40 percent in six months in Zamfara State.
- **Niger State:** Improve the quality of medical laboratory service delivery in Niger State by 10 percent in six months.
- **Kebbi State:** Increase the number of qualified medical laboratory practitioners in Kebbi State by 30 percent in six months.
- **Kwara State:** Improve the quality of medical laboratory service delivery in Ilorin by 20 percent in six months.
- **Guild State:** Increase the implementation of two quality system essential practices in 13 pilot laboratories in Nigeria in six months.
- **NEC:** Increase the number of directorates of medical laboratory services from 11 percent to 20 percent in six months

The LDP training has equipped the AMLSN and MLSCN with leadership skills that will enable them to undertake projects and achieve the desired changes and improvements. Pro-ACT

will provide the participants with technical support and monitoring and evaluation to help them achieve their measurable results.

State Laboratory Quality Management Task Team Activities

Each of the State laboratory quality management task teams held their quarterly meetings during this reporting period. In Niger, the team focused on reviewing the quarter's achievements and the progress of their work plan implementation. The Sub-committee on Panel Production gave a brief presentation on their plan to prepare panels for an external quality assurance program that will involve public state laboratories and be implemented next quarter.

In Taraba State, the SQLMTT conducted their first laboratory quality assessment. In the spirit of program ownership and sustainability, SQLMTT prepared a proficiency sample panel for laboratory assessment to cover HIV and malaria services. The laboratory staff were pleased to see their two state laboratory directors from the Health Services Management Board and SMOH as part of the assessment team. This undoubtedly improved staff motivation and quality service delivery. The task team also mentored the staff in best laboratory practices.

Internal Quality Assurance

This quarter, security challenges were reported in Adamawa State and some parts of Taraba State. The regional quality assurance focal person successfully conducted this quarter's internal quality assurance assessment in Taraba State. The focal person, however, was not able to conduct the assessment in Adamawa State or at Ibi in Taraba State due to the state of emergency and the reported insecurity challenges.

In Tabara State, the focal person conducted the assessment at the following three sites:

- First Referral Hospital in Serti,
- Taraba State Specialist Hospital in Gashaka and Donga, and
- Laboratory networks in Jalingo.

The focal person assessed the HTC centres at each site by analysing dried proficiency testing panels. All centres passed the assessment and the focal person also noticed improved documentation across board.

In the Niger/Kebbi and Kwara/Kogi regions, Pro-ACT retrained staff to improve the accuracy of their diagnostic test. The team also took corrective actions to avert future errors.

Integration of Laboratory Services

Pro-ACT continues to work with staff at Bida General Hospital (the project's pilot site) to integrate HIV services into routine laboratory operations. The team began by working with staff to make laboratory operations more efficient. To ensure that laboratory equipment that was distributed to various units remains safe, Pro-ACT provided the hospital with air-conditioner stabilizers for the Blood Chemistry Unit and the Microbiology Unit.

The hospital is currently using the Reflotron machine in its Chemistry Unit. Management also agreed to partition the deputy head of department's office to accommodate a store, relocate the current store, and create space for a bleeding room.

In Kogi State Specialist Hospital (KSSH), Lokoja, staff attended to 189 ART clients for haematological parameters using the hospital's analyzer. This saved Pro-ACT the expense of having to log haematology samples from KSSH to other sites. This also signifies a major breakthrough in the quest to ensure PEPFAR ART laboratory services are integrated into mainstream laboratory services. Pro-ACT also expects that the SMOH will soon finalize its arrangement to procure reagents for use at the other hospitals across the state. This will further ensure improved quality, as these facilities will receive the most up-to-date equipment on the market.

At a recent meeting, stakeholders also proposed to harmonize all of the state's equipment platforms. The SMOH and the hospital management board (HMB) are now prioritizing this goal, which will further enhance the integration process at all sites.

Extension of the NIPOST DBS Transportation Model to Niger State

Pro-ACT identified prolonged turn-around time for receipt of DBS results as a source of discouragement to HIV-positive mothers and a possible contributor to loss-to-follow-up of mothers and their babies. In response, MSH successfully piloted the NIPOST DBS transport system in Adamawa, Taraba and Kwara states. Niger State is fast tracking this process to support acceleration of PMTCT services in the state. To further support this expedited process, Pro-ACT held an advocacy/familiarization meeting with staff from NIPOST's territorial headquarter in Minna. During this meeting the NIPOST team identified possible pick-up hubs within different LGAs, based on the National Mail Route.

Other Activities

CD4 Quantification and Logistics Training

To ensure the continuous availability of reagents and other consumables for scaling up the national response to HIV/AIDS, the supply chain management system (SCMS) and John Snow Inc., organized a CD4 quantification workshop. This five-day workshop trained staff to forecast their programs' needs for CD4 reagents and consumables, taking into account the rationalization and the IPs 2013-2016 planned expansion program. The training took place in April 2013 in Abuja. Staff from all USAID IPs attended the workshop, including laboratory system specialists from MSH-supported sites in Kogi and Kebbi. By the end of the workshop, participants had forecast the total number of CD4 reagents needed through 2016. Attendees also learned that SCMS will be responsible for procuring 100 percent of CD4 reagent tubes for all USAID IPs. This will help to centralize the procurement process, strengthen linkages between IPs, reduce waste, and effectively redistribute short-dated items from the SCMS store or IPs to other partners.

PMTCT Scale-up in Niger State

Niger is one of the focus states where Pro-ACT is accelerating efforts to scale-up PMTCT services. The MOH's mandate is to prioritize dispersion of PMTCT services in communities

with high HIV prevalence rates. In response to this mandate, Pro-ACT helped partners identify Suleja as a priority area and activate 25 health facilities from both the public and private sector. The project also held a series of PMTCT trainings and a practicum to prepare the sites for services provision. The state's laboratory supported these activities by providing job aides, mentoring staff on quality assurance requirements, and making on-site hands-on demonstrations. Finally, Pro-ACT linked newly activated sites to CCT sites, where CD4 samples will be logged. Logging CD4 samples allows M&E staff to monitor the quality of services provided in ANC settings.

Quarterly Performance Review Meeting

Pro-ACT's quarterly performance review meeting gave staff an opportunity to discuss ways to improve communication and programmatic synergy across teams. Participants agreed that all Pro-ACT CCTs should provide daily CD4 enumeration services, as this will reduce loss-to-follow up. The group also discussed the need to improve escort services from the laboratories to the records unit for enrollment.

Accelerated Target Drive

Laboratory staff continue to support Pro-ACT in achieving its targets. In response to increased HIV testing at both the facility and community level, laboratory staff have put in place quality assurance systems to ensure staff give clients accurate results. Staff are also using MSH's quality assurance protocol to monitor the scale up services and activities. The protocol involves retesting every twentieth client and one in every three HIV positive clients.

Continuing Professional Education

The laboratory systems specialist in Niger supported the MSH team during technical meetings for staff from the Centre for Health Professionals Continuing Education. These meetings allowed MSH to review laboratory-related issues with the staff, including facilitator selection and the review and adaptation of the centre's curriculum. These activities are on-going.

Challenges

- Security challenges
- Frequent equipment downtime
- When the BD FACSCount machine broke down at Bida General Hospital, staff from three CCTs (i.e., Mokwa, Bida, and Lapai) began using the machine at Mokwa General Hospital. This increased use may cause the Mokwa Hospital's machine to breakdown.
- The minimum package for blood chemistry investigation with Vitros DT 60 II reagents remains in short supply. Only two reagents (i.e., K+ and ALT) are currently available.
- Staff reports indicate that maintenance engineers have remained on the ground for long periods when was equipment faulty.
- Power outages have continued to be a major challenge in facilities like Abejukolo, Koton Karfe, Iyara, and occasionally, in Kabba. This has, on several occasion, affected smooth running of the clinics, as most facilities are unable to fuel their generators.

Furthermore, facilities like Kabba General Hospital and Abejukolo General Hospital have not had functional UPS available.

- Precinum U chemistry control and sodium/chloride chemistry slides have not been available for over six months.
- A refrigerator has not yet been provided for the Dekina General Hospital.

Next Quarter Plans

- Monitor implementation of the AMSLN's work plan
- Continue to support the laboratory integration process
- Support the accelerated drive to attain Pro-ACT's FY13 targets for Niger State.
- Support activation of the NIPOST DBS transportation system in Niger State
- Continue conducting routine supportive supervision visits, either on-site or virtually
- Continue monitoring, supervising, and mentoring laboratory staff across all of the project-supported sites on continuous laboratory quality improvement
- Continue supporting the Niger state laboratory task team's activities
- Strengthen EID, sample collection, and logging from PMTCT sites

Introduction

This quarter, the SCMS Unit continued to play a major role in supporting programme implementation activities. The SCMS Unit also focused on improving PMTCT site functions by establishing a reliable supply chain mechanism system that ensures efficient distribution and availability of products at all sites.

Commodity Management

Commodity management is crucial to the implementation of health programs, as product availability is a key performance indicator. This quarter, Pro-ACT continued its work to improve health commodity management at all project-supported facilities. Upon reviewing daily dispensary worksheets and tally cards, the project team was pleased to find that all facilities were using the forms and the collected data was up-to-date. The “First to expire, first out” health commodities management principle is fully operational at all sites and has helped to curb incidences of stock expiration at the health facilities. The project completed stock counts and assessment at all facilities during the quarter under review.

To minimise the quantity of commodities expiring at the central level and expand access to the medicine, Pro-ACT arranged for facilities to donate products that were in danger of expiring to government authorities and other organisations. This led facilities to donate a total of 15,000 bottles of cotrimoxazole 240mg/5ml suspension to the Kogi State Government’s central medical store. The state government is now distributing this medicine to other health facilities in Kogi. Facilities also donated 40 packs of Lopinavir/ritonavir 100/25mg tablets to CDC funded Catholic Caritas Foundation Nigeria (CCFN). Staff reported that the donations arrived at their facilities in good condition.

To maintain a continuous flow of health commodities and avoid stock shortages, the SCMS Unit provided technical support to the facilities on data entry, collation, validation, generation, and collection for the March and April reports. Staff collated RTK utilization data from all PITC points of service in the facilities; this helped staff to ensure that all RTKs were accounted for. Pro-ACT supported laboratory personnel in collating consumption data for LMIS reports. Pro-ACT also provided technical support on Option B+ uptake for PMTCT at all facilities.

Central stores dispatched laboratory reagents and drugs to replenish commodities at health facilities and the newly activated PMTCT sites in Niger, Kogi, Kwara, and Taraba States. Staff physically cross-checked stock balances and Pro-ACT helped teams to improve reporting on counselling and testing points’ kit utilization to ensure test kits were properly accounted for. These activities helped to ensure improved availability of drugs, diagnostics and treatment monitoring reagents, and other consumables, thus ensuring improved services delivery at the sites. The project also provided prevention and community outreach volunteers with test kits and consumables, based on their allocated target number of tests.

During the accelerated drive for PMTCT scale up, Pro-ACT provided technical assistance to help some of the sites identify appropriate commodity storage areas. The project team also helped some of the sites rearrange their stores to ensure proper storage practices.

During the quarter, Pro-ACT conducted a bi-monthly overview of activities of each site and provided feedback to help staff improve best practices use, service delivery, and facility management.

This quarter, MSH also worked to support PEPFAR's goal of saturating Nigeria with PMTCT services and introduction a Single Fixed triple regimen for PMTCT. In April, Pro-ACT began to activate new sites and retrieval Single Zidovudine tablets from all facilities. The team retrieved the entire stock of Single Zidovudine from all facilities and replaced it with Tenofovir/Lamivudine/Efavirenz FD combination. The project team continues to activate sites for PMTCT service delivery and is working to improve access to these services by expanding ANC service delivery. The supply chain team is supporting these efforts.

Pro-ACT helped the Niger SMoH, SACA, and SunMap store various drugs and commodities at the Central Program Warehouse in Minna. The warehouse is now equipped to routinely distribute the supplies of ACT, malaria commodities, RTKs, and drugs to treat opportunistic infections.

Ensuring Commodity Availability in Facilities in Security-challenged Adamawa State

The Government of Nigeria (GoN) declared a "state of emergency" in three north eastern states, including Adamawa. In response, Pro-ACT relocated some of the staff that had been working in Adamawa. It, therefore, became necessary to implement a commodity security plan in Adamawa to ensure continuous availability of ARVs, Cotrim, RTKs, and consumables throughout the period of the emergency. Pro-ACT also needed to transition its sites in Adamawa to SIDHAS. The declared state of emergency had disrupted movement and communications and made it impossible to conduct the joint validation exercise at the facilities in Adamawa.

Pro-ACT conducted advocacy and sensitization visits to various stakeholders including the SMoH, HMB, facility focal persons for the laboratory and pharmacy units, SACA, and FHI 360. Together, these stakeholders agreed upon a schedule and began meeting with facilities.

HMB/ SMoH led these meetings and FHI 360 and MSH also attended. The team visited two nearby CCT facilities and staff from four facilities came to Yola (the state capital) to participate in the meetings. During these sessions, the health facility staff submitted their physical count exercise data and updated inventory tools and LMIS reports (including PPRs for the last three bi-monthly cycles covering a period of four months).

At the meeting, Pro-ACT reviewed the facilities' physical stock count (as of May 31, 2013) and estimated the average monthly stock consumption and the period. MSH staff explained to the stakeholders that they are responsible for ensuring a two-month supply of commodities is available at the facilities. This is consistent with the national standard operating procedures (SOP). MSH also emphasised that it has a responsibility to ensure that all of the facilities it supports continue to offer quality care to clients during the period of

transitioning, until FHI takes over. A key indicator of this support is commodity availability, specifically ARVs, Cotrim, RTKs, CD4 reagents, and consumables, including chemistry and haematology commodities. MSH also explained that the purpose of the meeting was to lay a foundation for ensuring commodity security at the facilities throughout the period of emergency rule and during and beyond PEPFAR's rationalization exercise.

The team undertook the following activities:

- Determination of average monthly consumption and estimation of how long available stock would last, and
- Redistribution and Stock replenishment for commodities with less than two months of stock.

It was observed that there was a significant increase in the number of transit clients into Michika facility due to the crisis in Borno and Yobe States. Guidance on how to document such clients and to give continuous support to them was discussed. The stakeholders were encouraged to take ownership and ensure service delivery is not disrupted in any of the facilities.

Integrated Supply Chain Management System

Pro-ACT's Supply Chain Unit, managed by Axios, helped the Central Program Warehouse in Minna receive and distribute ARVs from the PEPFAR pooled mechanism. The team successfully completed the May distribution cycles and all MSH-supported sites received the ARVs.

Pro-ACT's supply chain team facilitated the release of 181,440 tablets of Isoniaid from The National TB and Leprosy Control Program Warehouse to the Central Warehouse in Minna. The Minna warehouse then distributed these tablets to the CCT sites in Kebbi, Kwara, and Niger State.

Pro-ACT supported the sites in updating all electronic inventories, manual inventories, and transactional records. The team also arranged for the warehouse air conditions to be serviced and these machines are now functioning at maximum capacity, thus ensuring a safe temperature for the stored commodities.

To meet Pro-ACT's requirements for intensified HTC activities, the supply chain team advocated for additional supplies to be included in the PEPFAR pooled mechanism. In response, Unigold and Stat Pak allocated 100,000 tests kits to the mechanism. Pro-ACT supported partners in delivering these test kits to the various state teams. The project team is now helping partners to collate related reports centrally for stock replenishment and other actions.

Pro-ACT also supported the CCT facilities in data generation, collection, validation, and collation for their bimonthly reports. As part of this process, the team also helped facility staff place orders to replenish their drug and laboratory commodity stocks. Upon receiving these orders, the Abuja Warehouse dispatched FACSCount reagents, HIV test kits, and other laboratory reagents and consumables to all CCT sites.

Pro-ACT worked with partners to ensure that PMTCT sites received Tenofovir/Emtricitabine/Efavirenz 300/200/600mg FDC tablets for the Option B+ PMTCT program. This enabled the PMTCT sites to switch from the Option A regimen (i.e., Zidovudine) to the recently WHO recommended Tenofovir-based ART regimen.

Donations from Kwara State Government

During the period under review, Pro-ACT leveraged a donation of 180 packs of short-dated Combipack from Kwara State Government. Facilities have already begun to utilize these commodities. This further demonstrates Pro-ACT's ability to successfully implement a collaborative and synergistic program strategy.

CAPACITY BUILDING PROGRAM

During the quarter, Pro-ACT conducted various activities to improve health facilities' capacity for logistics management of health commodities (LMHC) to ensure access to quality products and services. The project team visited all CCT sites and their PMTCT feeder sites at least once. Depending on the site's needs, Pro-ACT conducted quality supportive mentoring sessions and hands-on training on inventory management, and using LMIS tools for documentation. The team also reviewed daily worksheets, tally cards, and reporting templates with recently hired staff. New staff also learned about LMIS best practices, quality ART services, and basic LMIS documentation and reporting procedures. Pro-ACT also trained volunteer staff on health commodities management, data capturing, and reporting to ensure that each outreach team can properly manage commodity reporting and effectively transmit generated data.

The project organized LMHC training for staff from 13 sites and two MSH field offices in six states. This training allowed Pro-ACT to train site managers on the revised national LMHC reporting tools. Although the project had previously trained some of these sites on the LMHC tools, retraining was needed to bring staff up to speed on the MoH's revised SOP manual. Furthermore, the high staff attrition at these facilities made this training particularly important for new staff.

This quarter, in Kogi State, Pro-ACT focused on service integration and reducing patient wait times at pharmacies. Patient wait times have remained long due to pharmacy staff constraints and increased workloads. At the Abejukolo General Hospital, an NYSC volunteer from the LGA has helped reduce patient wait times. Other measures have helped improve the situation at other facilities. Pro-ACT is encouraging health facility staff to take a lead in improving and strengthening the health care delivery system at their respective facilities.

In Kogi State MSH also conducted a joint supervisory visit to five project-supported CCT sites. These visits were conducted by:

- The CMD for the HMB, Dr. Ochimana Sabo;
- The SAPC from SMoH, Mrs Comfort Abuh; and
- The state's MSH team.

This gave the state officials an opportunity to see the hospital's clients, the quality of services, and the extent of health program service integration in the various units. It also allowed them to see the challenges each facility was facing and come up with plans to address these challenges. One of the greatest challenges the facilities are facing is inadequate staff. In response, the CMD promised to push for the employment and deployment of more staff to the hospitals.

Service Integration Model Strengthened at Bida General Hospital

Following up on the recommendation from the action plan document, Bida General Hospital cleared and cleaned the identified space for use as pharmacy record room. The hospital has furnished the room and it is currently in use.

Demonstration of Government Stewardship and Ownership of HIV/TB Services in Niger State

Niger SACA demonstrated commitment and ownership of HIV/AIDS and TB services in the state by supporting outreach with 10,000 Determine tests. This support will help the state achieve its test-related targets.

The Integrated Joint Supervision Technical Working Group sub-committee met four times this quarter to finish revising an Integrated Joint Supervision Checklist. The group then presented this checklist to the technical working group's Chairman for a final review. When put into use, this checklist will harmonise the interests and actions of all stakeholders in supervising the state's SCMS.

Challenges

- Lack of storage facilities in some of the newly activated PMTCT site is a serious challenge. Sites that have a storage room should be given shelves and those that do not have a storage room should be given a lockable cupboard.
- The major challenge associated with commodity management is the erratic power supply at some facilities.

- Many patients and providers have complained about the facilities' lack of medication for opportunistic infections.

Next Quarter Plans

- Continue logistics support and strengthen the PMTCT hub and spoke network in all the states
- Continue to work with the state team, the SMoH, state hospital management board, and other IPs on the rationalization process
- Work with the facilities to prepare them for PEPFAR's Logistics Unification System of distribution that will begin in Niger and Kwara States in September, 2013
- Continued providing support to the facilities' on commodities management and follow up on stock replenishment for the next reporting period
- Continue to build the capacity of the health facility staff to improve their ability to prescribe, identify, and appropriately report ADRs
- Advocate for the HMC to support the Infection Control Committee
- Sensitize DOT staff and pharmacy staff to ensure clients do not receive double doses of co-trimoxazole
- Work with clinical services staff to initiate a new patient cohort on INH prophylaxis

Introduction

During the quarter, Pro-ACT's M&E team continued to facilitate and participate in routine mentoring and supportive supervision to states, facilities, and communities. The M&E unit also continued to support the provision of hands-on M&E technical skills training by building on the existing knowledge and skills of M&E officers at the facility and state levels. Pro-ACT's M&E team also built these officers' capacity in new skills to promote the ownership and sustainability of their work.

The M&E team participated in monthly state M&E and stakeholders meetings to discuss progress on the states' M&E activities and the rationalization process. The team also used these meetings as an opportunity to share best practices. In addition to meeting participation, Pro-ACT's M&E team focused on:

- Strengthening health management information systems (HMIS) at the state and facility level,
- Building the capacity of the state and facilities' M&E teams to better understand how to utilize data for decision making, and
- Enhancing systems to strengthen data documentation and reporting on key USAID reporting indicators.

September 30, 2013 marks the end of the APR period. With this in mind, the Pro-ACT team is making an effort to consolidate the documentation of its FY13 achievements. The project team is also concluding its state activities and exiting from its post-rationalization exercises in preparation to move into Sokoto and Zamfara States.

Key Activities during the Quarter

The major activities undertaken by Pro-ACT's M&E Unit this quarter included the following:

Support to States and Stakeholders

- Trained state and health facility staff on data use for decision-making
- Strengthened health systems through collaborations and partnerships
- Strengthened coordination of facilities' monthly data collection and reporting

M&E Support to the thematic units

- Supported community outreach activities
- Guided the project's decision-making using available quality data

Operations Research

- Reviewed the mortality review protocol
- Reviewed the PMTCT research protocol
- Planned for data collection, entry, and analysis

Support to States and Stakeholders

Capacity Building and Skills Transfer

Data Demand and Information Use (DDIU) Training

MSH organized and conducted a Data Demand and Information Use (DDIU) training workshop in the Kwara State field office, from May 20– 24. The training drew 40 participants (36 males and 4 females) from the SMoH, SACA, and M&E officers from MSH-supported CCT facilities from Kwara, Kebbi, and Niger States. Other participants included selected records staff from Kogi, Adamawa, and Taraba States. MSH's M&E specialists also attended the workshop and facilitated some of the sessions. The key areas covered during the training included:

- M&E concepts and practices;
- Data demand and use;
- Developing performance tracking indicators;
- Developing simplified databases for performance tracking indicators;
- Data quality, extraction, and reporting on the monthly summary forms;
- Learning to analyze health data and transform it into useable information;
- Identifying and presenting information on system gaps in a concise and systematic way to varied targeted audiences; and
- Writing winning abstracts and searching for high impact-conferences.

MSH developed a DDIU tracking template that will serve as the platform for monitoring how participants apply the skills they acquired in the training. Participants will receive workshop “certificate of attendance” after they complete the DDIU tracking template.

Improving Health Management Systems by Enhancing Documentation, Data Collection, and Reporting

Strengthening facilities' monthly data reporting to SACA and MSH

MSH's M&E team is beginning to see dividends from their efforts to build the capacity of facility staff in collecting and reporting routine monthly data to the various reporting levels. The project's interventions have helped government and facility staff understand USAID and the GoN's indicators and how data related to these indicators is collected and reported to the various reporting points. This training is strengthening staff's capacity to coordinate the reporting process. Currently, all record assistants in the six MSH-supported states are using both the Nigerian National Response Information Management Systems (NNRIMs) and MSH reporting template to collect and report data from the first two months of each quarter. In the third month of the quarter, MSH's M&E Specialist conducts data validation exercises. MSH supports this process by funding the transport costs associated with delivering the facilities' data to the field offices.

Next quarter, the MSH team will train facility M&E officers on the new reporting tools to further support data documentation and reporting. The team will emphasize continued

knowledge and skills transfer to M&E officers and records staffs to ensure they continue to own, supervise, and provide feedback to SACA and SMOH on data management, even after the Pro-ACT project ends.

Supporting electronic data reporting in Kogi State

This quarter, MSH ensured that the CCT sites' Medical Record Units in Kogi States received data from the online eNNRIMS District Health Information System. The Kogi State M&E team worked with the facility medical record officers to ensure they enter monthly data from the HIV service delivery points into the eNNRIMS correctly and on time. Kogi State is currently taking the lead on these electronic data compilation and reporting activities.

Strengthening Ownership and Sustainability of M&E Functions

Ownership of the monthly M&E meetings in Taraba state

This quarter, Taraba State Action Committee on AIDS demonstrated leadership by taking full responsibility of coordinating and sponsoring the monthly M&E forum meetings. Specifically, the Committee paid for participant transportation and refreshment costs and the IPs (i.e., MSH and FHI360) provided technical support for the meeting. This is a new and encouraging development that indicates that partners will maintain the monthly M&E forums in Taraba State, even after the Pro-ACT project closes.

Participation in the referral network meeting at Offa Specialist Hospital

The M&E Unit actively participated in the last community referral network meeting at the Offa Specialist Hospital. The unit emphasized data management during this meeting by reiterating the importance of accurate documentation. Data accuracy remains a challenge in the client referral processes. The network currently consists of traditional rulers, community leaders, religious leaders, private hospitals, PHCs, CBOs, and other community stakeholders who are committed to strengthening the community referral systems.

M&E Technical Working Group quarterly meeting fact sheet committee

Last quarter, the Kebbi State M&E Technical Working Group held a meeting. Participants included the M&E officers and representatives from the MoH, the Ministry of Women Affairs, SACA/LACAs, IPs, and state stakeholders. These individuals met to deliberate on the operationalization of M&E activities within the state. They also reviewed the state's M&E annual operational plan, discussed its implementation status, identified implementation gaps, and developed strategies to improve performance. During the meeting, participants established an OVC Committee that will work with the OVC service M&E officers and IPs to determine how their data can be absorbed into SACA database. Another committee was established to produce and publish a quarterly fact sheet on the state's ART data. This seven-man committee has appointed the MSH M&E Specialist its chairman. The committee plans to publish its first fact sheet in the third quarter of 2013.

M&E support to thematic units

Activation of Private Hospitals and Extended PMTCT Services

This quarter, the Taraba, Kebbi, Kogi Kwara State teams worked to extend PMTCT service delivery in selected PHCs and activate several private hospitals within the Ilorin metropolis. MSH's M&E team facilitated the data documentation, compilation, and reporting process of the exercise and ensured that each team had the necessary tools. The team also continually emphasized the importance of staff capacity building on data accuracy.

Guiding Information Use for Project-level Decision-making

The M&E Unit continues to assess field data use and documentation to identifying programmatic gaps and design strategies to address these gaps. This is one of the project's key strategies to support state teams' community outreach activities and program implementation.

Operations Research

MSH's M&E and Operations Research Unit had planned to begin data collection for a review of mortality and PMTCT studies. Currently, MSH has been approved to implement the studies in Niger, Kwara, and Kebbi States. Once data collection and entry have been concluded, MSH will prioritize results dissemination. The team hopes to disseminate the results in the first quarter of FY14 so the data can be used to inform program improvements in the new FY.

Challenges

Insecurity in some States

- Crises in Offa General Hospital resulting in clients from Erinle community not coming to assess their drugs; this led to high patient loss-to-follow up.
- A state of emergency was declared in Adamawa State; frequent violence in the Taraba's Donga and Ibi regions also affected service delivery.

Facility Systems Gaps

- Long patient wait times, space constraints, and a lack of testers in some facilities, such as Aishat Memorial Hospital, led to low rates of HIV testing of pregnant women.
- Lack of meeting space in the Omu-aran General Hospital made it impossible for staff to hold support group meetings.
- Data clerks have complained about their heavy workload. Because of this workload, the clerks have not been able to update some registers as promptly and accurately as they should.
- Some facility staff still report incomplete data; this delays report submission to the country office and makes it difficult to assess facility performance against targets.

Poor Capacity

- Many data clerks and newly deployed medical records staff have not been adequately trained and this has been affecting the quality of their work.
- The LGA TB supervisor keeps all TB registers instead of giving them to staff at Jega General Hospital; this prevents timely data collection
- Jega General Hospital's maternity ward staff do not properly capture patient data due to poor documentation capacity; many staff in the ward do not indicate unbooked patients in the registers.
- Staff at Argungu General Hospital's maternity ward tests most unbooked clients but does not document these activities

Next Quarter Plans

- Providing data documentation and reporting support to the states and ensuring that accurate data is captured and made available to guide decision-making
- Conduct a mortality review and PMTCT data collection, entry, and analysis; use the information obtained to guide PMTCT program implementation
- Continue with steps to drive the rationalization of services to Sokoto and Zamfara States, while also planning to exit Adamawa, Taraba, and Kogi States
- Conduct an Lafia Management Information Systems (LAMIS) training for the M&E team to familiarize them with electronic medical record functions
- Support the activation of new sites

Summary of Pro-ACT's Data Review Summary (April – June 2013)

Prevention and Community Services

Prevention

- This quarter, Pro-ACT's Prevention Unit reached 3,596 people (male = 1,839; female = 1,757) with AB-focused HIV prevention interventions bringing the cumulative FY13 total to 11,728. This puts MSH at 432 percent of its FY13 target.
- For the MAPRs indicator, the unit reached 2,047 people (male = 1,524; female = 523) with other prevention activities bringing MSH's FY13 cumulative achievement to 6,388, 119 percent of the project's FY13 targets.
- The Prevention Unit also reached 4,007 people (male = 1,192; female = 2,815) with PwP activities; this is 71 percent of the project's FY 13 target.
- For the general population indicator, MSH reached 7,844 people (male =3,915; female =3,929) with AB and other prevention activities.
- For many of the prevention indicators, MSH's achievements dwindled from the second to the third quarter, however, the project was still able to meet and surpass FY13 the targets by end of the third quarter.

HIV Testing and Counseling

- MSH's HTC activities began towards the end of the third quarter and consisted of strengthening the facility's HTC systems and conducting community outreach activities. The project conducted its outreach activities in Kwara, Kebbi, Taraba and Kogi State. These activities significantly boosted the project's third quarter HTC achievements.
- MSH provided HTC services to 75,719 people (male = 27,516; female =48,203) including pregnant women; this was much higher than the project's second quarter achievement of 55,701.
- The total number of people reached with HTC brings MSH to 43 percent of its FY13 targets, which is still below the 75 percent third quarter expectation.
- In total, 3,162 of the 75,919 clients tested positive for HIV; although MSH helped to enroll 61 percent of these HIV positive client into care, 39 percent were Lost to Follow Up. Many of these clients were lost to follow-up because MSH does not have facility sites close to the outreach activity sites.

Community HIV Services

- At the end of the third quarter, MSH had provided 81,047 clients (110 percent of the FY13 target of 73,572) with umbrella care services. Umbrella care services include preventive, supportive, and clinical care. This indicator was derived by aggregating the number of People Affected by AIDs (PABA) OVCswho received at least one OVC service and the number of HIV+ adults who received at least one clinical care service.
- During the quarter, MSH provided 1,312 children with at least one OVC service. Those provided with primary direct support (1,262 OVC) received a minimum of

three services and those provided with supplemental support (50 OVC) received less than three OVC services.

- MSH reached 23,646 PLHIV with clinical services and 47,292 with PABAs.

Clinical Services

PMTCT

- During the quarter under review, MSH-supported PMTCT facilities provided HTC and test results to 24,069 pregnant women. Among these women, 168 were known to be HIV positive. The total number of women reached is 18 percent higher than the previous quarter's achievement of 20,392. Among the women tested this quarter, 427 (or 2 percent) tested positive for HIV.
- MSH-supported ANC and labour and delivery sites provided 451 pregnant HIV positive women with a complete course of ART. These women were treated in the following states: Niger (117); Kogi (57); Kwara (28); Adamawa (65); Taraba (163), and Kebbi (21).
- MSH reached the greatest number of women with PMTCT services in the third quarter, as compared to the first and second quarters. This increase was due to the 66 newly activated PMTCT sites in Kebbi, Niger, and Kwara States. The project now supports 156 PMTCT sites (up from 90 in the first quarter) and also supports staff in providing PMTCT services during community outreach activities.
- These achievements put the project at 25 percent of its target for pregnant women provided with HTC and who received their results.
- The project has reached 28 percent of its target for pregnant women who received ART.

HIV-exposed Infants

- This quarter, MSH-supported facilities conducted DBS tests on 599 exposed infants (males = 285; females = 314).
- In total, 383 exposed infants (males = 178; females = 205) received their results and 11 infants (males = 6; females = 5) tested HIV positive. This reflects a positivity rate of about 3%.

HIV Care and Treatment

- This quarter, MSH-supported facilities enrolled 1,915 new HIV positive patients into care. These clients were reported in the following six states: Niger (320); Kogi (217); Kwara (102); Adamawa (519); Taraba (654); and Kebbi (103).
- Cumulatively, MSH-supported facilities have enrolled 36,211 PLHIV into care. These clients were reported in the following six states: Niger (8,296); Kogi (5,134); Kwara (2,089); Adamawa (7,766); Taraba (10,661); and Kebbi (2,265). This represents 73 percent of HIV positive clients ever identified in the project.
- Although MSH has enrolled 70 percent of the newly identified HIV positive clients into care, some of the project's outreach activities have been conducted in communities where MSH does not have any CCT sites or strong poor referrals systems.

- This quarter, MSH-supported facilities initiated 1,312 new patients into ART. These clients were reported in the following six states: Niger (190); Kogi (151); Kwara (63); Adamawa (373); Taraba (468); and Kebbi (67).
- Cumulatively, MSH-supported facilities have initiated 21,423 patients on ART from Niger (5,108), Kogi (3,036), Kwara (1,178), Adamawa (4,624), Taraba (6,133), and Kebbi (1,344).
- In total, 15,569 project beneficiaries are on ART, representing 104% of Pro-ACT's FY13 target. Among these clients, 66 percent are women and 34 percent men. Six percent of the clients are children and 94 percent are adults.

KEY USAID INDICATORS COMPARED WITH FY13 TARGETS

Table 2: Key USAID Indicators Compared with FY13 Targets

	Indicators	Quarter 1 Oct-Dec 12	Quarter 2 Jan-Mar 13	Quarter 3 Apr-Jun 13	Total	FY13 Target	% of Target Achieved
PMTCT							
	Number of service outlets providing the minimum package of PMTCT services according to national and international standards	90	106	156	156		
1	Indicator #P1.1.D: Output: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	15,976	20,392	24,069	60,437	238,138	25%
2	Indicator P1.1.N: Outcome: Percent of pregnant women who were tested for HIV and know their results	83%	95%	98%	93%	95%	93%
3	Indicator #P1.2.D: Output: Number of HIV-positive pregnant women who received ARVs to reduce risk of mother-to-child-transmission	322	342	451	1,115	4,004	28%
4	Indicator #1.2.N: Outcome: Percent of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT	83%	81%	84%	83%	80%	83%
5	Indicator #NP1.4D: Number of infants born to HIV-positive pregnant women who received an HIV test within 12 months (a subset of #P11.1D)	471	576	599	1,646	4,004	41%
Prevention							
6	Indicator #P8.1.D: Output: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	9,155	10,136	7,844	27,135	8,137	333%
7	Indicator #P8.2.D: Output: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are <u>primarily focused on abstinence and/or being faithful</u> , and are based on evidence and/or meet the	4,301	3,831	3,596	11,728	2,712	432%

	minimum standards required						
	Indicators	Quarter 1 Oct-Dec 12	Quarter 2 Jan-Mar 13	Quarter 3 Apr-Jun 13	Total	FY13 Target	% of Target Achieved
8	Indicator #P8.1.D: Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (MAPRs)	1,506	2,835	2,047	6,388	5,367	119%
9	Indicator #P6.1.D: Number of persons provided with post-exposure prophylaxis (PEP)	6	6	0	12	100	12%
10	Indicator # P7.1D: Number of PLHIV reached a minimum package of PwP intervention	4,318	4,458	4,007	12,783	17,989	71%
HTC							
11	Indicator #P11.1.D: Number of individuals who received testing and counseling services for HIV and received their test results (PICT+LAB)	24,428	27,575	50,301	102,304	154,484	66%
12	Indicator #P11.1.D: Number of individuals who received HTC and received their test results (including PMTCT)	41,113	55,701	75,719	172,533	405,826	43%
Umbrella Care Indicators (including OVC)							
13	Indicator #C1.1.D: Output: Number of eligible adults and children provided with a minimum of one care service	62,231	69,701	73,171	81,047	73,572	110%
14	Number of People Affected by AIDS (PABA) reached	39,242	43,462	47,292	47,292		
15	Indicator #C5.2.D: Output: Number of OVC who received OVC services	3,368	4,508	2,233	10,109		
16	Number of clients who received at least one clinical care service	19,621	21,731	23,646	23,646	29,982	79%
17	Indicator #C2.1D: Number of HIV positive persons receiving cotrimoxazole prophylaxis	5,222	3,396	2,904	11,522	23,986	48%
18	Indicator #C2.1D: Percent of HIV-positive persons	27%	40%	49%	49%	80%	49%

	receiving cotrimoxazole prophylaxis						
	Indicators	Quarter 1 Oct-Dec 12	Quarter 2 Jan-Mar 13	Quarter 3 Apr-Jun 13	Total	FY13 Target	% of Target Achieved
19	Indicator #C2.3D: Number of HIV-positive malnourished clients who received therapeutic or supplementary food	37	26	7	70	600	12%
20	Indicator #C2.3D: Number of eligible adults and children who received food and/or other nutrition services	4,293	4,415	4,542	13,250	12,507	106%
TB/HIV Services							
21	Number of individuals who received HTC and received their test results at a USG support TB services outlet (including TB suspects)	433	927	923	2,283	9,200	25%
22	Number of HIV+ patients screened for TB in an HIV care or treatment setting	4,227	2,232	1,742	8,201	26,984	31%
24	Number of HIV+ patients in HIV care or treatment (pre-ART or ART) who started TB treatment	57	103	78	238	1,836	13%
25	Indicator # C2.5.D: Output: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment					10%	
ART							
26	Indicator #T1.1.D: Number of adults and children with advanced HIV infection newly enrolled on ART	1,247	1,385	1,312	3,944	7,716	51%
27	Indicator #T1.2.D: Output: Number of adults and children with advanced HIV infection receiving ART therapy	13,402	14,549	15,569	15,569	14,991	104%
Health Systems Strengthening							
28	Number of community health care workers who successfully completed an in-service training						

MSH'S PRO-ACT GRANTS PROGRAM

Introduction

In the last quarter of FY13, Pro-ACT's Grant Unit provided CSOs with fixed-cost small grants. These grants were designed to help CSOs:

- Strengthen their technical and institutional capacity,
- Increase service-delivery points in their communities,
- Continuously improve quality HIV/AIDs and TB services to complete the continuum of care and support for PLHIVs, and
- Increase and expand prevention activities in communities across the five Pro-ACT states.

Key Activity Highlights

- Review of SOW in Kogi and Taraba States in light of rationalization and security challenge
- Provision of technical and institutional support to the grantee CSOs
- Pre-survey assessment and selection process

Review of SOW in Kogi and Taraba States in Light of Rationalization and Security Challenge

Pro-ACT has 13 CSOs providing community HIV services and one State government (i.e., Niger State SMOH) conducting HSS activities across the five project-supported states (i.e., Taraba, Kogi, Kebbi, Kwara and Niger) through grant support. These grantees continued to implement quality prevention, OVC, and care and support services based on national standards. In the past quarter, these services have significantly advanced Pro-ACT's progress towards its targets. In response to the PEPFAR/CDC rationalization program and the security challenge in Taraba State, Pro-ACT reviewed the SOWs for the grants in Kogi and Taraba State to end a few months early - in July 31, 2013 rather than October 30, 2013.

Provision of Technical and Institutional Support to CSO Grantee

Pro-ACT has continued to provide institutional support to the CSOs by developing systems and processes to strengthen and better position the organizations for self-sufficiency and sustainable service delivery, with a view of helping them to earn additional grants in the future. During the period under review, Pro-ACT helped organizations develop human resource, procurement, financial policies and write job descriptions based on gaps identified during their organizational capacity assessments. Four of the grantee CSOs have reviewed and adopted the policies and are currently using them in their respective organizations. Pro-ACT's institutional and technical support has helped a number of CSOs access funds from other donors (i.e., the United Nations-Habitat, the United States Embassy, and Global Fund -NEPWHAN) for community service delivery. Pro-ACT also conducted the LDP for two prevention CSOs in Kwara State. Staff at these CSOs are now using the knowledge and skills they acquired to support health facilities in creating demand for services through radio programs and community mobilization. This synergy is increasing uptake of PMTCT services at the facilities.

Pro-ACT provided technical support in the following areas at various levels, based on organizational need:

- Training on the Child Rights Act for community-based project committee members;
- Technical and documentation processes for community-based OVC identification, enrollment, and service delivery;
- Technical issues in the delivery of care and support and prevention services, according to state and national standards; and
- Strategies for successful collaboration with facility management and community stakeholders for effective service delivery to target populations.

Pre-survey Assessment and Selection Process

ProACT will fund CSO programs in Kebbi, Kwara, and Niger States to ensure continued provision of community-based HIV services and increased access to and uptake of HIV services in communities adjoining Pro-ACT's CCT sites. As part of this process, Pro-ACT conducted a pre-award assessment of 28 CSOs in Kebbi, Kwara, and Niger States, in line with USAID requirements. CSOs assessed were those whose proposals Pro-ACT had selected and recommended for USAID funding. The project team will invite the CSOs that complete this process to attend a proposal development training. Organizations that receive USAID funding will use the support to provide:

- HIV prevention services,
- Care and support for PLHIV,
- Care and support for OVC,
- HTC services for MARPs and the general population; and
- Community mobilization activities for facility-based services.

Pro-ACT Grantee Key Achievements

CSO grantees contributed significantly to the Pro-ACT project's community-based HIV service achievements in the months of April and May. (See Table 3)

Table 3: CSO Grantee Contributions to Pro-ACT's Project Targets (April and May, 2013)

Prevention Indicators	
Number of people in the targeted population reached with individual and/or small group HIV prevention interventions that are based on evidence and/or meet the minimum standards required (general population)	4,635
Number of people reached through community outreach that promotes HIV/AIDS prevention through other behaviour change beyond abstinence and/or being faithful (MARPS)	2,553
Number of condom outlet established	171
HTC among MARPS	4,141
Number # of peer educators trained to promote prevention services	279

OVC Indicators	
Number of new vulnerable children enrolled (HIV positive and HIV negative)	3,670
Number of people reached with HTC services during outreach programs	4,468
Number vulnerable children reached with at least two services	12,15
Care and Support indicators	
Number of PABA provided with services (essential)	1,059
Number of couples who received HCT for HIV and received their test results together	135
Number of people reached with HTC services in outreach program who received their result	117

Organizations currently implementing prevention services were among the 28 CSOs whose proposals Pro-ACT recommended for USAID's pre-award assessment. Some of these organizations have accessed funds from the United States Embassy, the United Nations Habitat, and NEPWHAN.

Challenge

- Delay in submission of reports by partner CSOs

Next Quarter Plans

- Proposal development training for new project-supported CSOs from Kebbi, Kwara, and Niger States
- SOW and budget development for new grantees and review of existing SOW and budget
- Kogi and Taraba State grant closure
- Continued provision of technical and institutional support to the grantee CSOs to address gaps identified during the NHOCAT assessment
- Monthly and quarterly report follow-up for renewed grantees
- Continued hands-on training for grantees, especially in M&E
- Continued joint supervisory visits with the state team and on-site visit by the joint program and grant unit to enhance quality and ensure effective implementation of the agreement

Recruitment and Advocacy Efforts Strengthen Health Services in Kogi State Hospital, Nigeria

In 2008, the PEPFAR-funded, USAID project, Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT), supported initiation of comprehensive HIV care and treatment services at Kogi State Specialist Hospital (KSSH). Although this led to a rapid uptake of HIV services, the increased workload soon resulted in staff burn out.

In response, Pro-ACT recruited and trained nine volunteers to support the delivery of HIV services at KSSH. These volunteers worked at the state's HIV testing points and in the Records and Adherence Counselling Unit. From April 2008 to March 2009, the staff at KSSH enrolled 473 clients into care, but with the support of the volunteers, the number of newly enrolled patients increased to 1,169 (April 2009 – December 2012). Presently, KSSH enrolls approximately 25 new patients into care each month.

“The volunteers serve as a big relief to the hospital because they participate actively in running day to day activities,” said the Head of the KSSH Medical Records Department. In response to PEPFAR's preference for government ownership and sustainability of health interventions, MSH advocated for the KSSH management, state government, and other stakeholders to absorb the volunteers into the state service scheme. In January, the Kogi State Government formally recognized and agreed to begin paying the volunteers' stipends. MSH will continue to train, mentor, and monitor the volunteers to ensure quality service delivery.

“The successful absorption of the volunteers into the state service is a clear demonstration of the commitment of the state government to addressing the issue of human resource gaps in health service delivery,” said Pro-ACT state team leader, Zakari Usman.



Reception and records department at Kogi State Specialist Hospital