

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

## **Quarterly Progress Report, October - December 2012**

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**Leadership, Management and Sustainability Program, Nigeria**

**PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT  
PROJECT— ProACT**

*Quarterly Progress Report, October– December 2012*



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

**Cover photo caption:** To strengthen community-facility linkages, MSH ProACT project continues to facilitate home visits by healthcare workers to track defaulting clients and provide ongoing basic care and support services to PLHIVs and their family members. In this photo, a nurse/counsellor visits a client's home in Bida community, Niger state.

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.

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### *Management Sciences for Health*

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

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MSH's Leadership, Management and Sustainability Program (LMS) is a global five-year USAID funded Cooperative Agreement designed to develop leadership and management skills at all levels of health care organizations and programs to effectively address change and improve health outcomes in the areas of family planning, reproductive health, HIV/AIDS, infectious disease, and maternal and child health. In Nigeria, the LMS Program implements the Prevention organizational systems AIDS Care and Treatment Project (LMS ProACT), a PEPFAR funded associate award with the goal of building the capacity of Nigeria's public, private, and community sectors for sustainable HIV/AIDS and Tuberculosis (TB) prevention, control, care, and treatment. LMS ProACT began operations in August 2009 taking over from the AIDS Care and Treatment (ACT) Project that started in October 2007. ProACT now supports 6 state governments in Kogi, Niger, Kwara, Kebbi, Adamawa and Taraba states, and operates 30 comprehensive HIV/AIDS treatment centers. With its main office in Abuja, Nigeria, ProACT is decentralized to the state government level and has established offices in each of the 6 states that bring technical support closer to the areas of greatest need.

**ProACT Project**  
**Quarterly Progress Report**  
**October - December 2012**

<b>ACTIVITY SUMMARY</b>
<b>Implementing Partner:</b> Management Sciences for Health
<b>Activity Name:</b> Leadership Management Sustainability – Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT). Management Sciences for Health (MSH)
<p><b>Activity Objective:</b> 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</p> <ol style="list-style-type: none"> <li>1. To increase demand for HIV/AIDS and TB services and interventions, especially among target groups</li> <li>2. To increase access to quality HIV/AIDS and TB services, practices, and products in selected states</li> <li>3. To strengthened public, private, and community enabling environments</li> </ol>
<b>USAID/Nigeria SO:</b> SO 14
<b>Life of Activity (start and end dates):</b> July 16, 2009 – July 15, 2014
<b>Total Estimated Contract/Agreement Amount:</b> \$60,797,873
<b>Obligations to date:</b> \$38,428,588
<b>Current Pipeline Amount:</b> \$3,009,498
<b>Accrued Expenditures this Quarter:</b> \$2,896,072
<b>Activity Cumulative Accrued Expenditures to Date</b> \$35,419,090
<b>Estimated Expenditures Next Quarter:</b> \$2,968,082
<p><b>Report Submitted by:</b> <u>Makumbi Med, Project Director</u>    <b>Submission Date:</b> <u>January 30, 2012</u></p> <p style="text-align: center;">Name and Title</p>

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## ACRONYMS

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AB	Abstinence Be faithful prevention strategy
ACT	AIDS Care and Treatment (MSH Project that preceded ProACT)
AFB	Acid Fast Bacilli
ART	Anti-retroviral Therapy
ARVs	Anti-retroviral drugs
CCT	Comprehensive Care and Treatment
CHAI	Clinton Health Access Initiative
CHEWs	Community Health Education Workers
CSO	Civil Society Organization
DBS	Dried Blood Spot
DHIS	District Health Information System
DOTS	Directly Observed Therapy Short Course (for TB)
EID	Early Infant Diagnosis (for HIV-Infection)
EMS	Expedited Mail Service
EQA	External Quality Assurance
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
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 of MSH
M&E	Monitoring and Evaluation
MARPs	Most at Risk Populations (for HIV)
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 STI Control Program (of the Ministry of Health)
NHOCAT	National Harmonized Organizational Capacity Assessment Tool
NIPOST	Nigerian Postal Service
OI	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PEPFAR	US President's Emergency Plan for AIDS Relief
PHC	Primary health care
PITC	Provider-Initiated Testing and Counseling
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
ProACT	Prevention organizational systems AIDS Care and Treatment Project
Q1	Quarter 1
RTKs	Rapid Test Kits (for HIV)
SCMS	Supply Chain Management System
SACA	State Agency for Control of AIDS
SHMB	State hospital Management board
SLQMTT	State Laboratory Quality Management Task Team

SMoH	State Ministry of Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBL	Tuberculosis and Leprosy
USAID	United States Agency for International Development
USG	United States Government

## EXECUTIVE SUMMARY

In Nigeria, Management Sciences for Health (MSH) through the USAID funded ProACT project continues to support the government of Nigeria in the scale up of HIV care and treatment services in six focus states. ProACT has continued to work towards its 3 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 TB services using an integrated approach, and 3) building partnerships with communities and CSOs to improve their response to HIV/AIDS and TB in homes and communities.



Figure 1. USAID team and CDC Country Director with MSH Nigeria country leadership team at the *INSIDE STORY* launch.

During the quarter under review MSH participated actively in several meetings hosted by USAID to discuss the proposed rationalization of states, defined as “one United States Government (USG) Agency” supporting treatment program in any one state in Nigeria. The anticipated outcomes of rationalization are: improved accountability, coordination, and capacity building efforts, and increased service coverage through targeted saturation of local government areas (LGAs). Post-rationalization, ProACT will be providing technical assistance to at least 42 comprehensive HIV treatment sites currently providing life-saving anti-retroviral drugs (ARVs) to over 25,000 individuals (more than double its current capacity) in five focus states, including two new states, *Zamfara* and *Sokoto*, and three old states, *Niger*, *Kebbi* and *Kwara*.

As part of ongoing initiatives to strengthen the MSH Nigeria team and foster cross-project collaboration in-country, a two-day staff retreat was held from the 8th to the 9th of November in Abuja. The two-day retreat featured presentations and group discussions on the Speed of Trust, MSH Strategic Roadmap, and the Integrated Country Strategy. The ProACT annual performance review meeting (PRM) followed the staff retreat and was held from the 13<sup>th</sup> – 15<sup>th</sup> of November and had all ProACT field and central office team in attendance. The theme of the meeting was “**aligning priorities with current realities.**” The retreat presented the ProACT team with an opportunity to **review the project mid-term evaluation (MTE) report and recommendations**, FY12 performance, and plan strategic activities towards FY13 target achievement against the backdrop of the proposed rationalization of states.

As part of activities to mark the World AIDS Day 2012, MSH Nigeria, in collaboration with the Discovery Channel, Chevron, and Access Bank Plc., hosted the launch of the award-winning film titled “**INSIDE STORY: The Science of HIV/AIDS**” in Lagos, Nigeria. Among dignitaries that graced the launch was the US Consul-General Mr. Jeffrey Hawkins Jr., who presented the keynote address. INSIDE STORY is a 90-minute documentary produced in South Africa by Discovery Communications with PEPFAR funding and support from other key partners.

A review of MSH statistics this quarter, indicates that 9 health facilities were activated in Kogi state to provide Prevention of Mother-to-Child Transmission (PMTCT) services, bringing the total number of MSH supported sites to 106 (30 comprehensive sites and 76 feeder/primary sites).

- By the end of the reporting period **40,354** clients, including those receiving services from PMTCT settings, were counseled, tested, and received their test results from October - December 2012. 2,354 (6%) were identified as HIV positive.
- To date, **60,887** clients have received umbrella care services, including preventive (39,112), supportive (2,219) and clinical care (19,556) services.
- **This quarter, 2,219** orphans and vulnerable children (OVC) were served with a minimum of one OVC care service while 3,229 eligible adults and children received food and/or other nutrition services.
- To date, we have initiated 18,963 patients on life saving ART while 13,296 (70%) of them are currently on anti-retroviral therapy (ART). This quarter, **1,161 new patients were initiated on ART.**
- **15,922 (59 known positives at entry and 15,863 unknown)** pregnant women received HIV counseling and testing and received their test results in an MSH-supported PMTCT service site; **379 (59 Known & 320 Unknown)** of these tested positive for HIV. 275 HIV+ pregnant women were provided with life-saving prophylaxis to prevent mother to child transmission (MTCT).
- To date, **3,918** HIV+ patients were screened for TB while 45 started treatment for TB. **4,021** HIV patients were placed on cotrimoxazole prophylaxis.

Analysis of capacity building efforts revealed that **14 training workshops** were conducted during the reporting period with a total number of **416** allied and healthcare professionals trained (**297 male, 119 female**). A break down by professional cadre indicates that 51 doctors, 35 nurses, 67 lab personnel, 1 pharmacist, 27 allied health professionals, 4 Community Health Education Workers (CHEWs), 106 peer educators, and 8 state government officials were trained.

The major challenge encountered in the quarter under review was the slow recovery process following massive floods that ravaged communities in Kogi, Niger, and Adamawa states. The flood made affected communities inaccessible and this affected the level of site support visits and retention rates due to displacement of patients. The continued insecurity in the country, particularly in the North Eastern Nigerian states of Adamawa and Taraba where MSH has a total of 10 comprehensive care and treatment sites, impacted significantly on program implementation. These two states contribute significantly to the overall project targets. Other challenges encountered during the reporting period include: communal clashes in Ibi community of Taraba state; persistent HRH gaps which pose a challenge to effective delivery of services; and stock out of test kits in some supported health facilities, which affected uptake of services and target achievement.

The project is working closely with state government partners to mitigate these challenges and has developed plans to sustain ongoing efforts to ramp up services and sustain progress towards FY13 target achievements. The following sections provide a detailed report of the achievements and challenges encountered, and the next quarter plans.

*We need a dramatic change in thinking to focus on strengthening health systems in the countries most affected by HIV & AIDS.*

Dr. Jonathan D. Quick, President and CEO of MSH

World AIDS Day, December 1, 2012

### INTRODUCTION

The MSH ProACT Health System Strengthening unit continued to work towards strengthening key health systems areas, providing technical assistance to the SMOH and other key stakeholders, improving Government stewardship of HIV/AIDS and TB Programs in the ProACT focus states, and supporting healthcare workers to own and deliver quality HIV/AIDS and TB services using an integrated approach. During this reporting period, the health systems strengthening (HSS) unit activities focused on the provision of technical assistance to National Agency for Control of AIDS (NACA), State Agency for Control of AIDS (SACA), SMOH, and health facilities in conducting strategic activities aimed at improving coordination and government stewardship. The section below documents the progress made by the HSS unit project during the period of October – December 2012.



Figure 2. MSH ProACT Project Director in group photography with NACA Director and other HIV/AIDS stakeholders during the launch of NHOCAT in Abuja

#### The highlights of the unit's achievements included:

- Development and Launching of National Harmonized Organizational Capacity Assessment Tool (NHOCAT)
- Finalization of SOP for cooperation between LACA-SACA-NACA
- Rationalization Plan strategy developed for all ProACT States and shared among partners
- Niger State stakeholders reviewed implementation of the 2012 HIV/AIDS Operational Plan and finalized the development of 2013 Annual Plan.
- Advocacy efforts to Adamawa State Director of the National Youth Corp Program resulted in deployment of 9 Corps members to bridge the gaps in human resources for health in MSH-supported health facilities
- Inauguration of Hospital Management Committee at the recently activated General Hospital Ganye Adamawa State

The section below provides a detailed report of the HSS unit's achievements and the plans for the next quarter:

#### Development and Launching of National Harmonised Organisational Capacity Assessment Tool (NHOCAT)

MSH in collaboration with other partners provided technical support to NACA to coordinate stakeholders to ensure participatory development of the tool. The main principles behind the NHOCAT development include minimal subjectivity, streamlined domains, re-allocation of domain weightings to give a more 'balanced' view of organizational capacity, and easy comparison between and within States of the various organisations. The NHOCAT, structured in three parts, consist of the users' guide, prototype NHOCAT framework, and automatically generated colour coded dashboard. To facilitate utilization of the NHOCAT, a series of trainings were conducted to cover national level and stakeholders from 18 states of the federation, including the MSH ProACT states and NACA staff.

The NHOCAT reporting dashboard would be housed at the NACA Monitoring and Evaluation (M&E) directorate. MSH provided financial support to NACA to print 1,000 copies of NHOCAT which was launched as part of activities to mark the 2012 World AIDS Day media conference. MSH intends to roll out and implement the NHOCAT in three ProACT states in the third and fourth quarter of the year.

#### **Finalization of National and State Agencies for AIDS Operation Manual**

The purpose of the NACA/SACA/LACA operation manual is to ensure effective operation and management of relationships between LACA-SACA and NACA, facilitate an effective multi-sectoral response, and support key agencies to work in line with their mandates. The draft manual was produced and circulated among key stakeholders. In addition, a validation workshop has been held with the active participation of MSH Technical staff on ProACT and PlanHealth, and other key stakeholders. The inputs from the workshop will be used to finalize the manual and circulate it for use among stakeholders at all levels.

#### **State Transition Strategy developed for all MSH ProACT States and shared among key stakeholders**

MSH ProACT continues to work with all relevant stakeholders across the ProACT states and ensure that they actively participate in the ongoing rationalization process. This has necessitated the constitution of a ProACT State transition committee and a National transition team in the Country office. The MSH Team in ProACT states led other implementing partners and stakeholders to implement the transitional plan and ensure that state governments are taking the lead. The following achievements were recorded thus far:

- Meeting with key actors both at national and state level to agree on implementation plan and strategy;
- Developed Terms of Reference for the state transition committee both at national and state level, and inaugurated transition committees in all 6 MSH ProACT states;
- State Specific Transition Inventory template developed and shared with state government and other Implementing Partners for harmonization.

#### **Niger State Stakeholders reviewed implementation of 2012 HIV/AIDS Operational Plan and finalized the development of 2013 Annual Plan**

To strengthen SACA to plan, coordinate, and be accountable for results of the state response to HIV/AIDS, its 2013 - 2014 operational plan has been developed and will inform the alignment of all SACA supported Implementing Partner (IPs) with their intervention activities and provide a spring board for a coordinated approach to integration of services in the State.

#### **On-going Implementation of the HSS Grant for Human Resources for Health (HRH) capacity improvements in Niger State**

The HSS grant was initiated as part of MSH ProACT's efforts towards addressing the quality of human resources for health (HRH) in supported health facilities through specialized trainings for all cadres of health workers in Niger state. This grant will also build the institutional capacity of the State Ministry of Health (SMoH) to own, manage, and coordinate health worker trainings to strengthen service delivery and improve health outcomes. The grantee institution in the Niger Ministry of Health will coordinate trainings of HIV/AIDS/TB service providers with faculty drawn from a mix of public and private organizations. With the final approval of the scope of work and budget by USAID, plans are at an advanced stage to roll out implementation by February 2013.

## NEXT QUARTER PLANS

- Build capacity of state partners on the application of the new National Harmonized Organizational Capacity Assessment Tool (NHOCAT) and the implementation of Organizational Capacity Assessments in ProACT States in Nigeria in 2013.
- Support SMOH to develop 4 days 2013 operational plan for 5 comprehensive treatment sites in 3 ProACT States.
- Continue to provide technical support to Niger State MOH in the implementation of HSS Grant for Continuous Medical Education in the state.
- Support SACA and SMOH in the 6 states to hold quarterly SACA Coordination Forum to assess progress towards implementation of the 2013 operational plans.
- Conduct dialogue with community leaders and key decision makers to discuss mechanisms for responsive HIV/AIDS health improvement in Kwara state.

### INTRODUCTION

In compliance with the project's goal of building the capacity of public and civil society organizations and communities to strengthen systems for sustainable, gender-responsive HIV/AIDS and TB service delivery, this reporting period focus was on capacity building for the key officers of the civil society organizations (CSOs) in relevant technical areas. Quality improvement measures were adopted in service delivery and documentation to ensure uniformity across the board. Significant achievements were made related to targets for service delivery to most at risk populations (MARPs) this reporting period.



Figure 3. World AIDS day walk 2012 Kebbi State

The following key achievements — in line with the ProACT result management framework of increasing (1) community knowledge of HIV/AIDS/TB information/services, (2) access to quality HIV/AIDS and TB services and products and (3) uptake of HIV/AIDS services by communities in the project states — were achieved under the HIV sexual prevention unit:

- Award of grants to five CSOs in two project states to implement HIV prevention activities.
- Capacity building of key CSO staff on MSH Grants implementation and documentation standard.
- Various peer to peer model approaches were adopted in reaching out to the various target groups in line with Minimum Prevention Package Interventions (MPPI) strategies.
- HIV prevention services were offered to the specific target groups using HIV Testing and Counseling (HTC), Sexually Transmitted Infection (STI) education, referral linkages, and follow up.
- Active collaborations and support from key community actors evidenced during community dialogues held with stakeholders in various project communities.

The section below provides a detailed report of the unit's achievements and plans for the next quarter:

#### Commemoration of World AIDS Day 2012

December 1st each year commemorates World AIDS Day. This annual event was established by World Health Organization and was first celebrated in 1988. This year's theme in Nigeria, ***“the national response towards getting to zero aids related death,”*** underscores the importance of the fight against HIV/AIDS. The theme encompasses getting new HIV/AIDS infections to zero, getting stigma and discrimination against people living with HIV/AIDS to zero, and getting AIDS related deaths to zero. The MSH ProACT project supported activities to mark the day in all six focus states, as well as other activities coordinated by the National Agency for the Control of AIDS (NACA) including an advocacy visit to the Akwa Ibom State HIV Team, a pre-World AIDS Day conference, a symposium, and a meeting with the

President of Nigeria, Dr. Goodluck Ebele Jonathan and other policy makers and political leaders in the Nigerian health arena.

### Individual and community centered interventions

Under the MSH prevention portfolio, the individual centred interventions seek to address behavior change using peer to peer model approach while the community interventions which focuses on the target groups such as out of school youths, community stakeholders and general population seeks to create an enabling environment for effective HIV prevention programming. MSH has continued to sustain behavior change interventions in target communities across the six focus states and as a result the quality and outcome of community knowledge of HIV AIDS/TB information and services continues to improve. The peer sessions remain as reinforcement strategy for the adoption of healthy behavioral lifestyles amongst target population.

### Abstinence and Be Faithful (AB)

The MSH ProACT project AB program area seeks to promote reduction in risky behavior amongst in-school youths in partner secondary schools across the six focus states. For FY13 Quarter 1, a total of 7,043 in-school youths were reached through direct intervention by MSH technical teams and the 5 CSOs sub-grantees. During the period under review, MSH ProACT project continued to strengthen the functionality of the health clubs and ensured that events such as drama, health talks on HIV, inter-school debates and small group discussions were held. The trained peer educators also utilized inter-personal communication (IPC) strategy to reach out, to an average of 10-12 of their peers. These IPC peer sessions are hosted under the direct supervision of the trained Family Life and Health Education (FLHE) teachers across selected schools.

### Most at Risk Populations (MARPs)

A total of 1,445 MARPs were reached in this first quarter of FY13 (276 Female sex workers, 219 Intravenous Drugs Users, 155 Men who have Sex with Men, 608 Long Distance Drivers, and 187 Prisoners). These were cumulative target achievements attained through direct intervention and the CSO sub-grantees. To effectively reach this target group and ensure the provision of quality HIV prevention service delivery, a module on the HIV /STI transmission and risks exposure was incorporated as part of the capacity building activities for partner CSO project staff. The CSOs were able to reach these target population through their 'network leads' who have information about their members and their location. During this reporting period 30 condom service outlets were established across the six focus states to increase access to HIV products and reduce sexual transmission.

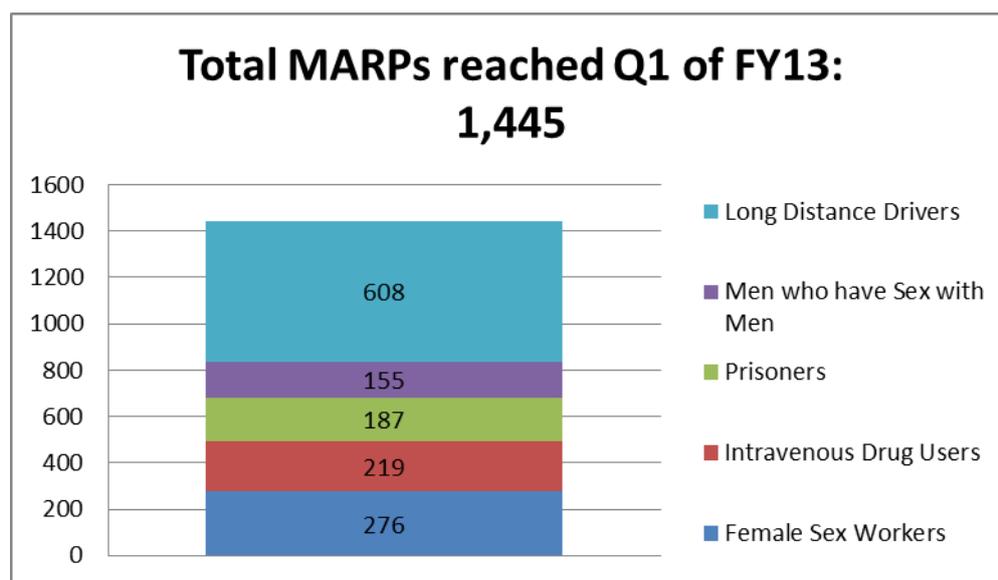


Figure 4. MARPs reached in Q1 of FY13: 1,445

## General population interventions and results

During this reporting period, 4,451 individuals were reached with HIV prevention services under the general population. The key populations targeted were youths in tertiary institutions (where 1785 target outcome was recorded) and clients of commercial sex workers (had 30 as target achievement). 120 women of reproductive age, 279 male out of school youths, and 332 female out of school youth were among the target groups reached. In addition advocacy meetings were held with key stakeholders in 2 tertiary institutions in Niger state for the set up condom service outlets and establishment of youth friendly centres to provide information on HIV and counseling services. Also during the reporting period MSH conducted an advocacy mission to the Bida local government in Niger state for the establishment of a youth friendly centre.

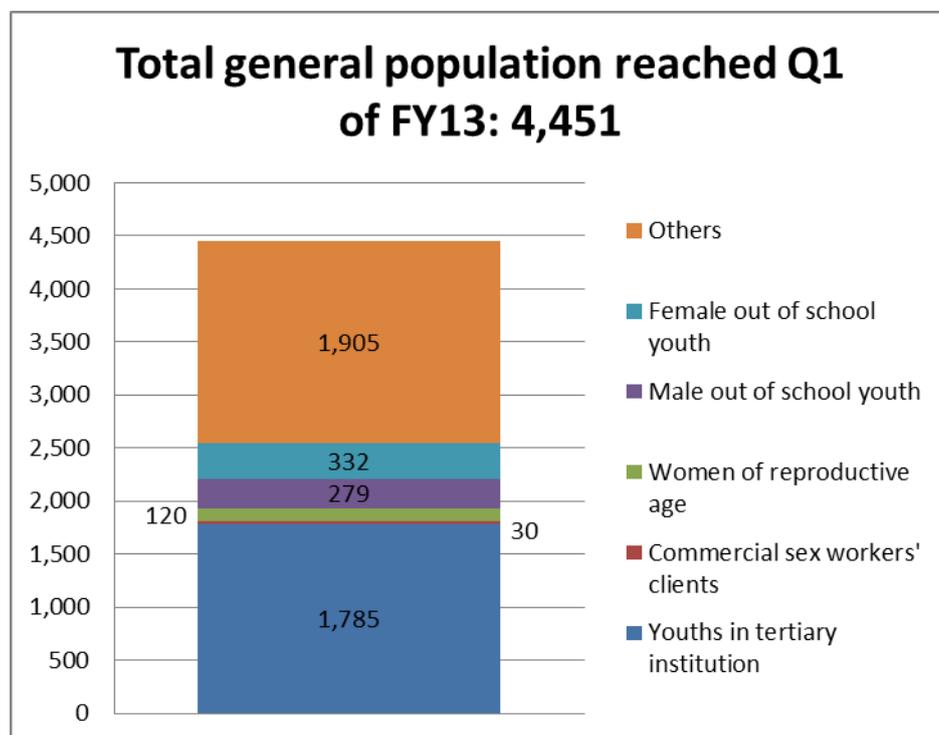


Figure 5. General population reached in Q1 of FY13: 4,451

## Biomedical interventions

In compliance with the project result management framework that outlines the process for increasing access to quality HIV/AIDS/TB services and products in communities in the project states, the key biomedical interventions were HTC and STI education, including referral for assessment and treatment. The HTC services were delivered by the trained grant CSO staff and community volunteers and peer educators trained on HTC. Though the key targets were MARPs, the HTC intervention was extended to in school youths in tertiary institutions and others. A total of 795 people were tested for HIV and received their results, of which 264 were in school youth at tertiary institutions and the rest were MARP. During this activity twelve individuals were identified as HIV+ and were referred to the MSH comprehensive sites for enrollment.

## CHALLENGES

- The proposed rationalization of states and ongoing plans by MSH to transition out of Kogi, Taraba, and Adamawa states has resulted in the reprioritization and scaling down of key prevention activities in these states. This has affected the number of new CSOs enlisted in the prevention grants process as presently only 5 CSO prevention grants were renewed in Taraba and Kogi states.

- Interventions to reach MARPs such as Female Sex Workers, Men who have Sex with Men, and Intravenous Drug Users continue to be challenging, and require approaches that break through cultural and religious barriers.

#### **NEXT QUARTER PLANS**

- Finalize the award of grants to five new CSOs for mobilization and sensitization initiatives for targeted at-risk populations.
- Development of HIV prevention quality improvement systems.
- Conduct an impact assessment of peer education and other prevention strategies across the project states.
- Continue to use the MARPs network leads to reach them.

### INTRODUCTION

The MSH ProACT project community program contributes mainly to the achievement of sub results (SR) 2 and 3 as outlined in the MSH ProACT results framework, which are: increased access to quality HIV/AIDS and TB services and products, and strengthened public/CSO and community enabling environments. In the period under review, the project continued to strengthen the community service component towards increasing demand of and access to quality HIV/AIDS and TB services while strengthening community support group structures and community based organizations across the MSH supported sites for increased ownership and sustainability.

#### Highlights of activities:

- **To date, 60,887** clients received umbrella care services, including preventive (39,112), supportive (2,219), and clinical care (19,556) services.
- **This quarter, 2,219** OVC were served with a minimum of one OVC care service, while 3,229 eligible adults and children received food and/or other nutrition services.
- Ongoing transition of OVC services from supported facilities to communities in partnership with CSOs.
- Sustainable Livelihoods Initiative implemented in Adamawa to economically empower older OVC in target communities in Taraba state.

The section below highlights in greater detail key activities implemented, successes achieved, and challenges encountered during the quarter under review.

### OVC services

During the quarter under review, the project continued to implement activities that strengthened community systems to increase uptake of OVC services in targeted communities. At service delivery points in supported health facilities, OVC identification, enrolment, and service provision were intensified. On-going transitioning of facility based OVC services to the community was intensified.

#### Ongoing Capacity Building of Partner CBOs on Community Based OVC Programming

In accordance with the USAID mandate and National Plan of Action on OVC services delivery, MSH is partnering with selected CBOs to transition facility based OVC services to communities using an innovative non-grants platform. As part of this initiative, a weeklong OVC training workshop was hosted in October 2012 for the five selected CBOs. The objectives of the training were to strengthen the capacity of CBO partners to deliver quality community based services for OVC, increase their knowledge on the application of national tools such as Child Status Index and Vulnerability Index, and equip them with skills to leverage community resources to enhance service delivery. Following the weeklong training, the CBOs have continued to enroll and provide OVC services within their target communities. In Kwara state, partner CBO



Figure 6. Peer Support Group Meeting in Adamawa State

Healthy Living Promoters based in Offa conducted three advocacy visits during the reporting period to enlist the support of community leaders and key stakeholders. In Niger state, the two partners CBOs **Mujaheed Muslim Women Association** and the **Centre for Advancement of Social and Health needs of OVC (CASHOVC)** are in the final phase of transitioning all facility based OVC services to the communities. They have also conducted advocacy visits to key government stakeholders in their respective communities of Kagara and Bida.

### **Strengthening Partnerships to Meet the Needs of OVC affected by HIV/AIDS**

In line with ProACT's mandate to build strategic alliances and strengthen community systems for effective service delivery at state and local government levels, the MSH Kwara office initiated a partnership plan with LEAH Charity Foundation in June 2012. LEAH Charity Foundation is an initiative of the wife of the executive governor but is administered as an independent organization. The foundation provides economic strengthening for OVC caregivers and also trains them on life skills and other income generating activities. They also provide nutritional support for OVC to assist the caregivers in taking proper care of them. During the reporting period, MSH in partnership with LEAH leveraged food packs and clothing materials from the office of Her Excellency which were distributed among support group members who each received 5 yards of lace material, 1 bottle of groundnut oil, and 1 small bag of semolina (wheat flour) worth #50,000 (\$310). This was a kind gesture from Her Excellency as part of activities to mark the Eid-el-Kibir festivities.

### **Sustainable livelihoods Initiative to Economically Empower Older OVCs in target communities**

An essential component of the MSH ProACT project and key to sustainability is empowering caregivers and other family members to access services available in their communities. MSH has continued to work with partner CBOs and government agencies to directly assist OVC and their caregivers to address their needs through various initiatives such as increasing access to income generating activities. In recognition of the needs of older OVC, MSH in Adamawa State collaborated with the Farming Skills Acquisition Centre located in Fufore LGA to train 20 OVC on different farming skills; 14 of them were trained on fish farming, 2 on poultry farming, and 4 on vegetable farming. MSH will continue to provide support to the OVC to enable them have a means of sustainable livelihood.

## **HTC, Basic Care, and Support Services**

Although there were reports of test kit shortages in some health facilities, ProACT facilitated counseling and testing services for **40,354** people, including those receiving services in PMTCT settings during the reporting period of October - December 2012. 2,354 (6%) were identified HIV positive. To address test kit shortages, the field team mobilized test kits from the State Ministries of Health.

To increase HTC uptake among pediatric clients, provider-initiated testing and counseling (PITC) points at pediatric outpatient units and wards were re-activated and made functional during the reporting period. Facility teams were also sensitized about the unique issues and challenges of pediatric HIV care, and volunteers were deployed to support PITC at pediatric points of entry. This has further strengthened pediatric testing and has resulted in the increased uptake reported in supported facilities in Kogi, where a total of 318 pediatric patients (181 males and 137 females) were provided with services in the October-December period.

Throughout this quarter, targeted mentoring and supportive supervision was employed to enhance the skills of service providers in supported sites and communities, and furthered the goal of increasing the availability of quality HTC services, early detection of new infections, and enrolment into care and treatment programs. The counsellors and volunteers have continued to provide HTC services at all points of care, including general out-patient departments, in-patient wards,

laboratories, family planning units, Directly Observed Therapy Short Course (DOTS) for Tuberculosis clinics, antenatal care units, dental and eye clinics. By the end of the quarter, there were 106 service outlets providing counselling and testing in accordance with national and international standards.

## CHALLENGES

- The proposed rationalization of states and ongoing plans by MSH to transition out of Kogi, Taraba, and Adamawa states has resulted in the reprioritization and scaling down of key community activities in these states.
- The work load in the facilities has significantly increased and PITC volunteers are not able to cope with clients flow across different test points.
- Increasing attrition/transfers of trained facility staff and volunteers is equally affecting uptake of services.
- Communal clashes in Ibi community and the resulting **insecurity**, especially in North Eastern Nigerian states of Adamawa and Taraba where MSH works in several communities, impacted the program negatively and this affected the level of implementation of community-based interventions.

## NEXT QUARTER PLANS

- To improve organizational capacity of partner CBOs under the non-grants platform, MSH will conduct a needs assessment to evaluate their strengths, weaknesses, opportunities, and threats. Key areas such as organizational structure, financial and administration policies, and all aspects of programming will be assessed. Future capacity building efforts will focus on proposal development, and project and financial management to make CBOs more attractive to potential funding agencies.
- Initiate the process of decentralizing peer support groups from facilities to communities using the alpha-beta cells model in Niger and Kogi States.
- Support, mentor, and supervise the new grantee CBOs providing OVC and care services across selected communities in focus states.
- Continue support to peer groups as a strategy to foster clients' retention in care and continued access to psychosocial support and economic empowerment initiatives.

### INTRODUCTION

MSH ProACT project has continued to support the government of Nigeria to increase demand and access to quality HIV/AIDS and TB services and products (IR 2 and IR 3) and further strengthen public/CSO and community enabling environments (IR 3). The clinical unit's activities for this quarter focused mainly on sustaining the gains of the PMTCT hyper-accelerated implementation plan in Taraba and Kogi states, strengthening of TB and HIV collaborative activities, capacity building of health care workers, and participation at various meetings to discuss the rationalization process with our funders USAID and implementing partners such as FHI360. Through these activities and strategies, the project was able to achieve the following results:

- **This quarter, 1,161 new patients were initiated on ART.** To date, we have initiated 18,963 patients on life saving ART while 13,296 (70%) of them are currently on ART.
- **15,922** pregnant women received HIV counseling and testing and received their test results; **379 (59 Known and 320 Unknown )** tested positive for HIV.
- To date, **3,918** HIV+ patients were screened for TB and 45 started treatment for TB. **4,021** HIV patients were placed on cotrimoxazole prophylaxis.
- MSH ProACT Dried Blood Spot (DBS) specimen transport initiative, a partnership with the Nigerian Postal Service (NIPOST) using the Expedited Mail Service (EMS) platform, was acknowledged by PEPFAR Nigeria as a sustainable and cost effective model and has been adopted as a national strategy for improved DBS sample logistics.

The section below highlights in greater detail key activities implemented, successes achieved, and challenges encountered during the quarter under review.

### Adult Treatment Services

#### **MSH ProACT project participated in Strategic Meetings to chart the course for the proposed Rationalization of States among USG implementing partners**

During the quarter under review, MSH ProACT project participated actively in several meetings hosted by USAID on the proposed rationalization of states, defined as "one USG Agency" supporting treatment program in any one state in Nigeria. The Rationalization program is aimed at improving efficiency, reducing the complexities of coordination for supported States, and improving measures of accountability for results. The intended outcome of USG rationalization efforts are: increased efficiency by avoiding overlaps; improved standards of care, improved coordination, advocacy, and capacity building efforts; and increased coverage through targeted saturation of local government areas (LGAs) in the selected states. Based on this, the country was divided into three; 18 states to be managed by USAID treatment partners alone, 17 states including Federal Capital Territory (FCT) to be managed by CDC treatment partners, and 2 states (Lagos and Kano) to be jointly managed by CDC and USAID partners.

Following a review of current data, the 18 USAID states have been rationalized among the two USAID IPs: MSH and FHI360. Under this arrangement, MSH will transition Kogi State to CDC, while Adamawa and Taraba will be transitioned to FHI360. However, ProACT will take over from all other partners, including FHI and CDC IPs in Kwara, Niger and Kebbi states, and will transition into two new states of Zamfara and Sokoto, bringing a total of 5 focus states for MSH. Post-rationalization, the MSH ProACT project will be providing technical assistance to at least 42 comprehensive HIV treatment sites currently providing life-saving ARVs to over 25,000 individuals, more than double its

current capacity. To ensure a seamless transition process, ***MSH has held several meetings with FHI360 senior leadership team to build consensus on key actions necessary for expediting the transition process in light of programming and operational implications for both implementing partners.***

#### **MSH Team conducts exploratory mission to Sokoto and Zamfara states**

The current rationalization of USG Nigeria treatment partners informed the institution of a country transition plan which will guide the development of the project's activity plan towards transitioning into the two new States of Sokoto and Zamfara, and transitioning out of Adamawa, Kogi, and Taraba states. The scoping mission, led by the Director of Health System Strengthening, was made with four Country office staff from Abuja, and four MSH State Team Leaders. The Team Leaders were drawn from the three States that MSH is transitioning out of (Adamawa, Kogi, and Taraba), while the team lead for Kebbi played the host and provided logistics for staff movement. Critical in this scoping mission was the development of a scope of work to guide the team's activities in the two new states. The team's scope of work in the two states was to:

- Conduct a quick scan of existing USG IP supported health facilities providing care and treatment services in the two new states to ascertain critical service delivery needs.
- Assess the distribution of service delivery points supported by USG IPs in terms of geographical spread to inform human resources needs for the program.
- Assess existing USG Nigeria relationship with critical state agencies/institutions as well as with other partners working in the states.

At the end of the weeklong interaction with key stakeholders such SACA and SMOH, the team visited health facilities in both states and came up with the following recommendations:

- Given the current insecurity in some parts of Northern Nigeria, the team viewed both states as peaceful and habitable. Contacts in the states agreed with this assessment. Sokoto state in particular is the seat of the Caliphate where the President of the Supreme Council of Islamic Affairs live.
- There are cultural and religious beliefs that affect access to health care services. Although, other programs implementing HIV/AIDS services have done a lot to address cultural and religious challenges, the team strongly recommends a robust community prevention program that will maintain the prevalence at an all-time low.
- The team holds strongly that maintaining a presence in both states is critical to increasing impact.

### **Provided Technical Support at National and USG Convened Meetings**

In the last quarter, the Clinical unit of MSH ProACT made representation at several Government of Nigeria and USG convened forums. This included technical working groups at national and state levels, guideline reviews, and national strategic framework reviews. The team was able to present results of work done and shared best practices with other organizations, and this led to the **adaptation of the MSH ProACT NIPOST DBS sample transport model as a national strategy during the Early Infant Diagnosis (EID) stakeholders meeting**. Some of the key meetings attended within the quarter included:

- NigeriaQUAL meeting organized by National AIDS and STI Control Program (NASCP) in October, with the objective of harmonizing and standardizing quality indicators, tools, and guidelines for quality of care improvement activities in Nigeria.
- USG treatment partners meeting in December which was hosted as part of a visit from the Office of the Global AIDS Coordinator (OGAC) team to obtain first-hand information from IPs on their area of service coverage pre and post rationalization, as well as discuss challenges and strategies to improve access to services.
- The USG PMTCT meeting for targeted scale up of PMTCT services in view of the rationalization process was held 5<sup>th</sup> December at the USAID office.
- The EID logistic meeting for all PMTCT implementing partners held 7<sup>th</sup> November in Abuja. A key resolution at this meeting was the need for IPs to key into one of three channels for DBS sample transport: NIPOST, courier services (DHL, UPS) and use of staff visits to and fro facilities. Continued use of SMS printers deployed by Clinton Health Access Initiative (CHAI) was encouraged. MSH and CHAI were charged with the responsibility of developing a national DBS sample transport training curriculum.

### **ProACT ART regimen analysis**

During the last quarter of the year, the program focused energies on streamlining first line regimens in line with national standards leading to increased utilization of Tenofovir NRTI backbone which is encouraged for rational sequencing in HIV treatment. Achievement of the planned forecast to step up the ratio of Zidovudine/Tenofovir (AZT/TDF) utilization in the program to a ratio of 40:60 by the end of FY13 is on course with TDF backbone utilization, increasing from 25% in October 2010 to the present utilization rate of 44% of first line regimens. With the present shift of the national program to procure Tenofovir/Lamivudine (TDF/3TC) containing regimen, support was provided during the reporting period, and is ongoing, for educating clients currently on TDF/FTC based regimens as they are transitioned to the TDF/3TC regimen.

## **PMTCT Services**

### **USAID Team Visits MSH Supported Sites in Niger State**

As part of the national drive towards eliminating MTCT by 2015 and providing ongoing guidance to implementing agencies, a USAID team led by **Dr. Kalada Green** visited three of MSH's supported facilities: 1) Niger General Hospital, Kagara, 2) Comprehensive Health Center, Lapai, and 3) Maternal and Child Health Center, Old Airport Road, Minna. The visits took place from the 13<sup>th</sup> to 15<sup>th</sup> December with the key purposes of assessing PMTCT and other MCNH services provided at these facilities, choice of ARV prophylaxis, HRH and level of trainings, logistic management systems for lab commodities and ARVs, level of support for referrals and linkages to hub sites, frequency of supportive supervision at the sites, and documentation. Findings at the sites revealed a commendable level of PMTCT knowledge and training among staff with good referral linkages between the "hubs and the spokes". However, they noted the stock out of test kits, long turn-

around time of 6 weeks for receipt of EID results in General Hospital, Kagara (which has the CHAI supported electronic DBS printer system in use), and low frequency of mentoring and supportive supervision as challenges. They recommended the need to improve documentation, site mentoring visits, transitioning of all PMTCT sites to option B, using the preferred standard regimen of 3TC+FTC+EFV, and scaling up the MSH NIPOST DBS transport model. The project will work with the state partners and facility teams to ensure the implementation of these recommendations.

### **Ongoing Capacity Building to Improve EID diagnosis in Supported Sites**

In line with the mandate to provide quality HIV/AIDS and TB services, ProACT conducted two Early Infant Diagnosis training workshops this quarter using the national training guidelines. Participants were drawn from newly activated PMTCT sites but carefully selected from units relevant to the collection of Dried Blood Spot samples for EID. Both trainings were conducted using a combination of didactic, group work, and practical sessions. The training faculty was made up of MSH staff and master trainers from the state Ministry of Health. The first training was held in Kogi State, 31<sup>st</sup> October to 2<sup>nd</sup> November, for 38 participants. Out of the 26 males and 12 females there were 6 doctors, 10 nurses, 15 lab scientist/technicians, 4 relevant government officials, and 3 volunteers. The training in Taraba state which took place between 21<sup>st</sup> and 23<sup>rd</sup> of November had 38 participants in attendance, 30 males, 8 females (6 nurses, 4 CHEWs, 27 lab scientist/technicians, and 1 state government level official). Each participant received 2 copies of the national guidelines at the end of the training from the Federal government of Nigeria through the HIV/AIDS Division (NASCP).

### **Scale up of innovative EID NIPOST model to Kwara State**

Following the successful partnership between MSH and Nigerian Postal Services (NIPOST) in Adamawa state to provide logistics support for DBS sample transport using the Expedited Mail Service (EMS) platform, ProACT during the quarter under review scaled up this model to Kwara state. For peer to peer learning and to ensure adequate knowledge transfer, MSH facilitated the visit of Mr. Bukar Idi, the EMS Supervisor NIPOST Adamawa state, to Kwara state. As part of the scale up activities, an advocacy visit was paid to the Ilorin Area Postal Manager following a one day orientation training organized for three NIPOST staff, the postal manager, the EMS Supervisor in Kwara, the Quality Service Manager, and DBS focal persons drawn from MSH supported health facilities. Following this, a visit to the Regional PCR lab at the Obafemi Awolowo University Ile Ife in Osun state was conducted to establish linkages and relationships with the Kwara EID team and sites. MSH hopes the successful scale up of this model will significantly improve the turn-around time for receipt of DBS results in supported sites in Kwara. MSH is also providing TA to other USG IPs to scale up this model across EID sites in Nigeria.

### Electronic Tracking System deployed to Improve EID Sample Monitoring

Apart from the primary function of timely pediatric case identification, early infant diagnosis (EID) remains a very important quality indicator which measures the success of the PMTCT interventions. In recognition of this, MSH has continued to work to improve the coordination processes and this has resulted in increased rates of receipt of samples sent per quarter as shown in Table 1 below. In addition, MSH has developed an electronic tracking system using the **Sharepoint** platform. The electronic tracking platform is available and accessible to all field offices and is aimed at providing real time online information on the movement of DBS samples from each facility to the PCR Lab “hub”, and eventual return of EID result to the “spoke” facility. The Sharepoint platform also flags dispatched results which are yet to be received from the reference lab for quick intervention.

**Table 1: DBS sample collection summary**

	July – Sept 2011	Oct – Dec 2011	Jan – March 2012	Apr – June 2012	July – Sept 2012	Oct – Dec 12
Number of DBS collected at facility	180	206	220	252	586	458
Number of DBS Samples returned	93	153	166	200	434	623
Positive samples	12	20	26	21	20	18

### Town Hall Cluster Mentoring Meeting Held to Evaluate PMTCT Service Delivery

As part of ongoing initiatives to address current PMTCT gaps, PEPFAR/USAID Nigeria proposed the implementation of State Specific Hyper Implementation Plan (SSHIP) in June 2012. In response to USAID’s mandate, MSH activated 9 facilities in Kogi and 23 PHCs in Taraba to provide PMTCT services under the SSHIP by the end of September 2012. To ensure the provision of quality PMTCT services in the newly activated PMTCT sites in Taraba and Kogi states, one day monthly mentoring meetings were instituted to bring all PMTCT focal persons working in these facilities together. One of these meetings held last quarter for Taraba north covered two local governments (Ardo kola and Zing LGAs) and 11 PHCs were represented. Some of the best practices shared during the meeting included:

- Advocacy visit to the relevant authorities by each of the PHCs in their communities
- Step down training at each of the facilities to other staff
- Strategies for demand generation were adopted by each PHC as was appropriate for their communities. These range from House-to-House visits, collaboration with other PHCs in the catchments communities to attract pregnant women, farm visit approach, outreach to other PHCs/clinics, town halls and churches in the communities and the use of Town Criers to announce services available and the need to patronize the PHCs.

## Pediatric Services

### **On-going capacity building to improve pediatric HIV service delivery**

To improve clinical skills in pediatric HIV diagnosis and enlist more pediatric patients in the program, ProACT organized a specialized training workshop on pediatric ART 26<sup>th</sup> to 30<sup>th</sup> November. The training methodology took the format of didactic and interactive sessions, as well as group work. During the training, participants learned the major elements of pediatric HIV/AIDS care and treatment, the need for ongoing monitoring of HIV-exposed and infected children, clinical/developmental monitoring guidelines, and laboratory monitoring guidelines. Pediatric national guidelines, Standard Operating Procedures, and job aids were provided to facility teams to ensure delivery of quality services. There were 40 participants (35 males and 5 females), 30 doctors, 9 nurses, and 1 pharmacist. Knowledge gain at the post-test stage was 10.4%. Post training, field based ART specialists visited clinicians during clinical consultations to mentor and provide coaching on supportive supervision.

### **Targeted Supportive Supervision and Mentoring in Supported Sites Results In Improved Pediatric services**

Pro-ACT has continued to make efforts to increase access to pediatric ART services with emphasis on quality. Strengthened linkages between the PMTCT and Pediatric program using the innovative DBS sample shipment strategy has resulted in the early and increased identification of pediatric cases. Additionally, EID and PMTCT training modules that point to pediatric care have been emphasized to further promote identification of infected children and commencement of treatment. This is further enhanced by ongoing mentoring at the sites, and periodic pediatric focused Continuous Medical Education for facility multi- disciplinary teams. All these efforts have resulted in the increased enrollment of pediatric patients across supported facilities.

## TB/HIV Collaborative Services

### **TB/HIV audit conducted across MSH supported sites**

As part of ProACT's efforts to improve performance of TB/HIV indicators, a desk review of the program was conducted with a view to identifying existing gaps and contributing factors, providing recommendations, and developing strategies to address the same. An audit of all TB/HIV collaborative services was conducted through site visits and review of program processes and procedures in service delivery at some selected sites. Key audit findings included:

- suboptimal referral and linkage systems leading to poor referral completion
- shortage and stock out of Rapid Test Kits (RTKs) at DOTS sites
- improper completion of registers leading to under-reporting in certain facilities
- use of the wrong tools as source documents
- non-involvement of the Tuberculosis and leprosy (TBL )supervisors and DOTS focal persons at the local government level in some facilities
- poor understanding of TB/HIV collaborative activities by service providers and inadequate TB infection control practices at most facilities

Following the findings, targeted interventions were planned, some of which include building the knowledge capacity of the service providers on TB/HIV collaborative activities; engagement of the TBL supervisors at state, local government and facility levels; review of client flow to address missed

opportunities; and improvement in reporting using the nationally approved recording and reporting tools. Early results have shown commitment to plans laid out for improvement of service delivery like the provision of furnished office space (DOTS unit with space for HTC) and training of 3 laboratory technicians/support staff on sputum acid fast bacilli (AFB) analysis by the Kwara state TBL supervisor, provision of the suspect register to the ART unit and decentralization of the AFB sputum request forms to all service delivery points from the TB unit. This will eventually translate to an improvement in some TB/HIV performance indicators.

#### **Provided technical assistance at TBHIV collaborative forums at State and National levels**

As part of continued efforts to support the National and State governments in provision of quality TB/HIV services, MSH ProACT attended National and State technical working group forums where they made presentations on achievements and best practices in the area of TB/HIV collaborative activities. Meetings attended include:

1. National TBHIV technical working group
2. Adamawa State technical working group

#### **Built the capacity of Health care workers on TB/HIV collaborative activities**

As part of efforts to improve the quality of service provision and engagement of the state and LGA TB program, MSH ProACT trained 26 health care workers (16 doctors and 10 Nurses) on TB/HIV collaborative activities. The training held in Minna, Niger State took place 3<sup>rd</sup> – 8<sup>th</sup> December 2012 and included 3 state TBL supervisors from Kwara, Niger, and Kebbi states.

The training adopted the national curriculum on TB/HIV and was delivered using power point in didactic sessions, group discussions, and group work sessions. At the end of the training, participants were supported to develop strategies based on identified gaps in their service provision in the program with the aim of implementing them when they get back to their various facilities. An assessment of knowledge gained using pre and post training test results showed an average increase of 11% (average score rose from 75% to 86%) with 25 participants improving in their scores.

### **CHALLENGES**

- The proposed rationalization of states and ongoing plans by MSH to transition out of Kogi, Taraba, and Adamawa states has resulted in the reprioritization and scaling down of planned clinical activities in these states.
- Reported stock out of RTKs affected uptake of services at out-patient clinics and the DOTS units
- There is need to disaggregate the EID data between clients from PMTCT and Pediatric points as this will better help evaluate the program.
- Non availability of Isoniazid (INH) at state level has hampered the uptake of INH prophylaxis in MSH supported health facilities in Niger
- Human Resource for Health (HRH) constraints still a key challenge across all states

### **NEXT QUARTER PLANS**

- Conduct adherence counseling training for health care workers in supported facilities
- Review Pre-ART client pool and fast track initiation of eligible clients for treatment with structured follow up

- Follow up on implementation of strategies developed for improvement of TB/HIV collaborative activities to ensure all identified gaps are addressed
- Work with National program to ensure supply of INH to Niger State and continued logistic support for IPT implementing sites
- Improve diagnosis of smear negative TB in TB/HIV co-infected patients by building sputum referral networks between ProACT supported facilities and mapped GeneXpert sites
- Scale up the NIPOST/DBS transportation model to EID sites Niger and Kebbi states
- Continue PMTCT focused community outreaches in high prevalence communities to identify and enroll more HIV+ pregnant clients
- Finalize the process for the engagement of nurse/midwives who will coordinate the activities of Hyper Implementation Team for Taraba North and South to ensure quality PMTCT service delivery in newly activated sites
- Institute a phased approach for transitioning the use of the recommended regimen of 3TC+FTC+EFV in all supported PMTCT sites

**INTRODUCTION**

The Laboratory program focused principally on strengthening quality of service delivery, capacity building for health workers, and instituting collaborative partnership with NIPOST across the states to scale up transportation and delivery of EID services for exposed infants in a timely manner that would help serve its prevention purpose. Assessment of the capability of laboratories to support services in proximal stand-alone PMTCT and HTC sites was conducted as well as baseline assessment of integration of HIV services into routine laboratory practice. Within the quarter, site laboratory staff participated in a two day mentorship program on effective participation in the National Proficiency Testing and Strengthening Internal Quality Assurance program. The State Laboratory Quality Management Task Team (SLQMTT) in Niger state was also reinvigorated to fully utilize scarce human and material resources for efficient laboratory services delivery.

**Internal Quality Assurance**

As part of efforts to strengthen the Internal Quality Systems and institutionalize a system for quality monitoring across HIV Testing and Counseling points within the Hospitals and feeder sites, the Quality Assurance focal persons for Niger, Kebbi, Adamawa, and Taraba state regions, with support from their various Laboratory Program specialists, took a lead role in the DTS panel production and distribution within their State Laboratory networks. Feedback from results collation and analysis from Niger/Kebbi region showed that 98.70% of participated test points achieved 100% concordant result, while 1.30% got discordant results. Corrective Action investigation revealed that the affected sites had problems with results interpretation. The region’s QA lead alerted the HOD and the facility QA focal persons of the affected site on the urgent need to re-train and improve supervision of the personnel providing HIV testing and Counseling in various testing points to improve their proficiency in the delivery of quality results.

In Adamawa/Taraba region, there was a record of 100% concordant results from all the test points that participated. First Referral Hospital Ibi was unable to participate in this round of internal proficiency testing due to a religious crisis at Ibi community, resulting in the restriction of movement. Performance of participating sites in the region is shown in the table below.

**Table 2. Performance of sites participating in internal proficiency testing**

State/Region	Total #of DTS Tubes produced	# of Participating Facilities	# of test points served	# of test points that returned results	# of test points with pending results	# of test points with concordant results	# of test points with discordant results
<b>Adamawa/Taraba</b>	210	10	41	41	0	41	0
<b>Niger/Kebbi</b>	180	9	81	81	0	80	1

**External Quality Assurance (EQA) Program**

EQA panels (HIV serology and CD4) received during the quarter were analysed and results forwarded to National Health Laboratory Services South Africa through National External Quality Assessment Laboratory Zaria Kaduna State. For HIV serology, all 25 laboratories performed well while 22 out of 25 laboratories successfully met the acceptable results (i.e.  $\pm 2$  standard deviations) for CD4 estimation. Corrective actions carried out on these 3 facilities reveal that the problem was due to

equipment breakdown, late submission of results, and malfunctioning of automated pipette. Incidences and actions taken are summarized below.

**Table 3. External Quality Assurance Program Results**

Facility	Incidence	Corrective action taken
General Hospital Omuaruan, Kwara State	No return of results	Lab specialist followed up with the equipment repairs
General Hospital Michika, Adamawa State	No return of result	Program Lab Specialist to work closely with site staff to ensure timely submission of results
General Hospital Kagara, Niger State	Results outside allowable limits of error	Carried out investigation with the facility staff using the PT CAT form, Identified pipetting as the possible error. Pipette have been replaced with a good one

To facilitate a better data and information flow with the EQA providers and the participating laboratories, all laboratories have opened dedicated email addresses. This will also enhance better communication within the project. Site owned e-mail addresses are in consonance with the planned roll-out of the fully web-based AFRIQUALAB transition plan.

During the quarter, 25 facility Quality Assurance focal persons received a two-day orientation on the National proficiency testing programs (CD4, HIV Serology, Chemistry and Haematology panels) from DigitalPT/Afriqualab. The orientation focused on measures for transitioning of panel providers to Afriqualab, hands-on demonstration and practice on the Digital PT on-line portal, PT failure investigation, and corrective action implementation for poorly performing laboratories.

#### **Strengthening Early Infant Diagnosis/Scale Up in Kogi and Kwara State Using Nigerian Postal (NIPOST) Services System**

In a bid to increase efficiency and improve delivery of quality pediatric services for exposed infants, the states' Laboratory Systems specialist worked with the Clinical Specialist to scale-up the process of transporting dried blood spots (DBS) for early infant diagnosis (EID) using the Nigerian postal service in Kogi and Kwara States. This NIPOST-DBS transport system which was initially piloted in Adamawa state was aimed at improving linkages between health facilities and the regional PCR laboratory, reducing the cost of DBS transportation, reducing turn-around time for receipt of test results, and ultimately, integrating sustainability into state health programs. In Kogi state, a service agreement with NIPOST was fully put into effective use this quarter. Result so far show that the processes have been smooth. In Kwara, however, this process has just been initiated with a one day capacity building workshop with the key players present. The training focused on DBS sample transportation, preparation of EMS envelope, use of postage stamp by DBS focal persons, and NIPOST DBS focal transport staff. The role of each participant at each level in the transport cascade was well explained, and linkages with the NIPOST office at Ile-Ife were established. In the coming month, data on number of DBS specimens transported and results returned will be highlighted.

### **Support to CBOs' capacity building on HIV testing in Kogi and Taraba States**

HIV Testing and Counseling remains a key strategy in the MSH ProACT HIV prevention portfolio. Laboratory specialists in Kogi and Taraba states facilitated various sessions on testing and counseling. There were also hands-on practicum sessions during the 6-day HTC training workshop for MARPs, Peer Educators, and CBO program staff. There was emphasis on CBO compliance with good laboratory practice and quality assurance processes for effective care and treatment of clients.

### **Equipment Functionality/ Preventive Maintenance**

During the quarter under review, equipment maintenance received a major boost as service contracts were signed for some of the equipment platforms with most broken down equipment repaired, damaged parts replaced, and preventive maintenance carried out across supported hospitals. This work improved service delivery which had suffered some setback in the past weeks due to delay in repairs of broken down machines. It is worthy of mention that while equipment was down, client specimens were logged at proximal health facilities providing similar services.

### **Assessment of Status of Integration of HIV services into Routine Laboratory Services**

In fulfillment of its mandate to maximize the benefits of Emergency plan programs, MSH with USAID support, and jointly with the Niger State Ministry of Health and Health Services Management Board (HSMB), carried out a baseline assessment at the General Hospital Bida, one of its pilot sites. The purpose was to assess the extent of integration of HIV Laboratory services into routine health Laboratory services with the aim of achieving sustainable service delivery. In attendance were the Director Medical Services/Training (SMoH) and the Director of Medical Services (HSMB), the Deputy Director Laboratory Services (HSMB), Director General, State Primary Health Care Development Agency, representative of the State Laboratory Quality management Task Team, and a representative of the Director General of the State Agency for the Control of AIDS (SACA). The activity was largely successful because of the active participation of the state agencies and institutions. Initial recommendations to the state have already received attention, particularly concerning the recruitment of a Medical Laboratory Scientist. A full report of the analysis of the baseline data will be shared in the next quarterly progress report.

### **Strengthening the State Laboratory Quality Management Task Team (SLQMTT) in Niger State**

Personnel transfers and new appointments within the state civil service affected the membership and activities of the Task Team. This necessitated sensitization visits to certain stakeholders for a better understanding of the mandates of the Task Team and roles of members. The new Director Medical Services (DMS) at the Health Services Management Board (HSMB) after the sensitization visit has fully assumed his responsibilities as chairman of the Task Team. SLQMTT activities during this quarter had been hugely successful in terms of the outcome of the sensitization visits, meeting attendance and outcomes. Highlights of the meeting, identified challenges facing the task team and ways forward were noted by the DMS and documented by the secretariat. With the renewed vigor to ensure the Task team meets its objectives, the team will be supported by the Lab and health system units in a two-day costed work plan development/review meeting scheduled for January 2013.

### **Standard of Care Assessment of stand-alone PMTCT and HTC Sites**

The Laboratory Services unit, in conjunction with the Clinical Services unit, conducted a laboratory capacity assessment of support of quality PMTCT services. This activity focused on staffing, HTC using national tools, algorithms and protocols, level of collaboration with child welfare and immunization clinics for infants with unknown status to provide HTC, strength of linkages /logistics to Comprehensive Care and Treatment sites for quick turnaround of CD4 and other baseline/follow up investigation (especially for sites that may be capable of providing option B for PMTCT), mentor lab staff and pediatric nurses on DBS sample collection, Good Laboratory Practice, injection safety in the laboratory, and commodity utility documentation. A total of 5 PMTCT sites were visited:

Maternal and Child Health Center Minna, Maternal and Child Health Center Tunga, Rural Health Center Wushishi, Divine Health Initiative Minna, and Basic Health Center Yakila. A general review will be carried out to improve laboratory support for PMTCT in these sites.

### **Laboratory support to World AIDS Day celebration in Kogi state**

The collaborative effort between Management Sciences for Health, stakeholders, and the Government of Kogi state received a major boost during the celebration of World AIDS Day with the theme **“Getting to Zero new HIV infection and AIDS Related Death”**. The collaboration in the State saw the participation of the Chief executive officer of the state and the commissioner for health joining in the awareness march, the governor also promised to fully support the Kogi State Agency for the Control of AIDS (KOSACA) and all other health activities in the state. The 2012 World AIDS Day celebration had a large turnout of stakeholders lead by KOSACA: the Executive Governor, Honorable Commissioner for Health, IPs, facility staff, volunteers, support groups’ leadership, CBOs, etc. Activities included an awareness march, HIV counseling and testing, and distribution of Information and Education Materials and condoms. The Laboratory program supported the event with quality control of the HIV testing and commodities management.

### **CHALLENGES**

- Stock out of test kits had a negative impact on the program during the quarter
- Flooding challenges that completely cut off some
- Security challenges within the States

### **NEXT QUARTER PLANS**

- Support SLQMTT to develop a work plan for 2013 in line with the strategic focus for the Task Team in the coming year
- Analysis of Integration baseline data
- Host the National Laboratory Stakeholder forum
- Conduct a corrective action in conjunction with laboratory staff in any laboratory found to have performed poorly in the Internal Quality Assessment and External Quality Assessment schemes for both HIV serology and CD4 enumeration
- Support and facilitate the proposed switch of EQA panels’ providers
- Ensure Continuous monitoring of EMS NIPOST DBS Transport system
- Repair all faulty equipment
- Support the project’s and organization ongoing transition and rationalization moves.

### INTRODUCTION

Axios Foundation is the commodities logistics partner on the ProACT Project. The key mandate of Axios as the supply chain management partner in the LMS-ProACT project is ensuring reliable availability of diagnostics, ARVs, and drugs for prevention and treatment as well as other consumables at designated health facilities in the six states being supported by the project. The organization is also responsible for strengthening of pharmaceutical care, Pharmacy Best Practice (PBP), and development of a pool of locally-based Health Facilities Leaders and Managers with capacity and capability to become recognized in their own fields and be able to mobilize stakeholders from across the health community to ensure local ownership, create sustainable health solutions, maintain high standards, and better respond to changing needs and challenges to help advance the quality and impact of program implementation. During the reporting period, Axios ensured that all inventory tools across the facilities were updated promptly, pallets were supplied to facility stores, and staff were mentored on the principle of making sure that commodities were dispensed based on First to Expire, First Out. The section below highlights in greater detail key activities implemented, successes achieved, and challenges encountered during the quarter under review.

### Commodity Management

To maintain an uninterrupted availability of health commodities, the SCMS Team provided technical support to the thirty Comprehensive Care and Treatment (CCT) facilities on data entries, collation, validation, generation, and collection of bi-monthly reports for the September - October review period. Stock balances were physically verified at the Pharmacy, Laboratory, and other service delivery points. Commodities replenishment for Laboratory reagents and drugs were dispatched from Central Program warehouses



to all comprehensive sites across the six states. This ensured improved availability of drugs, diagnostics and treatment monitoring reagents, and other consumables, thus ensuring improved service delivery at the sites.

In Kwara state, the quarter commenced with strengthening health commodity management for Laboratory and Pharmacy. The strategy adopted was to use the monthly Patient Care Team meeting to promote the use of Opportunistic Infection (OI) medication not prescribed often by re-emphasizing the need to adopt the best way of increasing their uptake which includes sharing lists of opportunistic infection medicines from recent supplies alongside details of available medications in the Pharmacy with the clinicians. The forum was also used to highlight issues of low uptake of certain categories of medicines as follow-up clients are mostly seen by nurses thereby leading to poor prescription of some OI medications.

## **Integrated Supply Chain Management**

To ensure adequate inventory quantities of commodities, and to maintain a responsive distribution system throughout the facilities the Axios, staff supported the State Program Depot at Central Medical Stores Minna to take delivery once within the quarter to boost the stock status of the commodities.

During the quarter, the SCMS specialists visited all the MSH supported HIV/AIDS CCT sites for retrieval and validation of Pharmacy and Laboratory bimonthly reports. Feedback emanating from the past bi-monthly reports from the facilities was shared with the focal persons for the purpose of making continuous improvements. Based on the reports, orders were placed for commodities. Some minimal level of redistribution of commodities between health facilities was carried out to curb stock outs and reduce expiration of commodities to the barest minimum. The prevailing security situation in the North-Eastern part of the country adversely affected the distribution of commodities during the month of December 2012; ARVs and OI drugs that were meant for FRH Ibi could not be delivered to the facility due to security challenges at Ibi town as a result of a violent crisis which led to loss of lives and destruction of property. The drugs were kept at MSH field office Jalingo, and were later delivered to FRH Ibi within the month December 2012 when the security situation improved. The security challenge affected services at FRH Ibi at all levels.

## **Capacity Building**

In Kogi State, the Program facilitated some sessions on Pharmaceutical care/logistics at a training supported by the State Ministry of Health (SMoH) and coordinated by the State AIDS Control program (SACP) unit of the Ministry. Participants included pharmacist/pharmacy technicians from the state Central Medical Store, facility staff supported by MSH, and other IPS. The forum was used to discuss issues and the way forward regarding ARV drug management, patients' non-adherence to ARV, and the need for procurement of OI medicines to be dispensed free to clients in a bid to support ownership and sustainability of the HIV program.

On-site mentoring of PMTCT facility staff on ARV drug management, documentation and generation of PMTCT bimonthly utilization report was conducted in the quarter.

## **GOOD PHARMACY PRACTICE**

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### **Substitution of Truvada (TDF/FTC) with Tenolam (Tenofovir/Lamivudine)**

The SCMS team undertook a program-wide review of the consumption trend and ART regimen distribution of clients during the review period. The analysis of current client load versus Tenofovir drug availability revealed that the quantity of Truvada (Tenofovir/Emtricitabin combination) available within the system would not be sufficient to fill the orders for the next distribution cycle. This was due to the non-availability of Truvada at the pooled procurement mechanism. To counter this gap, the Project implemented a strategy of migrating all patients on Truvada to Tenolam – a strategy that is consistent with the national treatment guidelines and with PEPFAR recommendations.

In collaboration with the clinical team, the migration process was implemented seamlessly by holding orientation meetings with a multi-disciplinary team at central level with field office personnel in attendance, at which differences in packaging and physical properties were noted. Also discussed were the key messages to clients that it is a drug substitution and not a regimen switch. PEPFAR had in the past advised IPs to migrate patients using TDF from TDF/FTC to TDF/3TC largely because they are bioequivalent with similar therapeutic profiles, but TDF/3TC is significantly more cost effective. They were also advised to report any adverse events using the pharmacovigilance forms already available at the facilities and to notify the Clinical Care Specialist or State Logistics officers as soon as possible. There were no Adverse Drug Reactions reported during the quarter, which is in line with the low detection rate being observed across the program.

### **Implementation of service integration model at General Hospital Bida**

In 2011 the program commenced baseline assessment of five facilities for implementation of a model facility concept which was proposed as a model for service integration. The Pharmacy component of the assessment was implemented and a report shared for State Specialist Hospital (SSH) Jalingo. Phased implementation was started in Q3 of 2011 at this facility.

In line with the PEPFAR planned regionalization/rationalization concept, a team of SMOH/SHMB and program staff conducted a baseline assessment of the General Hospital Bida facility in December 2012. With the high level of acceptance demonstrated by the state team during the assessment, it is hoped that the state will embrace the plan for increasing quality of services. An action plan is to be developed by the joint team as an outcome of the activity.

General Hospital Bida Pharmacy recently acquired an additional storage space to improve on the existing one. The newly activated compounding room is now fully functional, for the benefit of the hospital patients.

### **Technical Support to Niger SHMB on Quantification of OI Medicines**

Support was provided to State Health Management Board (SHMB) to extract data needed for quantification of its essential medicines.

Out of 108 reports expected from 18 facilities in six months (January – June 2012), 95 (88%) were submitted. 85 (89%) of the submitted reports contained the required essential data (submitted with the use of correct template) while 10 (11%) of the submitted reports were incomplete.

All the reports submitted have been extracted and compiled in a usable format.

**Challenges:** General Hospital Suleja is a high yield facility on SHMB Drug Revolving Fund but submitted only one monthly report out of the six monthly reports expected from the facility.

**Next Steps:** To share the extracted logistics data with the quantification team and follow up on the DDPS Hospital Management Board on a date for the Quantification Team Meeting.

### **Establishment of Technical Working Group on Logistics**

In an effort to establish coordination platforms for Logistics activities at Adamawa, Taraba, and Kogi SMOHs, advocacy and sensitization meetings were held with key stakeholders in the three States. In Adamawa State, the Honorable Commissioner of Health approved the inauguration of the Technical working group on Logistics. The Permanent Secretary was delegated to inaugurate the group with the Director of Food and Drugs as Chairman. The committee has 15 members including other HIV implementing partners. The Terms of reference allows for the co-opting of other members on an ad-hoc basis.

The committee agreed to kick-start activities with a Strengths, Weaknesses, Opportunities and Threats analysis of the entire logistics system in the State, the outcome of which will be used to develop an action plan for future activities. A sub-committee was appointed to undertake the task. Other Implementing partners including FHI360 are actively involved in the activities as they are expected to support the process once the PEPFAR rationalization takes effect.

In Kogi and Taraba States, considerable progress has been made following advocacy and sensitization as they are at the brink of announcing dates for inauguration.

### **Computerization of Hospital Services at Kogi State Specialist Hospital, Lokoja, Kogi State**

Computerization and networking of all departments of Kogi State Specialist Hospital, Lokoja by the hospital management has since been completed and is currently in use. Information of all new patients is managed on the e-platform while old patients are still being managed on the

manual/paper based documentation. Plans are on the way to migrate the old patients in phases and this will include all those enrolled into HIV/AIDS programs. Project medicines and laboratory investigations, which come to the patients at no cost, are expected to be inputted into the software in the next quarter. Plans are underway for modification of the software to include project medicines (ARVs and OI medications) and posting them at zero cost to the client as other commodities on the software are costed.

#### **Update on Laboratory Equipment Database**

As part of the services provided in the program, Axios is to maintain a database of all the equipment available at the Health facilities including their operational status, which will be reported periodically to MSH. During the quarter under review, the SCMS Team visited all comprehensive sites to take inventory of available machines for the purpose of documentation in the database. This information includes installation documents as well as equipment maintenance information which has been updated on the database and shared with MSH country office for the purpose of verification and record keeping.

#### **Waste Management**

During the quarter, the entire stock of separate Atazanavir and Ritonavir tablets expired, due in part to prescription apathy on the part of the clinicians who did not seem to prescribe them to the patients in line with previous projections. The expiry was minimised by redistribution and outright donation to another IP. The expired Atazanavir and Ritonavir have been withdrawn along with other expired drugs, documented, and quarantined awaiting evacuation from the facilities.

### **CHALLENGES**

- Insufficient storage infrastructure such as shelves and pallets in many facilities
- Breakdown of air conditioners at several locations
- Low ADR identification and reporting across the states

### **NEXT QUARTER PLANS**

- Collaborate with Clinical Team to generate demand for the use of Atazanavir/r through awareness creation on the comparative advantages of Atazanavir/r over Lopinavir/r
- Inclusion of Atazanavir, Ritonavir and Atazanavir/r on the Pharmacy order form to be printed subsequently
- Improve the portfolio of OI medicines available on the program
- Continue to build capacity of the Health Facility workers to improve their ability to prescribe as well as identify and appropriately report ADRs

### INTRODUCTION

During the quarter under review, the M&E unit continued to focus on activities that strengthened data documentation, reporting, and use with the goal of improving decision making and enhancing the quality of service delivery in MSH-supported health facilities. These tasks were achieved through provision of on-site technical assistance and supportive supervision across MSH-supported sites. The M&E team also provided critical information which guided discussions on the rationalization process with USAID and other partners.

#### Highlights of activities:

- Facility staff capacity to collect and report data from the service delivery points to MSH and the government of Nigeria has significantly improved in 2 states (Niger and Kogi). As a result MSH staff no longer have to collect the data from the facilities themselves – it's brought to MSH by facility staff and usually with minimum or no errors. The same process has been initiated in 2 additional states of Taraba and Adamawa.
- Renewal of CBO sub grantee contracts to facilitate the implementation of OVC, prevention, and care services in two focus states of Taraba and Kogi States, to improve service coverage and build institutional capacity
- M&E Specialist in Kogi State provided technical support to Kogi SACA to facilitate and build capacity of government staff on the new HIV/AIDS Health Management Information System (HMIS) tools and the District Health Information System (DHIS) 2.0 platform
- Data use for decision making now becoming a practice in Adamawa state facilities, which helps ensure that routine data now drives decision making for improved service delivery and patient care

The section below highlights key activities implemented, successes achieved, and challenges encountered during the quarter under review in greater detail.

### ROUTINE MONITORING & EVALUATION AND SYSTEM STRENGTHENING ACTIVITIES

#### Facility staff now reporting routine service statistics data

During the quarter, data collection and reporting went on as usual but it is worthy to note that the M&E Unit has applied in 4 states a key exit, ownership and sustainability strategy that not only builds capacity of the medical records officers in data collection and reporting but also significantly reduces the cost also, while we note that Niger and Kogi states have advanced on this strategy, Taraba and Adamawa States are emerging and have bright prospects. This strategy now involves data collection and reporting to the ProACT MSH M&E Specialist solely conducted by the medical records officers or data clerks from the comprehensive facilities on a monthly basis, while the M&E specialists at the end of each quarter conducts data validation before submission to MSH country office. This has significantly improved the capacity of facility staff in collecting data while also providing them better understanding of their M&E roles and the program. Plans are in process to adapt this strategy to other states.

## **SPECIFIC MONITORING AND EVALUATION ACTIVITIES**

### **Technical support to Kogi SACA in facilitating the DHIS & harmonized new HIV HMIS tools training to Health Facility Staff**

During the quarter, the M&E Specialist in Kogi State provided technical assistance to KOSACA during the state training on the DHIS and the formalization of the new M&E tools. The training took place in Lokoja from the 19th to 24th November 2012 and had 2 major goals: 1) building and training a pool of human resources in Kogi State skilled in the use of the eNNRIMS-DHIS 2.0 platform for effective and efficient facilitation of data entry at the Service Delivery Point (comprehensive and feeder sites), Line-Ministry and Civil Society Organization level, and 2) building capacity of participants on the application of Harmonized National HIV and AIDS Data Capture Tool in the management of the collection HIV and AIDS routine data.

The training also provided a platform to: 1) inform participants of the deployment and implementation of the eNNRIMS-DHIS 2.0 data entry platform in Nigeria, 2) promote the use of the Harmonized National HIV and AIDS Data Capture Tool amongst implementing partners, and 3) encourage Implementing Partners' support to SACA, SMoH, and service delivery points on effective use of the Harmonized National HIV and AIDS Data Capture Tool for HIV and AIDS data collection methodologies. At the end of the five-day workshop, 37 participants (14 female and 23 male) from health facilities, line-ministries and CSOs were trained. It was noted that the DHIS data entries are now done monthly by facilities' staff from using their laptops and internet modems.

### **Data Use for Decision Making in Cottage Hospital Fufure & General Hospital Ganye**

The M&E team in Adamawa State advanced the "data use for decision making" process in Cottage Hospital Fufure this last quarter, by helping the facility to begin utilizing the monthly routine data to guide decision making for improved service delivery and patient care. Currently, the facility M&E officer collects and presents data to the facility management during their meetings and also during Performance Based Financing project meetings. Though this strategy is still nascent, it has the potential to improve the health system while promoting ownership and sustainability. In addition, the M&E team was part of the Adawama state team that visited General Hospital Ganye in December 2012 for the first time post activation in July 2012. During the visit, the M&E team presented to the hospital management the results and achievements from inception, i.e. from July-November 2012.

Matters of concern raised in the M&E presentation included the following:

- Counseling and testing not done in TB DOTS, which is supposed to be one of the major entry points for HIV/AIDS counseling and testing
- EID results not received; only 1 out of the 23 samples sent from July to November has been returned
- Decline in the number of children receiving pediatric care and treatment
- Decline in the number of HIV positive clients screened for active TB at enrolment using TB symptoms checklist; every newly exposed client is supposed to be screened for TB at enrolment

## CHALLENGES

- The ongoing rationalization of states and plans by MSH to transition out of Kogi, Taraba and Adamawa states has resulted in the reprioritization of key M&E activities in these states, hence this has affected the number of activities to be implemented there.
- Operations Research: Due to the ongoing rationalization of states by the USG, MSH was unable to conclude plans to implement two operations research activities which were focused on measuring the success of the electronic medical records (EMR) system in SSH, Jalingo, and the evaluation of the integrated and vertical HIV service delivery models in MSH ProACT-supported.
- USAID is yet to give ProACT its FY13 targets, this limits our ability to report, plan and implement our programs

## NEXT QUARTER PLANS

- **HIV HMIS training:** The M&E Team will conduct a M&E training in Kogi State for 24 data clerks and 12 M&E team members from MSH supported facilities in Niger, Kwara, and Kebbi 21<sup>st</sup> of January – 1<sup>st</sup> February 2013. The training will focus on building capacity in the use of the national HIV HMIS tools and will be offered to two groups to maximize concentration and learning.
- **Data Demand and Information Use:** The M&E Team will conduct a Data Demand and Information Use training in Kogi State for Heads of Department of Medical records and selected units and 12 M&E team members from MSH supported facilities in Niger, Kwara, and Kebbi during the last two weeks of February. The training will focus on building capacity in the use of the national HIV/AIDS HMIS tools, use of routine data for decision making, and the use of the DHIS in generating data for decision making. It is hoped that at the end of the training, ProACT will provide computers to the facility staff to ensure that they are able to practice what they have learnt.
- **Support for the rationalization process:** As the plans for rationalization unfold, the M&E unit will continue to provide support to ensure a smooth transition.
- **Operations Research - Implementation of the Mortality Review Study:** The M&E unit will use the M&E training to train the facility staff on the questionnaire to be used for the mortality review study. The mortality Review Study will take place immediately after the M&E training, and the goal is to conclude the research and report writing by April.

The goal of the ProACT project is to build the capacity of Nigeria's public, private and community sectors for sustainable HIV/AIDS and TB prevention, care, and treatment. In our effort to create vibrant partnerships, the project has continued to view all stakeholders, whether government officials, civil society organizations, or community leaders, as partners in the mitigation of HIV/AIDS in our communities. To further this goal, the ProACT project issued 13 grants to indigenous CSOs in Kogi and Taraba states in June 2010. These one-year grants aimed to support community HIV/AIDS services to complete the continuum of care and support for People Living with HIV/AIDS (PLHIVs) and to increase and expand HIV prevention activities in these communities. Each grantee received \$10,000 to implement one or more of the following three subjects: HIV prevention, orphans and vulnerable children (OVC), and home-based care. In addition to the grant itself, MSH provided capacity building support in the technical areas of the grant as well as project management, financial management, M&E, and report writing.

With the successful implementation of the first phase of the grants cycle, the second phase commenced in December 2011, with a request for expression of interest from CSOs working in the area of HIV/AIDS in the six focus states. Seventy-eight CSOs indicated interest, out of which 63 submitted the prequalification questionnaire. Of these, 41 CSOs were prequalified for the pre-survey assessment. Following the pre-survey assessment, two CSOs from Niger and three each from the other focus states were invited for a startup technical training workshop on proposal writing and work plan development. A total of 16 proposals were received from all the six states but due to USAID/CDC rationalization, proposals from Taraba, Adamawa and Kogi were dropped at the end of the exercise. The following CSOs were recommended for the prevention grant:

- Mindset Community Development Initiative, Kebbi
- Bright Capacity Initiatives for Community Enhancement, Kebbi
- Living Care Community Development Foundation, Kwara
- Healthy Living Promoters, Kwara
- Physicians (Doctors) for Social Justice, Niger

### **Eight CBO grants renewed following approval by USAID**

Eight of 13 CBOs with outstanding performance during the first phase of the grant cycle implemented in Taraba and Kogi states were selected for renewal following approval by USAID. These CBOs were supported to develop scope of work and budget to implement OVC, Care and Support and Prevention services in ProACT target communities in Kogi and Taraba states. This process was finalized with the submission of a scope of work and budget by the CBOs and signing of the MSH agreement document. To further strengthen the capacity of the partner CBOs, two grants to cover different program areas were awarded to each of the CBOs to provide a mix of services to the identified target population: OVC and Care and Support services, Care and Prevention services, Prevention and OVC services depending on the capacity of the organization. This brings the total number of grants awarded to 16.

### **Ongoing Capacity Building for Grantee CBOs**

To ensure the delivery of quality services to the target beneficiaries, a number of capacity building trainings were provided to the CBOs, including: Financial management, M&E, report writing skills, stakeholders analysis, and resource mobilization. Training of Trainers were offered on OVC services, Care and support for People Living with HIV/AIDS, family life and HIV education, and Peer Education-plus and HIV testing and counseling.

During the quarter, the 8 grantee CSOs received various technical assistance and support from MSH through trainings, ongoing mentoring, coaching and supervision to enhance the quality of services being delivered in the communities. In addition, the ProACT Grants team has been working with State Team Leaders and their teams of Technical Specialists in carrying out monthly visits to the grantees to provide ongoing review, mentoring, and coaching in budgeting, internal management, implementation, and monitoring and evaluation. The new prevention grantees have also received training in proposal development and resource mobilization.

#### **NEXT QUARTER PLANS**

- Continue mentoring, coaching and supervision to enhance the quality of the OVC, Care and Support and Prevention Services.
- Follow up on monthly and quarterly reports from renewed grantees
- Scope of work and budget development training for new prevention grantees
- Pre-survey assessment for those CSOs that will be prequalified for grant.

# One Folder, One Room, One Record System



## Adamawa State, Nigeria

“I am very happy with the one folder system; it has reduced stigma and discrimination considerably and there is now enough ventilation for both patients and records unit staff,” enthuses Esther Joshua. Esther is one of more than 1,700 People Living with HIV who are accessing treatment and care services at the General Hospital Michika, a government hospital in Adamawa State, Nigeria. These services are facilitated by MSH under the PEPFAR-USAID funded Prevention Organizational Systems AIDS Care and Treatment (MSH Pro-ACT) project. Like other MSH/ProACT-supported government hospitals in the state, General Hospital Michika once kept patient records with hand-held cards (and pieces of paper), which were poorly stored and organized. Each unit maintained a stand-alone record system, with a different type of record system (folders introduced by MSH) used for HIV/AIDS patients’ records. Initially, retrieval of HIV records was clumsy because even though the folders were kept separately from other patient records, they were often not properly kept and were easily lost. It also exposed HIV/AIDS patients to stigma and discrimination since their folders were all kept in one identifiable place.



To address this problem, the MSH/ProACT Adamawa State Team, organized a series of advocacy visits to the State Hospital Services Management Board and the State Ministry of Health. ProACT advocated for introduction of a “one hospital folder system” for all categories of patients and one hospital records room in all government hospitals in the state. Having a uniform record system improves access to patient folders, reduces stigma, and helps to prevent loss or misplacement of patient records. The State Government approved the request and directed all hospitals to start using the new system for in-patient records and extend it to out-patients later.



*The hospital records section after integration. Above, the same section before integration*

Following the directive, MSH/ProACT supported General Hospital Michika to integrate HIV/AIDS patient records and records from all other units into one patient records system, using proper

folders. The team facilitated meetings with the hospital management and records department staff to discuss how to achieve the goal and the roles each person would play in the integration process.

Within three months, all patient records were successfully integrated and organized in one single room. HIV/AIDS and non-HIV/AIDS patients now use the same kind of folder, which eliminates stigma and discrimination, and improves access to patient folders by authorized persons only. Doctors can now get all the information they need about a patient in one single folder as each patient's records have been merged into one folder. HIV/AIDS patients in the hospital are pleased with the harmonized records system, as the integration has helped in organizing patient folders, providing more work space and better environment for the facility data and records staff. "*Wurin yayi kyau so sai* (meaning this place is very nice), everything is easy to locate," says Mrs. Hapsatu Ardo, Head of Department Medical Records. The records staff members now have the opportunity to learn from each other now they are all seated in the same room. "Sorting folders is very easy now, patients have a place to sit and wait, and we have started learning each other's work," says Wulha Moses, M & E Data Clerk at the hospital.

Following this successful integration effort in General Hospital Michika, other MSH/ProACT supported sites in the State have requested support to integrate their records systems, and the project is already extending support to some of the sites.