

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

Quarterly Progress Report, September – December 2013

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

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

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**Leadership, Management and Sustainability Program, Nigeria
PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND
TREATMENT PROJECT— Pro-ACT**

Quarterly Progress Report, October – December 2013



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

Cover photo caption: As part of activities to commemorate the 2013 World AIDS Day, MSH in partnership with the Niger State Government conducted HTC outreaches in Minna metropolis in Niger state.

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TABLE OF CONTENTS

<i>Acronyms</i>	4
<i>About the Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT)</i>	6
<i>Executive Summary</i>	8
<i>National Level Activities</i>	10
<i>Kebbi State Activities</i>	12
Health System Strengthening	12
Clinical HIV/AIDS Services.....	13
Laboratory Systems.....	14
Community Care, OVC, and Prevention Services	15
Logistics and Supply Chain System Management	18
Monitoring and Evaluation.....	19
<i>Kwara State Activities</i>	21
Health System Strengthening	21
Clinical HIV/AIDS Services.....	23
Laboratory Systems.....	24
Community Care, OVC, and Prevention Activities	25
Logistics and Supply Chain Management Services.....	27
Monitoring and Evaluation.....	28
<i>Niger State Activities</i>	29
Health System Strengthening	29
Clinical HIV/AIDS Services.....	29
Community Care, OVC, and Prevention Services	30
Logistics and Supply Chain Management Services.....	32
Laboratory Services.....	34
Monitoring and Evaluation.....	35
<i>Sokoto State Activities</i>	37
Health System Strengthening	37
Clinical HIV/AIDS Services.....	38
Laboratory Systems.....	39
Community Care, OVC, and Prevention Services	40
Logistics and Supply Chain Management Services.....	41
Monitoring and Evaluation.....	43
<i>Zamfara State Activities</i>	45
Health System Strengthening	45
Monitoring and Evaluation.....	46
<i>Pro-ACT Monitoring And Evaluation PMP FY'14 Quarter 1</i>	48

Success Stories.....53
Fadama is Working! MSH Supported Groups of PLHIV get \$28, 125 Grant to Improve Income Generation.....53
Kogi State, Nigeria Recognizes ProACT Project for its Contributions to Scaling-down HIV/AIDS in the State55
Appendix 1: Mobile App/Feedback Loop for Systematic Data Collection of LDP+ and Results..57

ACRONYMS

AB	Abstinence Be faithful prevention strategy
ACT	AIDS Care and Treatment (MSH Project that preceded Pro-ACT)
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 and 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)
Pro-ACT	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

ABOUT THE PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE AND TREATMENT PROJECT (PRO-ACT)

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 and AIDS, infectious disease, and maternal and child health. In Nigeria, the LMS Program implements the Prevention organizational systems AIDS Care and Treatment Project (LMS Pro-ACT), a PEPFAR funded associate award with the goal of building the capacity of Nigeria's public, private, and community sectors for sustainable HIV and AIDS and Tuberculosis (TB) prevention, control, care, and treatment. LMS Pro-ACT began operations in August 2009 taking over from the AIDS Care and Treatment (ACT) Project that started in October 2007. Up to July 2013, Pro-ACT supported 6 state governments in Kogi, Niger, Kwara, Kebbi, Adamawa and Taraba states, and operated 30 comprehensive HIV and AIDS treatment centres. In August 2013 the project got a modification which extended its life by one year and changed the geographical focus to the five states of Niger, Kwara, Kebbi, Sokoto and Zamfara. The project now supports 40 comprehensive HIV and AIDS treatment centres. With its main office in Abuja, Nigeria, Pro-ACT is decentralized to the state government level and has offices in each of the 5 states that bring technical support closer to the areas of greatest need.

Pro-ACT Project
Quarterly Progress Report
October-December 2013

ACTIVITY SUMMARY
Implementing Partner: Management Sciences for Health
Activity Name: Leadership Management Sustainability – Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT). Management Sciences for Health (MSH)
<p>Activity Objective: To build the capacity of Nigeria’s public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated with the health system:</p> <ol style="list-style-type: none"> 1. To increase demand for HIV/AIDS and TB services and interventions, especially among target groups. 2. To increase access to quality HIV/AIDS and TB services, practices, and products in selected states 3. To strengthened public, private, and community enabling environments
USAID/Nigeria SO: SO 14 (Increased Nigerian Capacity for a Sustainable HIV/AIDS and TB Response)
Life of Activity (start and end dates): July 16, 2009 – July 15, 2015
Total Estimated Contract/Agreement Amount: \$81,191,741
Obligations to date: \$48,280,411
Current Pipeline Amount: \$2,576,717
Accrued Expenditures this Quarter: \$2,930,174
Activity Cumulative Accrued Expenditures to Date \$45,703,694
Estimated Expenditures Next Quarter: \$2,657,450
<p>Report Submitted by: Makumbi Med, Project Director</p> <p>Submission Date: <u>January 30,2014</u></p>

EXECUTIVE SUMMARY

In Nigeria, Management Sciences for Health (MSH) through the USAID funded Pro-ACT project continues to support the government of Nigeria in the scale up of HIV care and treatment services in five focus states. Pro-ACT 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*.

The period Oct – Dec 2013, marked the first full quarter since Pro-ACT inherited facilities from other IPs and started operations in the two new states of Sokoto and Zamfara following the rationalization process. As at the end of the quarter, the project supported a total of 292 facilities across the five states and several achievements were realized.

During the quarter, a number of new staff were recruited to fill both the new positions arising from the project's expansion and the vacant positions formerly held by staff who left the organization. A total of 31 staff were recruited by the project during the quarter and all these, except two, are based in the state field offices across the five states. Though there were some vacant positions that were yet to be filled by the end of the quarter, the new hires have boosted the project implementation capacity, and we are now well placed to provide the required support to the governments, supported facilities and communities in the five states as laid out in the project's Year 5 work plan.

During the quarter, the project set up project offices in both Zamfara and Sokoto – the new states the project moved into recently. Suitable premises were identified and leases were signed with landlords who ensured that they complete all the necessary renovations and refurbishments in time. By the end of the quarter our field teams had moved into the new offices and these are now up and almost fully functional. The relationship with stakeholders in the states continued to be strengthened during the quarter and MSH Pro-ACT is now consolidating its Lead IP role not only in the new states but also in the 3 older states of Niger, Kwara and Kebbi.

Part of the Lead IP role in the quarter involved providing support to the process of the formation and inauguration of the HIV State Management Teams. Several activities across the five states including holding discussions with key stakeholders and engaging the SACAs and the SITs on the modalities of the SMTs were conducted. In these meetings it was agreed that SITs will be the technical/implementation arms of the SMTs. As a result of these efforts, SMTs in Kwara and Sokoto state are now scheduled to be inaugurated in February this year. Work to get the SMTs in the other three states up and functional is under way and they will be in place in March this year.

With the increase in the number of supported sites and to ensure that all facilities receive adequate technical support and timely report their data - the project came up with a strategy of clustering facilities in meetings for both data collection and technical assistance. In this strategy, focal persons from a number of facilities are brought together in a meeting, where their data is extracted and also where technical support in several areas is provided. As a result of this strategy it was possible to collect most of the data from a large number of supported facilities within a relatively short time and to simultaneously offer critical technical support to a wide range of providers. The project is also piloting the use of mobile phones in data reporting in selected communities and facilities – this is expected to address the challenge of timely reporting especially by hard to reach facilities.

Regarding the project performance against targets for the quarter, the project performed well in some areas and not so well in others. Good performance was registered in prevention where 326% of the quarter's target was realized, in HCT where 78% was achieved and in PMTCT (pregnant women counselled, tested and received their results) where 53% of the quarter's target was realized. Part of the reason why the quarter's targets were not fully realized was that activities in the

states tend to slow down in December due to Christmas and end of year holidays. Also affecting performance during the period was some industrial actions in some states like the health workers strike in Zamfara. Performance was not so good in HIV/TB related indicators – particularly TB screening for HIV+ where we achieved only 33% of the quarter’s target. The major reason for this low figure is the nonexistence or weak systems for capturing data relating to this indicator in the new sites that were inherited from other IPs through the rationalization process. The delay in getting all the critical staff on board also led to the less than optimal performance in some of the program areas. Now that we have most staff on board, and systems for data capture and reporting are being put in place in all supported sites, we expect significant improvements in these indicators in the coming quarters.

The next sections of the report provide highlights of the major activities conducted during the quarter both at the national level and in each of the five project states.

NATIONAL LEVEL ACTIVITIES

Within the quarter, MSH Pro-ACT project continued to provide technical assistance (TA) to enhance capacity of national and sub-national levels of government towards improving the coverage and quality of integrated comprehensive HIV/AIDS services within assigned states. We worked closely with government partners through the HIV/AIDS division of the FMOH, the National Agency for the Control of AIDS (NACA) as well as the State agencies and Ministries of Health. Activities were also implemented to build the capacity of CSO partners to respond effectively to the HIV and AIDS epidemic in their respective states. Notable achievements during the quarter are highlighted below:

- **MSH successfully hosted a one-day stakeholders' meetings**
With the conclusion of the Rationalization process and the successful transitioning of health facilities previously supported by other USG IPs in the five focus states of Zamfara, Sokoto, Kebbi, Niger and Kwara, we hosted a one-day stakeholders meeting with the broad objective of acquainting relevant stakeholders with MSH, our approach to TA, and our role as lead IP and ongoing efforts towards transitioning ownership to the host government.
- **Status of implementation of 2013 state HIV/AIDS operational plan reviewed**
In the three focus states of Niger, Kebbi and Kwara, we continued to provide TA for harmonization of the 2014 implementing partners (IP) work plan into the state unified costed operational plan. Technical support was also provided to select LACAs and key line ministries to develop their 2014 costed operational plan to facilitate access to World Bank funds.
- **National Medical Laboratory Strategic Plan Validation Meeting**
MSH participated at the two-day validation and adoption meeting for the National Medical Laboratory Strategic Plan. The meeting, which was held in Abuja, aimed at validating the content of the document and its adoption for presentation and Ministerial approval. This sets the stage for the approval of the National Laboratory Technical Working Group which Pro-ACT has worked with the Federal Ministry of Health to have established.
- **Participation at national and USG convened meetings**
MSH actively participated at several GoN and USG convened TWG meetings. This included the USG PMTCT TWG meeting held from the 27th- 28th of November 2013. MSH was able to share its FY13 performance and best practices such as the Mother Mentors during this forum. Key meeting deliberations centered on the FY13 PEPFAR Nigeria PMTCT under achievement, finalization of the checklist for activation of PMTCT sites and poor adherence to TDF/3TC/EFV regimen. MSH also participated at the one-day meeting hosted by the National Tuberculosis and Leprosy Control Program (NTBLCP) in collaboration with the HFG Project, on the 10th of October, 2013, to share findings from the successful pilot of the GxAlert system to enhance management of DR-TB cases.
- **Monitoring and Evaluation**
 - **Supported national DQA, report writing, and data validation**
The emergence of the Global Fund Round 5 Project in Nigeria in 2006 made regular data review and periodic Data Quality Assurance/Audit (DQA) process a mandatory routine within the M&E system in the country. This is a shift from what the system was in the past. To continue to generate quality data for national planning and decision making, regular assessments are jointly conducted by stakeholders. M&E stakeholders agreed that there is a need to begin to conduct annual joint reviews of quality of HIV/AIDS program data. As a result of the agreement in 2007, Joint DQA

exercises commenced in 2008 under the leadership of NACA to identify challenges with the data management system and implement measures aimed at strengthening and improving data quality. MSH did not participate in previous national DQA exercises. For national visibility and relevance, MSH participated in the 2013 national DQA and report writing. We are currently participating in the upcoming national data validation exercise. MSH is supporting SACA in Niger, Kebbi, Kwara, Sokoto and Zamfara States to make the exercise successful. We will continue to support activities organized by the government of Nigeria (GON)

- **Developed a new database in line with current realities (CBO, LGA, State, Pro-ACT, Training and HSS/QI)**

The implementation of the rationalization process began in July with the hand-over of sites between FHI360 and MSH (USAID funded) with effect from July 1st 2013 and between MSH and other IPs in October 1st 2013. Post rationalization, the number of health facilities to be supported by MSH has increased to 292 in 5 states of Niger, Sokoto, Zamfara, Kwara and Kebbi. As a result of this increase and other changes, the M&E unit has developed a new database that tracks facility, LGA, State and MSH totals. Included in the database is the training and HSS/QI component. With the new PEPFAR Monitoring, Evaluation and Reporting (MER) guideline, the database will be modified again.

This quarter, activities were focused on strengthening the linkages between the hospital activities and community activities through the involvement of the SMOH, Directors Primary Health Care at the LGAs, traditional and religious Leaders. The State Office received 5 new staff that cover all the thematic areas: 2 Clinical Care Specialists, 1 Senior Laboratory Officer, 1 Community Specialist and 1 Community Care Officer.

Health System Strengthening

Inauguration of Joint Committee on Logistics Management

Following the donation of free drugs, consumables and kits by KEBBISACA to the State Ministry of Health, MSH and KEBBISACA with REPs of SMOH formed a committee that will monitor the distribution and utilization of these commodities. The committee will also strengthen the logistics system in Kebbi state and supervise and mentor the state on LMIS. The function of this committee is to make sure that the commodities get to the end users and are distributed appropriately and timely to avoid expiration. Pro-ACT provided mentorship to SMOH on the use of expired commodity log form and these expired commodities are kept in a special quarantine area until directive is given for retrieval from country office.

Implementing Partner's Forum (IPF)

Pro-ACT participated in a weekly IPF meeting. This meeting is led by the State Primary Health Development Agency. In the spirit of sustainability and ownership, MSH restructured the points of discussion in the IPF meeting to all areas of intervention, especially HIV, TB and Malaria. This was necessary to encourage other IPs' involvement that work on other interventions apart from Polio in the state. TWGs were formed and each chaired by Lead IPs of these services. This forum is made up of WHO, UNICEF, PACT, Ministry of Local Government and Chieftaincy Affairs, Directors Forum Kebbi state, CDC, MSH, SPHDA, Rotary International, Ministry of Women Affairs and others. Since the PMTCT scale up, the forum is extended to the PHCs and MCHs.

World AIDS Day

This annual celebration was carried out in Kebbi State and led by the Emir of Gwandu. Pro-ACT provided TA to KEBBISACA and SMOH through our supported CSOs to carry out mobile HTC, where they had 250 people counselled and tested - all of whom were negative. Project- supported CSOs carried out testing and counselling in some strategic places in the Birnin Kebbi. MSH made the celebration colourful with MSH branded T shirts and banners as the procession took place across the major streets of Birnin-Kebbi.

HSS Grants

HSS grants were provided to support the SHOM in capacity building and to reduce the effects of trained staff transferring out of MSH supported facilities. The SMOH will institute a training facility that will be training SMOH staff across all thematic areas in the state health institutions in HIV/AIDS and malaria service provision. The State Permanent Secretary in the Health Ministry and the Director of Medical Services and Training were invited to Abuja for a meeting to explain the rationale for the grant and to get their buy-in. This was followed by a state-level meeting and development of a budget for this activity. When fully operational, this will strengthen and increase the manpower base of the Ministry and improve quality service through adequate training of staff across all facilities.

Integrated Site Support Visit

As part of the health system strengthening activity, staff from the SMOH accompanied the team on an integrated site support visits to 7 PMTCT sites (MCH Lani, PHC Zaria kalakala, G H Bagudu, G H Kaoje, Koko Besse, Senchi memorial hospital, G H Wara) and 2 CCT sites (G H Yauri and G H Koko). The visit shed light on challenges facing the facilities and areas of technical support needed.

Clinical HIV/AIDS Services

Joint Supervisory and Site Support Visits

- Pro-ACT conducted a one- week joint supervisory and site support visit to two CCT sites (General Hospitals Yauri and Koko) and seven PMTCT sites feeding into these CCT sites (Senchi, Bagudo, Zaria-Kalakala, Besse, Lani, Kaoje, Warra). This visit involved all program staff in all the thematic areas. It also included an introductory visit with the hospital management and subsequent visit to all service delivery points to assess their work, provide support and mentorship to all staff and volunteers in the facilities.
- Pro-ACT conducted visits to the new CCT site – Federal Medical Centre, Bernin Kebbi and Sir Yahaya Memorial Hospital; for familiarization and introduction, also trying to set up a Quality Improvement Team in these centers for subsequent monthly meetings. These visits also helped the team understand that the center needed close monitoring and mentoring on new management protocols and use of new tools and registers. Pro-ACT also paid visits to the old CCT sites to provide mentoring and support as well as obtain data for IPT implementation from the pharmacy, and other monthly data from the M&E unit. The PITC Volunteers were also mentored for proper service delivery.

Quality Improvement Team Meetings

Quality Improvement Team meetings are held monthly in all CCT sites that we are supporting. In the reporting period, Pro-ACT was able to hold three such meetings in the old CCT sites – General Hospitals Argungu, Jega and Koko. The meeting for the new sites did not take place because their teams were still being constituted. Pro-ACT used this period to try to set up a team so that subsequently the meetings can take place monthly in the new sites (Federal Medical Centre, Bernin Kebbi, Sir Yahaya Memorial Hospital, Bernin Kebbi and General Hospital Yauri).

Pro-ACT also appointed a coordinator for the Quality Improvement Team in each site, who will organize, prepare and conduct the meetings to whom we will support to ensure retention and ownership.

Administration of Training Needs Assessment Questionnaires

PRO-ACT conducted a training needs assessment for the 6 CCT sites as directed by the Clinical Advisor with the use of questionnaires to be filled by two people per CCT site – the ART focal person and TB focal person. This was conducted and reports compiled for submission. This assessment will help plan and prepare for proper training and re-training of staff and volunteers in different service delivery points for best service delivery.

The newly inherited sites had staff that were still using outdated guidelines and tools to manage clients as a result of poor access to new guidelines and tools. The assessment showed that some facilities had trained staff that had been transferred and the current staffs were not yet trained while others, especially the newly inherited sites, had staff trained over 6 years ago. The training needs include quality improvement and TB/HIV infection prevention control.

Next Steps

Provision of continuous support/mentoring to all CCT sites and PMTCT sites individually and through joint supervisory and site support visits.

- As a follow up on some of the challenges discussed during the Quality Improvement Team meeting; conduct a meeting with the PMO of General Hospital Jega, Argungu and Yauri on more involvement of Doctors in Clients review during appointments.
- Complete the set-up of Quality Improvement Teams in the new CCT sites and fix dates for the next monthly meeting.
- Conduct Quality Improvement Team meetings for all CCT sites monthly in the next quarter.

- Pay advocacy visits to stake holders and related ministries and organizations for improved and better service delivery.
- Monitor closely the tracking teams in all the old CCT sites and activate the tracking team in the new sites and ensure they have better response and returns to curb the menace of LTFUs.
- Participate in all other activities as required in the country and state offices.

Laboratory Systems

Pro-ACT conducted a familiarization visit to all existing and inherited sites in Kebbi State in December. Issues identified during the visits include the following:

- CD4 done only once a week in Yauri General Hospital
- Client intake forms and work sheets not in use in some test points in facilities inherited and newly activated sites visited
- In all inherited sites, except PMTCT and CCT sites visited, none are doing DBS sample collection
- No trained HCT counsellors in the laboratory of most of the inherited sites visited
- In PHC Lani, a newly activated PMTCT site, they have poor waste segregation and management.
- Onsite training on waste segregation and management was conducted with a few staff available during the visit and a follow up plan. It is still suggested that training on waste segregation and management should be conducted for all the newly activated PMTCT sites in the state.

Logistics management

Within this reporting period, efforts were made to reduce stock outs of reagents especially for CD4 count, chemistry and haematology analysis and RTKs even though stock outs couldn't have been avoided totally due to delays from Abuja and incomplete supplies. Efforts were made to ensure speedy delivery of consumables immediately as they arrive at the field office and facility staff were encouraged and supervised to always update their tally sheets and give proper account of the use of these consumables.

EID services

Within the reporting period DBS samples were collected from facilities and forwarded in a timely manner to Abuja. Some of the results are still awaited. However, for all other inherited CCT Sites (General hospital Yauri, Sir Yahaya Memorial hospital and FMC Birnin Kebbi), and newly activated PMTCT sites, DBS samples have not been collected due to unavailability of DBS bundle kits and trained personnel. Plans are already on the ground with the Supply Chain Management Specialist to acquire DBS bundle kits and to organise onsite training on DBS sample collection for these sites.

Record keeping at facility level

Several supervisory visits were paid to facilities to oversee and mentor staff to improve their commitment and skills in updating of records and use of proper reporting tools for records and documentation such as the tally cards, daily work sheets, HCT registers, HCT client intake forms, general registers for CD4, haematology and chemistry analysis, and EID registers, at all test points. Adherence to HTC guidelines has been stressed and encouraged by Pro-ACT staff.

Quality Assurance Programs

Internal quality assurance panels have been sent to all supported facilities in Kebbi State (old sites). Final results from Niger indicated that all Pro-ACT supported facilities received 100% score. Plans have been put in place to involve the newly inherited sites for this activity in the next quarter. Internal quality measures have been advocated, encouraged and supervised at the facility level.

Challenges

- Equipment down time.
- Incomplete supplies of consumables.
- Faulty UPS and inverters have been contributing to reoccurring equipment breakdowns.
- No trained HCT counsellors at some facilities in some units such as blood donation have been serving as barriers to quality HTC services delivery.
- Long turnaround time for DBS results remains an issue.
- No DBS bundle kits in all the inherited CCT sites.

Next Steps

- Efforts will continue to be made to ensure complete supplies to facilities by liaising with the SCMS staff to ensure all laboratory reagents, RTKs and other consumables are provided.
- Continuous quality supportive supervision across the sites
- Plans to have the laboratory system specialist and officer be part of activities with engineers to carry out maintenance and repairs. This will help in designing/follow up of uniform maintenance schedule across the state.

Community Care, OVC, and Prevention Services

In this quarter Pro-ACT's HTC and M&E teams provided supportive supervision and mentoring to CSOs, their Community Peer Educators and LACAs to conduct advocacy to community stakeholders to facilitate outreaches, HTC services and PMTCT uptakes. The activities created an opportunity for MPPI services to the general population and MARPs. These activities were carried out to meet the national standard practice ensuring that beneficiaries receive Combine Prevention Interventions (CPI) – a combination of behavioural, biomedical and structural interventions.

Bright Capacity Initiatives for Community Enhancement, Nigeria (BCiCe –Nigeria) and Mindset Community Development Initiatives (MISCODIN), Pro-ACT sub-grantees, collaborated with the Ministry of Education, Gwandu and Koko LACAs and facilitated teachers FLHE programs and in-school non-curriculum based activities (HIV Clubs, sport, drama, debates and quiz). The State HIV Prevention specialist mentored the two CSOs and their respective LACA coordinators on Combine Prevention Intervention (CPI) to ensure approach was properly facilitated by CSOs Prevention coordinators during Peer review meetings for quality MPPI.

Condoms and Other Prevention

In this quarter, Pro-ACT provided TA to Kebbi-SACA and non-grantee CSOs (AHIS) to take the lead on the ongoing emergency interventions (biomedical, structural and behavioral) being carried out at the high prevalence Bageza community in Arewa LGA of Kebbi state.



Community outreach follow up through community dialogue conducted at Bageza community at Arewa LGA after MPPI intervention with 60 youths (30 Male and 30 Female) in October 2013.



Arewa LGA LACA, Argungu Health Initiatives Society (AHIS) and MSH HPS in a group photo with The village head of Bageza illela, at Arewa LGA.

The recent outreach and participation of community MARPs PEs trained on HTC contributed to achieving the HTC and PMTCT target through CPI and strengthening community to facility referral and vice-versa across all the 6 prevention sites manned by two grantee CSOs and the MSH team.

KBSACA World Bank

In this quarter Pro-ACT technically supported KBSACA in mentoring the 6 selected CSOs in the development of scopes of work, implementation plans and budgets for the ongoing World Bank HAF Project. The Pro-ACT- supported CSO, BCiCe –Nigeria, was chosen as a model and Lead CSO in the state to cover 12 out of the 21 LGAs in the state through networking and collaboration with developing CBOs like support groups and youth clubs.

The grant enabled the CSOs in the state to help promote behavioural change towards HIV prevention through the use of a culturally, gender and youth sensitive approach. This will give the CSOs an opportunity to build the capacity of each of the 192 community volunteers from 20 communities in 21 LGAs to serve as Key Influencers (Peer Educators) to target 3015 other vulnerable Populations (OVPs) on HIV prevention using the MPPI approach with CPI in focus. This will also increase HIV knowledge using the Universal Access to HIV Prevention, Treatment and Support Approach in 8 selected LGAs of Kebbi State targeting 215 MARPs (FSWs) & 3015 OVPs. Alternative livelihood source will also be provided to the 215 female sex workers.

In this quarter, the CSOs submitted their progress and financial reports in electronic and hard copies to the State Office. The M&E reports were verified with the data capturing tools, and PITT registers by the State M&E Specialist and will be captured on the DHIS. KBSACA prevention coordinator who also benefitted from the recent HTC TOT was also mentored and carried through the electronic version of the Prevention Intervention Tracking Tool (PITT form and register). This was in preparation for the support for CSOs implementing the ongoing World Bank assisted HAF Project sub-granted to 6 CSOs in the state. The team identified that involving PLHIV in community HIV prevention intervention and care and treatment support helped to address persisting challenges such as stigma and discrimination in Jega, Argungu and Birnin-Kebbi.

Challenges

- Female out of school peer educators find it difficult to identify new peers to reach due to cultural barriers and conservative nature of some community members in Koko-Besse.
- Teachers demand allowance for coordinating peers activities in school.

Next Steps

- Integrated advocacy visit to State Ministry of Education and State Ministry of Youths Development and Sports (with data from model sites to inform strong decision making) to sustain promotion of Quality HIV Prevention interventions in Schools and with MARPs (FSW) our rural communities.
- Facilitate CSOs to intensify contact with SACA and other agencies to mobilize HIV test kits, condom and other products. Share Peer Educator session facilitation guide in practical sessions by role playing with CSOs and PEs during Peer Review meetings to ensure quality of the fulcrum strategy being employed with cohorts.
- Join MSH Kebbi staff to support 4 master trainers to train and support 62 healthcare service providers on HTC and PMTCT in the state.
- Support and mentor KBSACA and CSOs to facilitate MARPs PEs and community outreach volunteers for to participate in outreaches aimed at creating demands for HTC and PMTCT in 27 LGAs (HAF funded and MSH supported project sites).

CBO Support

Pro-ACT organized a stakeholders meeting with the MSH Kebbi program team and MSH supported CBOs on December 24th, 2013. During this meeting, the following were discussed and agreed upon:

- There shall be monthly partners review meetings between MSH Kebbi office and the supported CBOs between the first and third of every month to share reports, achievements and challenges.
- Participants also agreed that the deadline for submission of monthly reports by CBOs is the last working day of every month.
- It was also resolved that CBOs should endeavour to share their monthly work plan with the MSH state office before the review meeting. This will allow for inputs and support during the review meeting.
- The program team also resolved that CBOs should regularly attend support group meetings within their coverage areas so as to provide support and encourage new clients to register.
- Building strong referral network system between community and facilities was also emphasized. This will reduce loses to follow up and defaulters.
- The CBOs were also encouraged to submit their monthly reports to MSH, SACA and LACAs in their various LGAs and in good time.
- CBOs will send the list of communities (LGAs) and hubs specifying each of their spokes to MSH to create synergy and avoid double counting during MSH direct outreach programs in any of the LGAs.

Challenges

- The support group coordinators lack leadership skills and commitment.

- Inconsistency of members to meetings especially the male members has also increased the number of defaulters.
- Lack of committed literate members who can read or write.

Next Steps

- The state team is putting in place strategies to mentor the coordinators of support groups and build their leadership skills.
- Educated PLWHA to be sorted out of visiting clients and invited to take part in the Support group.
- MSH team is providing routine technical support to the support groups and they were encouraged to network with relevant CSOs and FBOs, collaborate and link up with government welfare schemes.
- The community care team is working with management at state level to reinstate adherence services as plans is in place to engaging one of the volunteers who will be trained during the HTC step down training.

HIV Counselling and Testing Training of Trainers

The MHS supported CBOs, staff of Kebbi SACA and the MSH community team attended a 6 days comprehensive HTC training aiming to build stakeholders' capacity to train facility staff and other community workers on HTC. The participants were drawn from State Ministry of Health, CBOs, Kebbi SACA and the Community Care and Support team of MSH from Kwara, Kebbi, Sokoto and Niger states. At the end of the training, participants gained knowledge on facilitation skills, couple counselling, difficult situation in counselling, basic HTC skills, STIs syndromic management, among others.

Logistics and Supply Chain System Management

During the quarter under review, bimonthly reports (September/October 2013) were validated and collected across the state's 21 PMTCT and 6 CCT sites. There was no need for redistribution of commodities as adequate commodity stocks were available in all sites. Resupply of commodities was initiated and completed within the lead time from SCMS Sokoto and Abuja warehouse to all facilities in the state. Reagents for diagnosis were equally available except for some equipment (e.g Selectra Pro for chemistry, and Partec Cyflow for immunology) which were inherited though spoiled and yet to be repaired.

Pro-ACT carried out on-site mentoring of focal persons especially in the newly activated PMTCT sites on the appropriate ARV regimen and dosing as some of the facilities were found to be practicing Option A4 which has since been abolished. On inquiry on when last the staff were trained, most were found to be between 6 to 8 years ago before MSH took over. Feedback from the July/August 2013 bimonthly reports was shared with the laboratory focal persons, as their reporting format was not in line with the standard operating procedures of completion of CRRIF form for laboratory reagents and consumables. They were given appropriate current tools and mentoring.

Pharmacovigilance

Adequate photocopies of pharmacovigilance forms were distributed across all the 6 CCT sites in the state with emphasis on documentation of any case of adverse drug reaction identified. No case was documented this quarter.

Regimen Analysis

Having observed the large numbers of clients on Zidovudine back bone especially from the inherited sites, strategies such as sharing the regimen trend in each facility with the state clinical care specialists were put in place. Pro-ACT also engaged the prescribers at the facilities in a discussion on ways to reduce and transfer some of the follow up clients to Truvada base backbone and placement of all new clients on Truvada backbone except if otherwise advised.

Commodity Management

All laboratory and pharmacy commodities were adequate in all facilities within the state during this quarter, as a result of improved documentation in the pharmacy daily work sheets which resulted in the resupply of sufficient commodities to all the facilities. Commodity security was a success within the state this quarter. No redistribution of commodities was witnessed.

Update on Laboratory Equipment Database

Pro-ACT updated the equipment inventory and their reagents from the inherited sites to add to the existing ones that MSH oversees. Examples of machines acquired in Kebbi state are; Selectra junior and Partech Cyflow (both non-functional). A report was drafted on the non-functionality of these machines during the transition period compiled by the SCMS Advisor (Patrick Okoh). Logging of samples to other facilities was the option adopted to make services available on a short time basis.

Waste Management

Some expired laboratory and pharmacy commodities were found in the inherited sites. These were quarantined and need to be withdrawn for onward destruction when we receive directives from the country office for such actions.

Challenges

- The distance between sites is far thus posing challenges during data collection.
- The focal person in FMC Kebbi Laboratory has not been generating reports and coordination of HIV activities in the laboratory.
- Adverse drug reaction reporting is still poor despite various reminders to facilities staff to report such cases in National Pharmacovigilance form.
- Stigmatization is high thus, identified positive pregnant mothers shy away from taking their medication and this result to expired drugs at the PMTCT sites.
- Lack of functionality of the spoilt machines from the inherited sites is affecting services been rendered.

Next Steps

- Immediate repairs of the non-functional machines for optimal use to be achieved in those facilities.
- Planning of Health Commodities Logistics Management training for staff of the newly transitioned health facilities.
- Payment of advocacy visits to the SMOH and HSMB on the formation of a logistic technical working group in the state.

Monitoring and Evaluation

The Pro-ACT M&E team provided technical assistance to facilities and state M&E staff on data collection from various thematic units, collating and reporting. Facilities that are close to the field office are being visited regularly while the farther facilities are visited on quarterly basis.

M&E Strategic Plan development, implementation and validation

The M&E team provided support to the development, implementation and validation of the state strategic and organization plan. The plan was finalized on the 21st of December, 2013 at the Kebbi SACA office. The Kebbi State M&E strategy/organization plan (2013-2015) was designed as the M&E tool to track, monitor and evaluate the state AIDS response. Prior to validation, there was a review and assessment of this plan during the meeting. All stakeholders also committed to timely provide information to feed into the collectively agreed Kebbi State monitoring and evaluation strategic/operational plan of the AIDs response 2013-2015.

Throughout the process, the Pro-ACT Kebbi state M&E Specialist and Associate provided technical support, and contributed to the development of this document. The M&E Specialist was one of the signatories for the validation of this document.

Other Activities

- Quarter data analysis and presentation: Data collection and validations are currently on-going across sites, updates will be provided shortly.
- Supportive Supervisory visits: Bi-quarterly supervisory visits to support M&E and data clerks at the facilities.
- Provision of all HMIS tools to all units within facility.
- Support to all program staff at the Pro-ACT field office on documentation.

Challenges

- Improper / incomplete documentation at various service delivery points.
- Inherited sites (FHI360 sites) need support and mentoring to perfect program documentation.
- Newly inherited PMTCT sites need more support on program documentation and monthly summary.

Next Steps

- Continuous technical assistance and on-site mentoring to further strengthen the facility system especially at newly inherited sites.
- Conduct a comprehensive training in delivery data documentation for facilities' data clerks and record assistants as well as SACA and LACA M&E staff.

KWARA STATE ACTIVITIES

Within the quarter, the Pro-ACT Kwara team implemented activities that cut across all the thematic areas. Partnership between MSH and the State Government became even stronger with Government becoming more committed to own HIV/AIDS interventions in the state. The rationalization of implementing partners was a critical activity within the period. With the rationalization exercise, MSH assumed the role of a lead IP in the state.

Through constant advocacy, the State Government within the period became more responsive in its ownership and sustainability through its procurement of equipment for the establishment of two CCT sites in underserved regions of the state. A series of stakeholders' meetings were held to consolidate plans for inherited sites which led to MSH gaining the support of these facilities and entrenching their way of working in the inherited sites. Pro-ACT's state team worked closely with the State Government within the period.

Health System Strengthening

Health system strengthening activities continued within the quarter, especially as the project inches towards its end. These activities range from strengthening facilities operators' skills to strengthening state government's capacity and building institutional capabilities to ensure continuity after the project ends.

Demonstration of Government Ownership of HIV/AIDS intervention

Sequel to the ongoing motivation of government to take active participation in HIV/AIDS care and treatment, especially in terms of budgetary provision and ownership, the state government committed itself to the procurement of CD4 machines and chemistry analyzers after one and a half years of discussion on this issue. Assessment of sites to determine where the machines will be installed is ongoing.

Stakeholders' Meetings

As a result of the rationalization and becoming the lead IP, other USG Partners in Kwara State handed over their sites to MSH. These partners had structures and systems that were quite different from MSH's. A series of meetings were held at different levels with the heads of facilities and government to explain the way Pro-ACT works so as to create a smooth working relationship and reduce friction with government staff. The first meeting which held at Abuja was with gatekeepers of these facilities and later another meeting with tertiary facilities. At the state level, another meeting was held with representatives of these facilities detailing what we could and could not do in terms of support in these facilities. These meetings have, to some extent, reduced stiff opposition to the barest minimum in terms of the level of support they expect from MSH. Within the next quarter, the meeting will have been held in all CCT sites.

Meeting with UITH HIV/AIDS staff

As part of an effort to establish rapport with facilities inherited from other partners that left the state, MSH organized a meeting with the UITH team to iron out any grey areas like financial, infrastructural, trainings; and equipment support that might negatively affect service delivery at the facility. The UITH team appreciated the meeting and promised to work harmoniously with the team but requested that drugs and consumables as well as OI drugs be supplied to the facility regularly.

LDP+ Medic Mobile

The implementation of the LDP+ program gained traction during the quarter through the use of

Muvuku Sim App (mobile platform), Pro-ACT enhanced data collection, collation and reporting of LDP+ results from the facilities.

A total number of seventeen participants comprising of members of both the improvement and oversight teams were trained using the mobile application's local platform (Kujua-Lite) while the Muvuku Sim App units were installed on the sim cards of the participants.

It is expected that the introduction of the Muvuku Sim App will further enhance the quality of program implementation as the data received will be transmitted real – time thereby providing an opportunity for effective analysis and feedback by the oversight team. Appendix 1 provides more details on the mobile platform.

SACA/SMoH Coordination Meeting

A SACA/SMoH coordination meeting was held within the quarter to coordinate HIV/AIDS activities across stakeholders. One critical outcome of the meeting was the harmonization of work plans of all actors in the HIV/AIDS field. MSH provided technical assistance during the harmonization exercise.

Support to SMoH to inaugurate Logistics TWG

Within the quarter, Pro-ACT worked with the SMoH to establish the State Technical Working Group (TWG) on Logistics. Membership cut across every spectrum of the health sector in the state. It was well attended and the meeting will hold quarterly while executive members meet monthly. It is hoped that the inauguration of this TWG and subsequent regular meetings would improve drug and lab logistic procurement and storage in the state.

Challenges

- Acute HRH shortage in supported facilities as the promised hire of staff across the board is yet to be implemented
- There was a critical challenge of bringing staff from inherited facilities to understand the rationale of delivering service without providing money to the supported sites and the hospital staff who provide HIV/AIDS service.
- Shortage of test kits and other lab commodities impacted negatively the relationship with inherited and existing old sites.
- Inadequate number of vehicles to move staff across the different facilities.

Next Steps

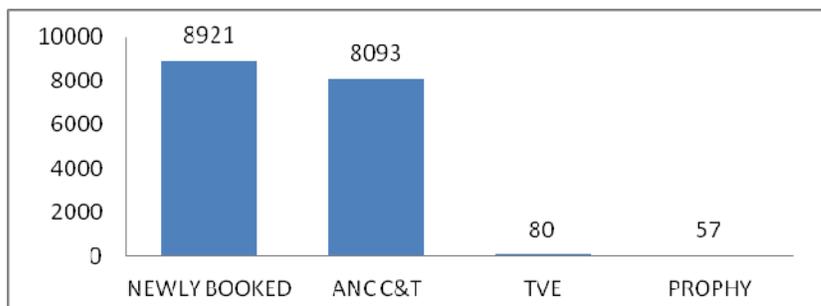
- Assess hospitals with SMoH/SACA and determine those suitable for activation of HIV/AIDS services in the state
- Work closely with SMoH to conduct training and activate HIV/AIDS services in two new CCT sites in the state
- Conduct Hospital Management meetings across 4 CCT sites within the next quarter
- Follow up with implementation of HSS Grant to SMoH
- Follow up with SACA/SMoH on the conduct of quarterly coordination meeting among stakeholders.
- Support SACA during the finalization of HAF grant for the recommended CBOs

Clinical HIV/AIDS Services

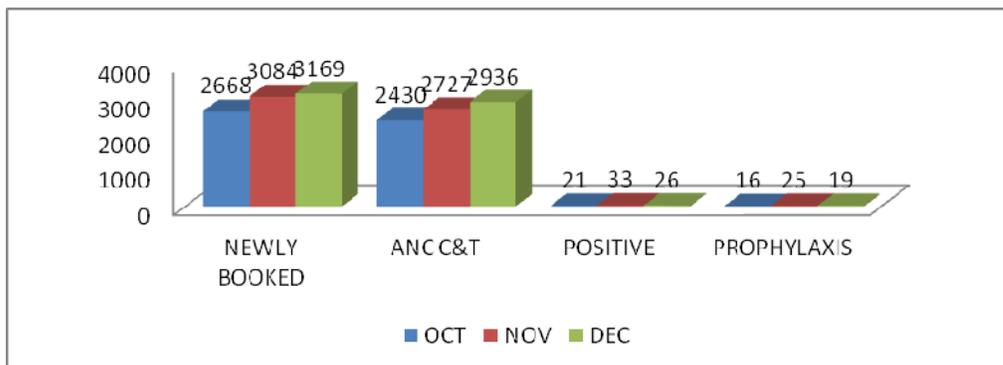
PMTCT

In order to ensure quality PMTCT service delivery to positive pregnant women, 2 staff per facility from the newly activated private health facilities (PHFs) were trained on PMTCT using the IMPAC training module. To ensure that exposed infants continue to receive EID services following the transitioning of sites, University of Ilorin Teaching Hospital (UIITH) as a hub for DBS collation and onward transportation to the reference laboratory was brought on board the NIPOST DBS transportation system running in the state. This was a physical process that involved the visit of the focal personnel in UIITH by staff of NIPOST and MSH.

Of the 8,921 newly booked pregnant women in the quarter, 8093 were HIV counselled and tested; and 80 were HIV positive. Of this number, 57 or 71.3% started prophylaxis.



The chart below shows the monthly contribution to this achievement level across all facilities:



EID

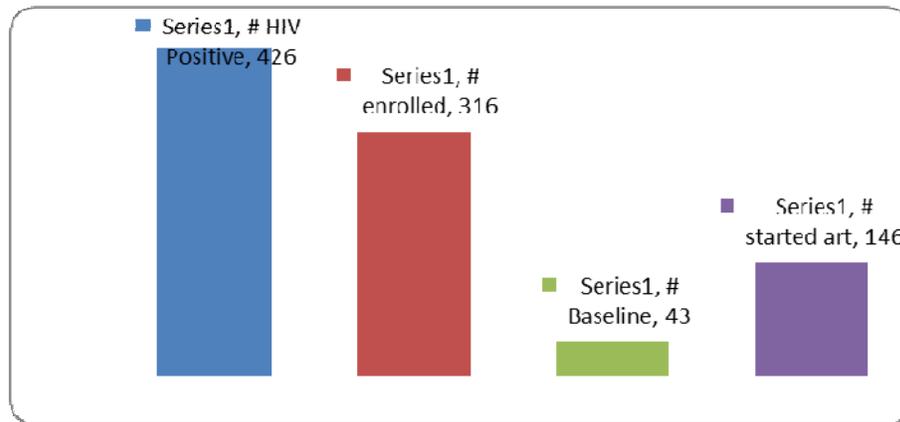
Within the quarter, 18 EID samples were collected across all facilities, 7 results were received and 2 or 28.6% of the results received were positive. Results from the reference lab at Ile Ife have been coming in late of recent and arrangements are being made to visit Ile Ife to iron out whatever problems might be militating against early processing of samples and receipt of results.

TB/HIV

During the quarter a review of the IPT program implementation commenced. This is a critical time in the program which commenced 6 months ago and many of those who started the first batch of IPT were expected to have completed or be near completion of their therapy. A couple of reasons informed the decision to commence this review, among which were:

- Those who had taken their sixth month prescription of INH should not be inadvertently continued on INH to avoid wastage and depriving others of INH, toxicity. To forestall these, notes on stickers were placed on the folders to alert the clinicians.
- Those who for one reason or the other defaulted on INH and would need tracking were identified. Beyond this, those who defaulted on taking INH and depending on the duration as stipulated in the National Guidelines also had stickers placed on their folders as to the necessary action to be taken when they are tracked back.
- Three CCT facilities commenced the IPT program and the review is expected to throw up valuable lessons that will inform the scale up to the newly acquired sites following rationalization.

Within the quarter, 462 clients came out positive across all sites, 316 or 68.4% were enrolled. 43 of this number did baseline CD4 while 146 or 46.2% of those enrolled commenced ARV treatment.



Next Steps

- Complete review of NIPOST DBS transportation system, draw up recommendation and follow up plans.
- Plan and to continue local stakeholders' meeting with staff, management of newly transitioned sites to MSH.
- Complete IPT program review in 3 CCT sites.
- Ensure deployment and use of technical assistance visits documentation form in all supported sites.

Laboratory Systems

The state laboratory team provided the needed technical support by ensuring quality HIV testing, follow up investigations such as baseline CD4, hemaology and chemistry. Sites which reported equipment breakdowns had samples logged to nearby facilities. Although the issue of stock outs was addressed in the quarter, it is expected that the results will change in the next quarter. The analysis shows that equipment down time (EDT) and Reagents stock out (REAG.SO) impacted negatively on laboratory performance in some facilities. The stock out of reagents mostly affected the chemistry vitros, reflotron, Hematology QBC and CD4 cyflow reagents. The major equipment downtime recorded in the quarter is mainly on Sysmex hematology and Vitros Chemistry. This equipment needs urgent upgrade and repair.

Challenges

- Stock out of chemistry reagents and HIV test kits. Dearth of human resource for health in the Public hospital laboratories, as indeed in all areas.
- Poor motivation of facility staff by government.
- Prolonged equipment downtime. The MSH Country Office is finalizing contract agreement with vendors on servicing of these equipment.

Next Steps

- Establish a model for PMTCT sample logging.
- Initiate laboratory integration of services across all facilities.
- Advocacy visit to School of Health Technology to canvas for students pre-service training in support of HIV and laboratory investigations at hospital facility.
- Scale up HIV serology IQA to new sites.

Community Care, OVC, and Prevention Activities

During the period under review, prevention activities continued with the peer educators using the Minimum Package of Prevention Intervention (MPPI) to promote the adoption of positive sexual and reproductive health behaviours. Activities by the PEs were conducted to address the drivers of the epidemic using the behavioural, biomedical and structural interventions.

AB Interventions (ISY secondary only)

In-school prevention activities spearheaded by the PEs continued during the period across the project schools. The MPPI activities of the PEs which were geared towards adoption of abstinence and positive Sexual and Reproductive Health behaviours amongst the target beneficiaries which the trained FLHE teachers and CBOs staff closely supervised across the model schools. A total of 1,932 (1035M, 897F) in-School Youths were reached with MPPI during the quarter under review.

Commemoration of World AIDS Day

MSH supported the World AIDS Day with the screening of 'Inside Story'. The movie served as an edutainment platform that was used to further reach the audience with appropriate messages on HIV prevention, treatment, care and support. About 400 students participated during the screening of the movie while 258 (123M, 135F) students accessed HTC services across the institutions.

Challenges

- High attrition rate among peer educators in some of the new sites and plans are already on by one of the grantee CBOs to replace the lost PEs.
- Insufficient RTKs to extend biomedical intervention to more target population reached with prevention intervention.

Next Steps

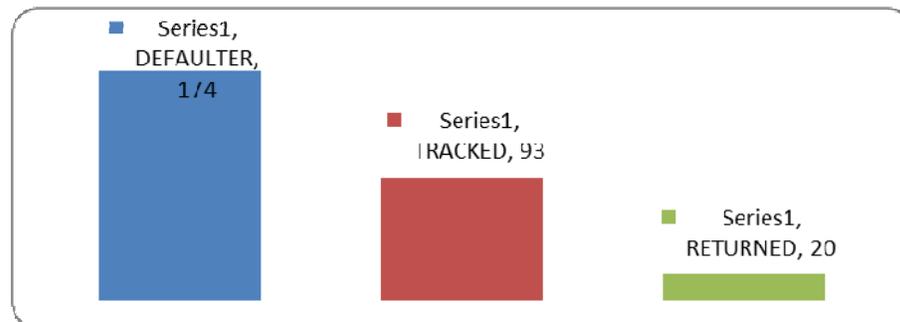
- Support grantee CBOs (old and new) to meet set goals and deliverables, especially sustainability of the project.
- Support the training of service providers and volunteers on HTC

- Leverage more resources from different stakeholders to support the prevention program

HIV Counselling and Testing

Seventeen additional testing points were created at the supported facilities to create more access. On-site mentoring and re-training for PITC and Adherence volunteers were conducted for effective and efficient service delivery. There was inadequate supply of test kits from Axios within the quarter but available ones were judiciously used while 800 units were leveraged from the SMoH. Within the quarter, 16290 (3170M, 13120F) clients were counselled and tested. This achievement is 262.7% of the quarterly target of 6200 persons and 65.9% of the annual target. Of the total number of clients counselled and tested, PMTCT contributed 50%, PITC contributed 48%, 0.1% was from EID and clients counselled and tested for HIV in TB setting was 0.7%.

Within the quarter, there were 174 defaulters across all sites. 93 of this number were tracked but only 20 or 21.5% of those tracked returned. Trackers are working on persuading these defaulters back to the hospital for service.



Update on FADAMA III Grant in Offa and Irepodun Local Government Areas

Sequel to the series of advocacy visits to FADAMA III on the need to support PLWHAs on income generating activities, a grant of 4.5 Million Naira (\$28,125) was released to support groups in Offa and Irepodun LGAs of Kwara State. The project's community team visited the various sites of the projects in the two LGAs to follow up on the progress made on the project, challenges and the way forward. FADAMA III office in Ilorin has released the second and final tranche of the grant and all constructions had been made while FADAMA III is to procure birds/cows/calf/bull, as necessary for the beneficiaries.

Capacity Building on HIV Testing and Counselling for Training of Trainers (TOT)

Arising from the rationalization of IPs and the take-over of other facilities transitioned to Pro-ACT, an assessment of the capacity needs of some of the facilities was carried out and numerous capacity issues such as inadequate number of trained and competent service providers in HIV treatment across board, acute shortage of staff to carry out service provision were rife. Consequently, a Training of Trainers (TOT) on HIV counselling and testing was conducted for highly skilled government health workers in the state.

Challenges

- Inadequate test kits across the state reduced the coverage on HTC. MSH leveraged on test kits from SMoH but the ultimate is to increase supply to the state.

Next Steps

- Set up tracking teams in the remaining CCT Sites to follow up on clients.
- Conduct interviews for qualified volunteers to support services at the CCT Sites.

- Conduct HTC training for health workers in the state to increase the number of trained staff providing testing and counselling.
- Monitor and provide mentoring for grantee CBOs on demand creation for PMTCT, and target driven activities.
- Develop job description for the volunteers and follow up on the various activities
- Conduct Mobile HIV Testing and Counseling around the CCT Sites to meet targets on PMTCT, HTC among general population and MARPs.

Logistics and Supply Chain Management Services

Integrated Supply Chain Management

During the quarter under review, collection and validation of September/October 2013 bi-monthly LIMS reports were picked up across the state. Redistribution of some laboratory consumables and reagents across newly inherited FGH sites was carried out as there was neither enough buffer stock nor stock on hand as at the time FHI360, FGH and IHVN left the sites. Resupplies of ARVs and OIs (Cotrimoxazole 960mgs and 120mgs) were completed within the lead time by JSI/SCMS. There was a high shortage of paediatric cotrimoxazole 120mgs across all facilities in Kwara.

Capacity Building

On-site mentoring of focal persons especially in the newly inherited CCT and PMTCT sites on the appropriate ARV regimen and dosing was carried out. Supply of Inventory control cards, ICC to PMTCT/HCT sites and, providing hands-on mentoring, real time documentation on ICC and PMTCT ARV registers is ongoing. Guidance on accurate reporting was provided to both the Pharmacy and laboratory personnel.

Good Pharmacy and Laboratory Practice: Regimen Analysis

Of the 8 CC&T sites, regimen analysis was done for 5 sites (4 old facilities and 1 newly inherited site). Some of the findings are: 64.10 % of clients are on Zidovudine back bone, while 29.96% are on TDF back bone for the adult first line regimen. For 2nd line adult regimen, 8.39% are on TDF compared to 1.55% on AZT back bone.

Paediatric 1st line regimen, paediatric on adult AZT is 56.27%, on paediatric AZT backbone 55.70%, while the 2nd line regimen clients are 8.06%. Clinicians need re-orientation towards placing clients on TDF based combination, and also transferring some of them who are clinically stable, and non-renal compromised, from AZT based regimen to TDF backbone regimen.

Challenges

- Non availability of OI drugs to treat/prevent opportunistic infections
- Some of the sites are far apart, and hard to reach, thus affecting the timeline during data collection.
- Adverse drug reactions monitoring, screening and documentation practice, has been dormant
- Poor skills in CRRIRF reporting, mostly the newly inherited sites
- Lack of materials for standard operating procedure in all the newly inherited facilities.

- Breakdown and non-repair of laboratory equipment. This is addressed temporarily with sample logging.

Next Steps

- Continue distribution of ADR forms, and mentoring on monitoring skills and real time documentation of ADRs.
- Facilitate Health Commodities Logistics Management training for staff of the newly transitioned health facilities and refresher training of old staff.
- Provide TA in running the activities of the TWG along its terms of reference

Monitoring and Evaluation

NACA DQA in Kwara State

The National Agency for the Control of AIDS (NACA) embarked on a data quality audit in some states which included Kwara. The NACA team visited 3 comprehensive sites supported by MSH. The M&E team supported the exercise and took part in the DQA exercise. The facilities visited performed well except the fact that SACA M&E underreported in some months.

Donation of Pre-Art & Art registers to the M&E team by KWASACA

As a result of the cordial working relationship between MSH Kwara and KWASACA, the M&E unit of KWASACA gave MSH M&E team 20 Pre-Art & 20 Art registers to enhance data documentation in the supported facilities.

Challenges

- Unavailability of source documents in the inherited sites.
- Improper documentation of the few available registers in the inherited sites.
- Logistics issues during data collection period due to insufficient project vehicles.
- Data domiciled in the software of the FGH inherited sites could not be accessed.
- Most of our data clerks are new and inexperienced in data documentation, but with ongoing regular mentoring, this will be redressed.

Next Steps

- Continuous mentoring of data clerks and hospital record officers on data documentation and reporting.
- Ensure that all needed tools are readily available in all supported facilities.
- Continuous monthly and quarterly data collection and analysis.

Conclusion

The quarter witnessed increased activity and achievement of the state program. Government now shows more interest in HIV/AIDS work and commits more resources to support the program. However, this support will translate to more achievements when the staff position across the facilities in the state improves.

During the last quarter, Pro-ACT witnessed sustainable achievements driven through increased access and provision of quality integrated HIV/TB and other health services across project supported facilities while transitioning substantial responsibility to state government (through its agencies), CSOs and community networks to ensure increased ownership and sustainability. In achieving these, the different thematic teams worked and acted together guided by the three intermediate results as reflected in the Results Management Framework of the project. The enabling environment in the state coupled with the support of the State Management Team (SMT) provided the impetus for the successes recorded within the period under review.

Health System Strengthening

The biannual MNCH week was commemorated in the State on Monday, 9th of December, 2013 and was launched by the First Lady of Niger State. MSH carried out facility-based HTC outreach activities across high client volume sites in 4 LGAs (Suleja, Paiko, Chanchaga and Bosso)

The I Care Big Sister Pilot project was held in Suleja under the distinguished chairmanship of the Emir of Suleja and the wife of the Vice President of Nigeria. The project is engaging Mother Mentors that will help pregnant mothers in the communities to have increase access to maternal and child health services, especially ANC. MSH is collaborating with I Care Big Sister where the mobilized pregnant women will access MSH PMTCT supported sites in Suleja for their ANC.

World AIDS Day was supported by the project through the provision of T-shirts, caps and banners. Pro-ACT's clinical unit in the state also provided technical assistance for HTC sessions at the Mobil Roundabout within Minna town where more than 300 people (general population) accessed HTC services. The wife of the Executive Governor of the state, Commissioner for Health, Permanent Secretary State Ministry of Health/Hospital Services, and the Director Medical Services and Training, SMOH were among those that were counselled and tested for HIV during the event.

Pro-ACT provided technical inputs at the HAF Advisory Board meeting during the development of induction meeting agenda for CSOs in the State. They also participated in the selection of CSOs that meet the criteria of HAF grant for the implementation HIV/AIDS interventions in the state. In addition, MSH supported the State Operational Plan Development process and provided its work plan as part of its inputs into the Harmonized Operational Plan for the state; as mandated by the National Agency for the Control of AIDS (NACA).

During the quarter under review, the SMOH continued to be supported by MSH in its drive to meet the requirements needed to fast-track the implementation of activities contained in the HSS Grant scope of work. To this end, the project is providing financial and technical support to the Centre for Health Professionals Continuing Education (CHPCE) to host an orientation workshop for Master Trainers. The Preparation towards this workshop has reached an advanced stage.

Clinical HIV/AIDS Services

PMTCT: Site Mentoring and Supportive Supervisory Visits

As part of the continuous site mentoring and supervision, the state team visited RHs Sarkin Pawa and Kuta; GHs Zungeru and Suleja; IBB Specialist hospital and Family Medicine Practice Centre Gawu Babangida. Mentoring activities were carried out, along with re-stocking of commodities and consumables. PMTCT sites were also visited as part of the ongoing support and supervision. They include PHCs DutseKwura Gwari, Kutchiriko, Nikangbe, Barkin Sale and Sauka Kauta. This mentoring and supervision activity was also carried out at PMTCT sites in Minna, high patient load PHCs in Tunga, Kpakungu, Old Airport road and Bosso were visited.

PMTCT: Monthly Town Hall Cluster Meeting in Suleja, Shiroro LGAs

The meetings were held on 12th and 13th November for private PMTCT facilities. MSH M & E team commenced the data collection and validation exercise, and this was done concurrently with the challenge sharing session whereby participants shared their experiences, best practices, challenges and even asked questions with MSH technical leads providing responses as to most of the issues.

ART: Handover of IHVN facilities to MSH

A checklist validation exercise done by teams comprising of SMOH, MSH Niger and IHVN was carried out for 4 IHVN sites in Niger state from the 2nd to 4th of October 2013. There is disparity between IHVN and MSH in their level of support to the facilities, especially regarding their mode of engagement. In addition to providing cash grants to supported facilities, IHVN provides direct support in terms of allowances to selected facility staff working on the HIV program – an approach that is different from how MSH supports facilities.

The sites include Rural Basic Healthcare Centre Sarkin-Pawa, PHCs Zumba, Erena and Gusoro. They all are PMTCT sites. Zumba, Erena and Gusoro PHCs are all Faith-based sites with other feeder sites attached to them.

ART: Meeting with the Clinical Team from IBB Specialist Hospital, Minna

As efforts to strengthen and emphasize the integration of clinical services and increased use of TDF/EFV based regimen for sero-positive clients, in our newly acquired CCTs, the clinical team had an orientation meeting with the clinicians from IBB specialist hospital in Minna. This was centered around increasing the initiation of eligible clients on TDF/EFV based ART regimen.

Deployment of Site Training Needs Assessment forms

In an effort to bridge the knowledge gaps of staff in facilities we support, we deployed the training need assessment tool across our CCTs. This will enable us to document and conduct capacity building exercises in line with the identified areas of need.

Onsite chart reviews

Chart reviews have been on going across various CCT facilities since December 2013. Thus far, about 669 folders have been reviewed in GH Minna.

QIT meetings

QIT meetings were held at GHs New Bussa, Lapai, Mokwa and Suleja for the month of October 2013, where various issues of client management and hospital matters, especially to do switch regimen, OIs and general quality improvement were brought to the fore and addressed. Follow up discussion on previous month's meetings action points were tabled.

CMEs conducted

CMEs held in GHs Mokwa and Suleja on TB/HIV Collaborative activities (with emphasis on the 3Is); and on PMTCT intervention option B+ respectively. Mentorship for pharmacists and clinicians for the retrospective cotrimoxazole therapy initiation for TB/HIV co-infected clients.

Isoniazid Preventive Therapy

1274 clients (against 5,776 for the State) of were enrolled into IPT across the CCTs. This is an improvement over the previous enrolment of 10%.

Community Care, OVC, and Prevention Services

Increase Demand for HIV/AIDS and TB services

In this reporting quarter, the Niger team supported the USAID mandate towards the delivery of integrated MNCH and HTC services, anchored by the ministry of health through the national primary health care agency, aimed at increasing demand and access to free HIV services for pregnant women

and children. We have also continued to improve quality of care services, emphasizing use of clinical job aids and other SOPs, while Adherence teams continued to provide quality adherence, PHDP services for all clinic attendees and ensure all clients eligible for ART receive adherence counselling.

Site Support/Mentoring Visit across CCT Sites

Within the reporting period the Community Services Specialists continued to mentor facility staff across the various service delivery points in GH Minna, GH Kagara, GH Lapai, GH Bida and GH Suleja. These visits were aimed at supervising and mentoring the volunteers and facility staff, addressing gaps in the uptake of HIV/TB services across various units, assessing volunteer's performance, ensuring quality in service delivery, constituting and meeting with the new defaulters tracking teams, addressing enrolment gaps for newly diagnosed HIV positive and client's retention in care.

Referral coordinators were identified by facility management for GH Suleja and GH New Bussa, to closely address challenges in coordination of community services at the facility level. The referral coordinators were saddled with the responsibility of coordinating all C&T across all testing points, adherence counselling, referrals and tracking services. Also discussed was integration of PITC services across test points in GH Suleja while efforts have been sustained in GH Minna on modalities of setting up counselling and testing points at the GOPD and other points, lack of space at the GOPD to accommodate C&T remains a present challenge which is being discussed with facility management.

Strengthen the Technical Capacity of Community Structure to Provide Services

The community team has continued to provide technical assistance during the quarterly support groups meetings. The meeting for the quarter afforded yet another opportunity to help re-enforce drug adherence, positive living and build capacity of groups towards self-sustaining income generating activities and possibly transforming the groups into community based organizations. Ongoing efforts are being made by the community team to identify existing support groups across our newly transitioned sites previously supported by FHI 360, IHVN and FGH. This we have discovered to be enormous compared with other groups we are presently supporting.

During the last quarter meeting, the community team was able to achieve realignment in dates of support group meetings for effective coordination across sites. The meeting amongst others provided a platform to meet with the identified potential mentor mothers towards implementation, assess extent of HTC services, and mentor PITC/Tracking volunteers.

During these visits, the tracking team for GH New Bussa was constituted based on the new default tracking protocol, incorporating identified support group members to help mitigate challenges in retention in care by tracking defaulters and missed appointment cases.

Non-grants CBOs have continued support delivery of OVC services across Kagara and Bida, major challenges is servicing the needs of the children, which at present service provided are largely psychosocial. A referrals linkage for other forms of support with relevant bodies to help meet needs of children remains a challenge.

HTC Training of Trainers for SMOH, SACA, SASCAP and CBO

The training was a two week activity in line with national guidelines. Participants had a one week intensive training on HIV counselling and testing, with one day field practicum at the Institute of Human Virology Laboratory, Asokoro Abuja. The training included teach-back sessions from participants and the newly engaged Community Specialist and Community Officers. A total of 36 persons were trained. When the training concludes, MSH State offices will roll out periodic HTC training to meet the capacity gaps in old and newly transitioned sites.

Challenges

- Challenge in retention in care and treatment resulting from wrong residential addresses or phone contact giving by clients.
- Distance from CCT sites is a challenge to clients who have to pay more to access points of care, especially for clients testing positive during the outreach services.
- Increasing demand for basic care kits.
- SOPs and clinical job aids grossly lacking across some sites.

Next steps

- Plan for quarterly outreach services on accelerated target drive across targeted communities to complement early achievement of FY 14 targets.
- Follow-up with referral coordinator on the readiness of space for counselling and testing at GOPD in GH Minna.
- Target high HIV prevalence communities by LGAs for mobile outreach services to stem the tide of new infections.
- Support training of cadres of service providers across the CCTs on HTC services.
- Follow up to identify other support groups supported by FHI 360 for continued support services.
- Reactivate and strengthen intra/inter facility referrals services through the referral network meeting across CCT sites, to be followed with monthly referral meetings across sites.
- Visit CCT sites to provide on-going mentoring support for staff and volunteers towards increasing demand access to HTC services.
- Plan training of mentor mothers for INCH fund implementation.
- Support grantee CBOs on quality delivery of HTC, OVC, PMTCT, Care and Support services across target communities.

Logistics and Supply Chain Management Services

The SCMS activities for this quarter focused on improving access to HIV/AIDS services through uninterrupted supply of ARVs/OIs and laboratory commodities, strengthened capacity of supported facilities to provide integrated HIV/AIDS treatment and care, and improved products security and ensure stable logistics situation in MSH supported health facilities in Niger state.

In this quarter, health commodities were not distributed from the MSH warehouse in Niger state to other MSH supported health facilities in Kwara, Kebbi, Niger, Taraba and Adamawa states as they all now are under the SCMS unification of ARV/OI and RTKs distribution system. However, facilities (CCT sites, PMTCT sites) in Niger state were serviced with ARVs /OIs from the warehouse to boost their stock status and ensure no stock out at facilities.

The bimonthly CRRIRF report collection for September/October 2013 was done successfully and forwarded to SCMS. ARVs/OIs and laboratory commodities were supplied to the facilities from SCMS though there was a delay in the distribution from SCMS Abuja.

Mentoring sessions and on the job trainings on inventory management, documentation using LMIS tools and correct reporting using the GoN CRRIRF were provided to the staff of newly acquired MSH supported health facilities. The tally cards, GoN ARV/OI and laboratory CRRIRF, daily worksheets were reviewed with the facility staff.

At the PMTCT cluster meetings, Pro-ACT reoriented participants on the need to use ARVs on Option B treatment regimen and to always have it in stock. Lastly, Nevirapine suspension was given. Also to ensure adequate inventory and RTKs utilization reporting, staffs from the PMTCT sites were taught how to use the simplified GoN PMTCT CRRIRF.

Pharmacovigilance

No incidence of ADR was reported during the quarter. Facility staff were encouraged to probe patients and use the NAFDAC National pharmacovigilance form as soon as they identify any one with ADR.

Regimen Analysis

A comprehensive report on regimen analysis for Niger State will be captured from the November-December bimonthly report due to the fact that 10 CCT sites and more than 120 PMTCT sites were newly inherited by MSH. The soft and hard copies of the tools have been sent to the new sites in anticipation for a detailed and comprehensive November-December report. We will publish the report in January, 2014.

During the quarter, the SCMS team for Niger state carried out the bimonthly report collection for September/October 2013 and November/December 2013. Re-supply of ARVs/OIs and RTKs to health facilities was carried out through the PEPFAR unification system across CCT sites and Hub sites in Niger in the quarter (starting from late October to November). However, paediatric ARVs supply was grossly short of requested order from facilities. RTKs and laboratory consumables were also inadequate. AXIOS is aware of this and is taken adequate measures to address this but meanwhile Niger SACA is providing some supplies to these facilities.

Quality technical support and mentoring were continually provided across facilities especially the newly acquired MSH supported facilities with emphasis on B uptake for PMTCT, adhering to standard dispensing protocols, use of ARV fixed dose combinations (FDC) and correct documentation using LMIS tools.

The SCMS Niger state team ensured there were no stock outs in facilities by responding promptly to emergency orders. Commodities redistribution was carried out between facilities to eliminate wastage and expiries of ARVs and to maintain continuous flow of health commodities.

Waste Management

Across facilities, adherence to FEFO are practiced and emphasized in management of laboratory and pharmaceutical commodities to prevent/minimize expiries.

Challenges

- 1) No availability of most OIs medication has attracted lots of complaints and concerns from both the patients and healthcare providers
- 2) Lack of storage facilities in some of the newly activated PMTCT site is a serious challenge. Provision of shelves for the sites that have a store room and a lockable cupboard for those that do not have a store room is important, thus ensuring efficient storage system.
- 3) Inadequate supply of RTKs and Paediatric ARVs to facilities. AXIOS addressing this and Niger SACA is providing some supplies to these facilities

Next Steps

- Continued provision of support to the facilities on commodities management and follow up on stock replenishment for the new reporting period.
- Continued provision of mentorship and other capacity building activities to the facility staff and introduce more staff to logistics activities/documentations to improve staff proficiency, and close gaps created by attrition towards ensuring maintenance of stable logistics situation at all times.
- Continue to encourage and monitor adherence to FEFO and best practices that prevent/minimize expiries.

Laboratory Services

NIPOST DBS Transportation System Pilot in Suleja

The Suleja area of Niger has 25 PHC and 11 private healthcare facilities. Pro-ACT is using the Nigerian Postal Service (NIPOST) Expedite Mail Service (EMS) to transport DBS cards to the lab team. The innovation was successfully piloted during the last quarter. However, the team encountered some challenges with tracking and monitoring. The lab team visited both the PCR Laboratory and NIPOST HQ in Abuja. Issues around uploading MSH-supported PHCs in the data management system at the PCR Lab and availability of EMS envelopes for the delivery of DBS cards and results were resolved. Results are being delivered to these health facilities with Proof of Delivery (POD).

Quarterly IQA Programme

For this quarter, a total 59 PITC testing points across 6 CCT sites and 12 PMTCT sites were involved in HIV serology IQA programme. All these testing points returned their results (100%) and recorded 96.2% concordant results. Follow-up corrective action for the 3.8% discordant results was instituted by contacting the facilities affected to know their challenges and thereby finding immediate mitigating measures.

This quarter's mentoring and supervisory visits occurred between November 18th and 22nd, 2013. The facilities visited were General Hospitals at Tungan Magajiya, Mokwa and 6 PMTCT sites contiguous to the two CCTs. The activities were targeted and site-specific. Some of the accomplishments and deliverables included: At GH Tunga Magajiya and GH Mokwa, Lab QA meetings were conducted where all issues relating to quality of lab services were tackled with the lab personnel, and on-the-spot solutions proffered. At GH Mokwa, the lab QA meeting had in attendance 6 PITC volunteers and their supervisor. The discussions included testing skills and quality of HTC services provision within the facility. At GH Mokwa, MSH met with the newly posted Head of Hospital Services (HHS), Dr. Aliyu Mohammed and explained the Pro-ACT operational model in HIV programming. Specific laboratory-related discussions included integration, support for PMTCT, HIV/TB collaboration, and sustainability of programs. DBS kits accessories were replenished for effective sample collection. General lab registers and documentation reviews were done. Discussions with the M and E Focal Person and Data Clerk on improvement of linkages for lab services such as baseline CD4, EID/DBS were promising. The SMS printer in General Hospital, Kagara, is functional. Data on DBS sent to the PCR Lab are not coming through for a couple of months now.

Equipment Status and Sample Logging

MSH inherited broken down equipment in Niger state, some with a down time of more than a year. Almost all this equipment had no existing maintenance contracts in place. Three Reflotron plus Chemistry analyzers had been withdrawn from sites-General Hospital Minna, Suleja and Family Health Prevention Centre, Gawu Babangida- and sent to the Country Office for repairs. Other very sensitive equipment awaits the completion of maintenance contracts for the service engineers to report to sites for repairs. Due to challenges with equipment down time, the management of GH Minna is supporting sample transportation for CD4 count to GH Kuta. This sense of commitment is

commendable and shows that the advocacy by the laboratory unit towards ownership and sustainability, in the long-term, may be yielding results.

Challenges

- Disruption of laboratory support services due to malfunctioning equipment.
- Shortages in the supply of HIV RTKs to facilities.
- Partec Cyflow MiniPOC reagents are yet to be supplied to facilities in the state. Two of these facilities (GH Nasko and IBB Specialist) are CCTs.
- Inconsistent and inadequate supply of laboratory consumables, especially to support HTC. This is being looked into by the logistic and supply chain team

Next Steps

- Conduct assessment visits to newly transitioned sites from FHI360, FGH and IHV-N to facilitate the use of MSH protocols.
- Support the Regional IQA Focal Person in preparation of IQA panels to involve newly inherited CCTs and older sites.
- Follow on the action plans agreed with sites during the mentoring visits and provide TA as the need arises.
- Provide support to other thematic units as may be required within the next quarter.

Monitoring and Evaluation

The M&E team during the period under review supplied new national HMIS tools to newly inherited sites to facilitate service documentation, and reporting. Also, Pro-ACT built the capacity of the staff onsite to be able to document services appropriately using the new harmonized tools.

The M&E team actively participated and provided technical support to community outreaches team by ensuring strict adherence to data documentation procedures and reporting of services using national HMIS tools.

The team worked closely with the facility M&E officers from CCT sites to build their capacity on-site to be able to collect, and report their facility data on their own using the monthly summary forms and identifying data documentation challenges.

The M&E team supported the facilitation of cluster meetings from 7 LGAs with high volume sites. These meeting provided a forum for supportive supervision and mentoring on how to fill the new HMIS data tools (*registers* and *summary*); facilities with specific data documentation challenges were provided with necessary information on how to overcome it. Data documentation tools were also made available to facility staff at these meeting where data collection, review and reporting took place.

The M&E team is currently entering collected and validated data into the DHIS template and USG web application platform for the first quarter of the FY14.

Challenges

- Unavailability of new HMIS tools especially in newly inherited sites
- Documentation of services remain a major challenge in both CCT & feeder sites inherited
- Few inherited CCT sites were not using paper based documentation, but rather electronic database which has limitation in service entries
- Some of the computer systems in the newly inherited CCT sites has crashed, making it difficult to retrieve any data or information. MSH IT unit was involved to rectify this problem

Next Steps

- Deploy new HMIS tools to affected sites, and build capacity of staff on-site on data documentation
- On-going mentoring, coaching and supportive supervision to ensure services are well documented especially at the newly inherited sites
- Engagement of data entry clerks to support the facility in documentation of services, and reporting
- Embarking on retrospective data documentation to put a paper based documentation system especially for the newly inherited sites with electronic database records.
- Support LACA and facility staff during the cluster meeting to be able to report data appropriately

SOKOTO STATE ACTIVITIES

MSH Pro-ACT inherited sites from FHI 360 in August 2013 while other sites were inherited from IHVN in October 2013. The sites inherited include Specialist Hospital Sokoto, General Hospital Tambuwal, General Hospital Dogon Daji, Holy Family Mother and Child Hospital Sokoto (a faith base facility), General Hospital Amanawa, General Hospital Yabo, General Hospital Tureta all from FHI 360. The IHVN-inherited sites include Usman Danfodio University Teaching Hospital, Sokoto (UDUTHS), Maryam Abacha Maternal and Health Clinic and Women and Children Welfare Clinic. In all, 4 CCT and 3 PMTCT sites were inherited from FHI 360 while 3 CCT sites were inherited from IHVN. Activities conducted in the quarter under review include stakeholders meetings, HSS grant meetings with state government, an HSS grant scope of work workshop, engagement of Data Entry Clerks (DECs), World AIDS Day and PCT meetings at the 3 IHVN inherited sites.

Health System Strengthening

Stakeholders Meeting

As an entry strategy to the state, Pro-ACT organized a one day stakeholders meeting. The meeting brought all stakeholders in the state (SACA, SMOH, other line ministries, IPs etc.) together under one umbrella to discuss the coming of Pro-ACT to the state as a positive contribution to the state.

Stakeholders in the meeting were enlightened about the work MSH is doing in other states which is similar to our mandate in the state. The meeting was chaired by the Pro-ACT Health System Strengthening Director with support from the Sokoto state team. During the meeting, a committee was established that is responsible for reviewing the terms of reference (TOR) for the SIT and see how to incorporate these into the Pro-ACT activities.

HSS grant meeting with state government

The HSS grant meeting was attended by the State Ministry of Health with the Permanent Secretary and the five directors in attendance. The concept of the HSS grant was presented and modalities for implementation were discussed with state team. At the end of the meeting, a team was set up to review the concept with all the state medical and paramedical Professional Associations (NMA, AMLSN, NANM, PSN, MHWU)) to come out with steps for the implementation of the grant in Sokoto state. The key outcome of the review meeting with professional associations was the adoption of the training curriculum for health workers which had already been developed and piloted in Niger State under a similar grant.

Engagement of Data Entry Clerks (DECs)

FHI360 has engaged data entry clerks while working in the state and for MSH Pro-ACT to bridge the gap in documentation, there was a need to reengage the DECs. The data clerks started work immediately after their engagement in October 2013. Two data entry clerks were engaged per facility (Specialist Sokoto, GH Tambuwal and GH Dogon Daji).

World AIDS Day

MSH Pro-ACT participated actively in the celebration in Illela. As part of the activities, Pro-ACT gave a radio interview on AM express and talked to the audience/listeners about the support the project receives from USAID and issues related to HIV/AIDS .

PCT meeting at the three (3) IHVN inherited sites

During the quarter under review, PCT meetings were held in UDUTHS, Maryam Abacha Maternal and Health Clinic and Women and Children Welfare Clinic (all IHVN supported sites).

The following was achieved as a result of the meeting:

- Pro-ACT clearly started the procedures in engaging volunteers and the type of volunteers to be engaged.
- Reviewed amounts paid to volunteers
- Clearly mentioned the type of meetings allowed under MSH Pro-ACT
- Clearly explained the client flow in an ideal hospital settings
- Proposed the engagement of volunteers (PITC, Data Entry Clerks)

Challenges

- Logistics (vehicles not in order) – MSH Sokoto has only one functional vehicle
- Human resource for health not only in MSH supported sites but in the state a whole
- Serious documentation gap
- Allowance paid to volunteers not encouraging because inherited IPs are paying more
- HIV/AIDS knowledge gap in some communities

Next Steps

- Follow up on the engagement of PITC and Data Entry Clerks in the facilities.
- Follow up on the signing of Letter of Understanding (LoU) between MSH and UDUTHS and State Government.
- Organize one day Stakeholders forum meeting
- Conduct HTC outreach in the state.
- Site assessment in preparation for the activation of new sites (50 PMTCT and 2 CCT sites).

Clinical HIV/AIDS Services

PMTCT/ART

An assessment conducted in all the supported sites during the quarter under review revealed that there was a problem of availability of test kits at antenatal clinics which contributed to significant decline in number of pregnant women tested for HIV. The main contributing factor that led to the stock out of this essential commodity was improper or absent documentation of the tests conducted which consequently led to under reporting and quantification. However, the logistics team rescued the situation to a great extent by mobilizing the commodities from other sites and SACA to the most affected sites. In addition, the state team has started the process of engaging data entry clerks to help in the documentation of every test conducted. These synergistic measures taken will help address the problem in future.

Although all identified HIV positive pregnant women were put on ART (as indicated in the table above), identifying the HIV status of the exposed infants (EID) was greatly hampered by non-functioning DNA-PCR Machine in UDUTH. In addition, exposed infant follow up was seriously challenged as a result high proportion of home delivery and the long distances the women have to travel post-delivery to the nearest PMTCT sites in order to access Nevirapine syrup for their babies. The practice made so many babies lost to follow up. In order to overcome this challenge, Nevirapine syrup will be issued to the women during antenatal in some selected facilities (as a pilot) and the women will be taught how to administer the drug to their babies soon after delivery. This perhaps may serve as a motivating factor for the mother and her baby to report back to the facility and stay in care.

In addition to lack of DNA PCR test, the State is as well not capable of doing viral load for suspected ART treatment failure cases. This is as a result of non-functioning viral load machine. The inability of

these two vital machines to function is significantly affecting quality HIV/AIDS service provision in the State and beyond. The head office has been informed on the situation.

TB/HIV

There is inadequate documentation for all patients that are offered CT. Client intake forms were applied but not recorded in the register. This issue has been rectified by giving the responsibility of filling the register to the M&E focal persons who will also updating it from the month of September 2013.

Next Steps

- Scale up PMTCT services in order to take the service closer to the people
- Carry out quarterly CMEs and monthly PCTs within supported facilities
- Continue provision of technical support through regular supportive supervision and mentoring
- Continue partnership and collaborative activities with key stakeholders in the state including.
- Provision of support to SACA in developing state work plan
- Conduct ART/PMTCT training to HCW to address knowledge gap and build capacity for sustainability.

Laboratory Systems

Courtesy Visits

The Pro-ACT team visited State Action Committee on HIV/AIDS, Sokoto, Zonal office of the Medical Laboratory Science Council of Nigeria, Sokoto, State Ministry of Health, Sokoto, Director of Medical Laboratory Services of Hospital Management Board, Sokoto, Chairman and Executive Officers of Association of Medical Laboratory Scientists of Nigeria (AMLSN), Sokoto State Branch, Chairman and Executive Officers of Association of Medical Laboratory Scientists of Nigeria (AMLSN), Usmanu Danfodio University Teaching Hospital Chapter, Sokoto.

Facility Visits

All the facilities that Pro-ACT is supporting in Sokoto State were visited during this period: Usmanu Danfodio University Teaching Hospital (UDUTH), Specialist Hospital, Women and Children Welfare Hospital, Maryam Abacha Maternity Hospital, General Hospital Tanbuwal, General Hospital Dogon-Daji, General Hospital Yabo, General Hospital Tureta, General Hospital Amanawa and Holy Family Mother and Child Health Centre. During the visits, there were interactive fora with the Laboratory personnel in all the facilities. The team assessed functionality of laboratory equipment and services in all the facilities.

The team observed that personnel providing HIV/AIDS and TB services in our facilities need refresher training. Some laboratories need renovation and equipment for biochemical panels, haematology panels and CD4. Poor documentation in the laboratories was also observed. There is no coordinated internal quality assessment in the laboratories. Waste management systems are also poor in some of these facilities.

Challenges

- Stock out of PCR reagents in UDUTH has caused delay in running DBS investigations and the need to replace another PCR machine is very paramount. The DT pipette in UDUTH is not aspirating and there is need to also replace the pipette urgently.
- The breakdown of Beckman Counter in General Hospital Dogon-Daji is a big challenge that needs attention.

- Poor power supply is affecting the functionality of machines in most of the secondary institutions we are supporting.
- Specialist Hospital Sokoto, General Hospital Dogon-Daji and General Hospital Tanbuwal needs UPS and stabilizers as soon as possible.

Some of these challenges have been reported and actions are ongoing to solve the challenges.

Next Steps

- Organize a workshop for all facility staff on how to improve quality at pre-analytical phase for DBS specimen collection. This will help close the present gap that has been identified.
- Visit four facilities and administer check list to help in laboratory improvement.
- Follow up the issue of full automatic blood cell counter machine provided to WCWH by Sokoto State Government.
- Write and forward a proposal for modification of the PCR cloak room in UDUTH and make suggestions on the need to get disposable cloak shoes for PCR laboratory.
- Coach some facility staff on documentation and writing of SOPs.
- Introduce general cleaning and weekly sanitation in the laboratories we are supporting.
- Continue courtesy and advocacy visits to clergies, traditional leaders and community leaders for example the leader of Yorubas and Igbos in Sokoto.

Community Care, OVC, and Prevention Services

Advocacy and Familiarisation visits

The Community Care Team which is made up of the Community Care Specialist and Community Care Officer and the Clinical Care team made up of two Clinical Care Specialists carried out advocacy and familiarisation visits to the 7 CCT sites and the 3 PMTCT sites. The purpose of the visits was to get to know the extent of care treatment and support services, identify gaps in quality of service delivery, the challenges, and the way forward.

The visits gave the team the opportunity to interact with doctors, nurses and lab personnel that are in charge of Treatment Care and Support vis –a vis the ART clinic, the community support service department, the treatment support focal person, the Adherence counsellors, and HTC counsellors.

The team also participated in SOSACA FY 14 workplan development where they provided technical input in the development of SOSACA workplan.

Patient Care Team Meeting

The team participated in the Patient Care Team meeting in some CCT sites. They also took part in step down training on TB to all facility staff in Women and Children Welfare Hospital (WCWH) this training was conducted by three WCWH staff who attended the training organized by SOSACAT. The team also conducted a needs assessment to 6 CCT sites. During these visits the team were able to understand these facility needs and places to place them.

The Pro-ACT team also carried out a sensitization meeting on HTC/PMTCT outreach to 22 religious and traditional leaders and 11 facility in-charge from Sokoto/South local government was conducted at the local government sectarian hall.

Challenges

- Inadequate consumables in the supported facilities

- Delay in engaging volunteers in MSH supported facilities.
- Lack of basic care kits in all the supported facilities
- Tracking, follow-up visits and home base care are no more existing in all the facilities due to unavailability of funds.
- Existing counsellors and testers need refresher trainings.
- Internet problem in the state office.

Next Steps

- Support Group Meeting for the 7 CCT sites
- Community HCT/PMTCT outreaches in 3 LGAs (Sokoto South, Sokoto North and Wamakko)
- Community leaders, LACAs and Facilities staff from Sokoto/North and Wammako LGAs advocacy and sensitization meeting
- Participate and support Proposal writing workshop for selected CSOs in Sokoto State
- Patient Care Team meeting
- Distribution of Basic Care Kits to CCT sites
- Interview, selection and engagement of PITC and Adherence counsellors volunteers
- Carry out training needs assessment in all the CCT sites and PMTCT sites

Logistics and Supply Chain Management Services

The SCMS activities for this period focused mainly on stop gap interventions at supported facilities as well as undertaking ground work for the coordination of SCMS in the state through engagement with managers at the facility level and at SMOH.

Development of Strategies for Achieving State FY14 HTC Targets

The Pro-ACT state team actively worked with SCMS to develop strategies for achieving FY14 HTC target. Analysis of kit utilization for the Sept/Oct 2013 review period and validated M&E HTC data for Oct 2013 (only) was used to deduce current total facilities' HTC monthly achievement which stood at 24.34% of expected state monthly target. In view of this, the state team resolved to vigorously pursue facilities based HTC to increase it from 24.34% to 50% and also vigorously use extended PMTCT outreach model and strong referral linkages to pursue the remaining 50% of target. To achieve this, consistent availability of RTKs and consumables is of high priority.

SCMS team at the state has quantified RTKs and consumables for the proposed extended PMTCT outreach. The plan was submitted to the Country Office and the Pro-ACT sites received supply in preparation for the kick off.

Improved capacity of Health Facilities on Logistics Management of Health Commodities (LMHC) to Ensure Access to Quality Products and Services

Situation analysis of facilities in the state has shown the need for the training /re-training of facility personnel in key thematic areas of ART including those areas involving commodity management. While it is anticipated that this would be addressed further through training sessions that are better structured, the team has provided on-site coaching and mentoring at different facilities to bridge noticeable gaps.

Good pharmacy and laboratory practices are critical to the effective delivery of ART services. In response, the team has made sustained efforts to coach pharmacy and laboratory units on the general layout of their practice areas, temperature control, proper documentation of issues and receipts and proper management of reverse logistics. At UDUTH, Maryam Abacha Hospital for Women and Children (MAHWC) as well as the general hospitals (GH) at Yabo and Tambuwal,

pharmacists were sensitized on the need to provide needed ambience for pharmaceutical care while attending to patients.

Commodity Management

Earlier in the quarter, gaps in stock levels of ARVs, Laboratory reagents, RTKs and consumables were found evident in most facilities in the state by the team. This was partly due to non-provision of buffer-stock by the previous partners from whom MSH took over sites in the state. Steps were taken over the reporting period to address the situation so as to enable ART services to remain uninterrupted at facilities. These steps include redistribution of existing stock of ARVs and RTKs as well as activation of linkages for logging of CD4 and DBS samples.

- Holy Family Hospital was linked to UDUTH and State Specialist Hospital for logging of CD4 and DBS sample; WCWC and MAHWC were both linked to State Specialist Hospital for sample logging.
- UDUTH experienced a stock out of PartecCyflow reagents in November which was not previously being supplied by AXIOS. To bridge that gap the team not only activated linkage with State Specialist Hospital for logging of CD4 samples by UDUTH but actively supported on daily basis to coordinate the process until UDUTH received supply.

For the purpose of data and report collection, all facilities in the state were also visited and TA provided as found necessary to enable facility staff to utilize existing tools to generate data and compile reports. Bimonthly pharmacy and laboratory reports for September and October were collected and submitted from all facilities in the state over the period.

Waste Management

Provision of TA and support to health facilities on waste management was done across sites. Facility personnel were encouraged to ensure timely removal of expired items from usable commodities. They were encouraged to adhere strictly to SOP on Health Care Waste Management.

Owing to the observed volume of expired/unusable items found in facilities in the State, the team has initiated discussion with NAFDAC in the state and would extend that effort to other relevant agencies in order to be able to make appropriate recommendations to the Country Office for the disposal of such items.

Challenges

- There is a present challenge of non-integration of Laboratory services into the ART section which is domiciled at the new site of the state specialist hospital (SSH). Patients are referred to the old site for laboratory investigation which has the potential to cause loss of patients to follow up.

Next Steps

- Continue to work with the DPS and other relevant State officials to facilitate the establishment of a technical working group in the state.
- Facilitate the supply of non-available tools such as tally cards, expired commodities log book, expired commodities return forms etc.
- Organize training on Health Commodities Logistics Management and Pharmacy Best Practice either combines or as separate sessions urgently.
- On site mentoring on store management to help organize the stores, dispensaries and Laboratory work stations, introduce more staff to logistics activities / documentations to improve staff proficiency towards ensuring maintenance of stable logistics situation at all times..

- MSH/AXIOS to support upgrade and storage infrastructural needs at the facilities.
- Build on the existing working relationship with SHMB, SMOH, SACA and the hospitals management to improve on the infrastructure needs of the hospitals.
- Continue to work with facilities to streamline regimen distribution to conform to the extant national quantification report.

Monitoring and Evaluation

Technical support to Facility M&E officers to collect and report data from the service delivery points to MSH and the Government of Nigeria: The M&E unit identified gaps in data documentation and collection in both IHVN and FHI 360 inherited sites and therefore out into action building the capacity of the facility staffs and data clerks in those facilities on data documentation and reporting using both MSH template and MSF (Monthly Summary Forms) for HTC, PMTCT and ART.

Deployment of New HMIS Tool to all CCT/ PMTCT Sites in the State

During the period under review, the M&E team deployed HMIS tools all the facilities in the state to facilitates documentation and reporting of Pro-ACT activities and achievement for FY14. The team also provides support to the facility M&E officers on to filled in the registers and update them properly and appropriately, and this on-going activity to ensure accurate data are documented and reported.

On-Site Visits

The M&E team was engaged in site visits to each of the service delivery point of the facilities. There they:

- Reviewed data documentation and reporting procedures
- Provided on-site technical supports on data documentation to the facility M&Es and data Clerks
- Discussed critically best practices as well as challenges been experience at various point of service delivery.
- Taken notes of all stock out documenting tools in the facilities.

Data validation and Reporting using USG DHIS platform

During the period under review, the M&E team have worked and are working proficiently to validate and review data entries in DHIS for the first quarter of the FY14. The process of checkmating the data entries is to ensure data consistency (data reported to country office is the same with that of MSH database). As the Lead IP in the state on HIV care and treatment, the M&E team has continued to work closely and in cordial relationship with SOSACA, LACA and SMOH, and other stakeholders to coordinate the HIV/AIDS response in the Local and State level.

Challenges

- Improper / uncompleted documentation in all the units of service deliveries in all the facilities.
- Lack of technical knowledge on how the work should be done.
- The facilities need routine on-sites mentoring and hands-on-training to able understand the way to document collect and report data that is different from the way they are used to before.
- Lack of compliance and support from the management and facility staffs to the MSH team. Most especially the sites inherited from IHVN.

- Challenges of volunteer's stipends and other allowances in the IHVN Sites that is entirely different from that of MSH.
- Refusing to document using the HMIS Tools provided to the facility to enhance accurate documentation of facility data, especially IHVN sites.
- Request for LoU and MoU from MSH to the facility management of inherited IHVN sites.
- No system in place to report HCT data in TB setting.

Next Steps

- Continue technical assistance and on-site mentoring to further enhance and strengthen the facility data documentation before SAPR.
- Make service delivery data accurate and available to making inform-decision and enhance quality of service delivery.
- Follow-up with the country office in providing LoU/MoU to the SOSACA, SMOH and some facility to enhance understanding and compliance between the SMOH and the facilities.
- Completing the process of re-engagement of data clerks in the remaining inherited IHVN sites to enhance documentation.
- Support all activities in the state that relate to M&E and strategic information use to state, field office and country office.

ZAMFARA STATE ACTIVITIES

October to December 2013 marked the first quarter of project activity in the state as the transition to MSH as Lead IP was complete. During this period MSH established the field office in Gusau, and focused efforts to recruit staff for multiple technical positions. Some staff were placed at post while others will report in January 2014, after the holiday season. As the Lead IP in the state on HIV care and treatment, MSH started collaboration with the Zamfara Agency for Control of AIDS and participated in the Zamfara State Ministry of Health partners meeting.

Health System Strengthening

Health Partners Forum meeting

MSH participated and supported the State Partners Forum meeting, led by Zamfara SACA. The meeting provided the opportunity for sharing experiences, best practices and addressing challenges to achieve common objectives of both the IPs and the Zamfara State Government of Nigeria.

Forum participants included the Permanent Secretary of SMoH, all the directors in the Ministry of Health, Implementing Partners and stakeholders in the state. Group members met to review the Health Sector Annual Operation Plan in order to ensure the implementation of the integrated health plan and equally to share the 2014 annual operational plan with all partners in the state to avoid duplication of activities and be more effective to manage resources and respond adequately. The meeting was also an opportunity for partners to share their work, achievements in the state and showcase their brands and services.

Health System Strengthening Grant for SMoH

In an effort to help Zamfara State address persistent human resource issues, mostly in the areas of capacity of service providers to provide quality service delivery in health facilities, Pro-ACT introduced the concept of providing health system strengthening (HSS) grants to the state to be solely managed by the Ministry of Health. The main objective of these grants is for the state to utilize the grant for training of service providers to meet the needs of various cadres. To start the process, relevant state officials attended a meeting in Abuja, where the concept was fully explained. As a follow up to this meeting, a state-level meeting was held for the review of curriculum and development of the HSS grant budget for the state.

Pre-award survey/assessment conducted for CSOs in Sokoto and Zamfara State

In an effort to strengthen community HIV service delivery in the two new states of Sokoto and Zamfara and strengthen local capacity for ownership and sustainably using a cost effective approach, 16 CSOs from a shortlist of 28 which expressed interest, were recommended for proposal development training following a pre-award survey and assessment. CSOs selected at the end of this exercise will work to enhance the provision of HIV prevention, OVC, HTC and care and support services in target communities.

World AIDS Day

As the Lead IP in the state, MSH Pro-ACT Project supported ZAMSACA and SMoH for the conduct of WORLD AIDS Day 2013. While the stakeholders organized outreach activities, MSH provided the participants with T-shirts, caps, and banners. The MSH staff also participated actively in an event that took place in the state capital. This year's team was: "Getting to zero: Zero new HIV infections. Zero discrimination & Zero AIDS-related deaths". Activities focused on the need to scale up HCT services, encouraging people to know their HIV status by visiting VCT centers as the state is reporting low HCT figures.

Monitoring and Evaluation

Technical support to facility M&E officers to collect and report data from the service delivery points to MSH and the Government of Nigeria

The M&E team during the last quarter of the year 2013 provided technical assistance to facilities and state M&E officers on data documentation processes, collection, collation and reporting from various service delivery points (SDP) through the use of national harmonized HMIS tools. Facilities that are close to the field office are being visited twice each week while the farther ones were visited at least once each month.

Data clerks currently working in 3 of MSH's HIV care and treatment sites were provided with necessary information through the hands-on training and supportive supervision to be able to document properly, and identify any issue affecting data documentation.

Deployment of new HMIS tools to sites

During the reporting period, the M&E team deployed new HMIS tools to facilitate data documentation and reporting of Pro-ACT achievements for the FY14. The team also provided necessary support to the facility staff to be able to fill those registers appropriately. This is an ongoing activity to ensure accurate data reporting for key indicators.

Familiarization visits

During MSH's first week at the Zamfara state field office, the M&E Associate together with the Senior M&E Specialist paid familiarization visits to ZAMSACA office FMC Gusau and GH Magami respectively. At each facility service delivery point, the MSH M&E staff:

- Reviewed service registers to ascertain the quality of data documentation and ensure registers were up- to-date
- Critically discussed best practices as well as the challenges been experienced at the various departments
- Reviewed data documentation and reporting procedures
- Provided onsite technical assistance on data documentation to relevant staff
- Documented of all stock-outs of data collection tools

Other Activities

- Supportive Supervisory visits: the team conducted routine supervisory visits to support M&E officers and data clerks in 3 CCT and 21 HTC and PMTCT sites.
- Provision of all HMIS tools to all units within facilities to facilitate service documentation
- Support to all program staff at the MSH Zamfara field office on documentation.

M&E training on data documentation and reporting using new HMIS tools

To build the capacity of the newly recruited M&E Associated for Zamfara state field office, the staff attended a 5-day M&E training aimed at improving the data documentation and reporting skills of 24 LACA staff and 16 CCT health facilities staff in Niger state. The overall objective of the training was to ensure an efficient data reporting system in accordance with the national data flow protocol (health facility to LACA and from LACA to SACA and from SACA to NACA), correct use of national HMIS tools and correct reporting with the Nigerian National Response on Information Management Systems (NNRIMS).

Quarterly Data Quality audit

The M&E team worked closely with the facility M&E officers to review reported data by the facility staff. The MSH team carried out a quarterly data validation exercise to re-collect facility data where gaps are observed, strengthen capacity of health facility M&E officers on data collection, and reporting geared towards sustainable data reporting system across all MSH supported sites in the state.

Challenges

- Improper / incomplete documentation at various service delivery points was found to be a great challenge in the Zamfara State whereby in most health facilities data captured in monthly summary forms do not tally with what is captured in registers. MSH M&E Team therefore made effort to mentor M&E officers at facility levels to properly manage the available M&E tools for quality data.
- The process of transiting some sites from other IPs to MSH affected the quality of service provided by HFs. Regular visits to inherited sites was therefore given priority by the field office to enable them provide quality services and document service delivery appropriately
- Newly inherited PMTCT sites need more clinical mentoring to be able to provide quality HIV service to pregnant HIV+ mothers and update their knowledge

Next steps

- Finalization of HSS Grant Agreement for subsequent release of the grant.
- Activation Comprehensive Care and Treatment Services at Yariman Bakura Specialist Hospital, Gusau.
- Scaling up of PMTCT and HCT services to 30 public and private Health facilities.
- Engagement of selected CBOs for Prevention activities
- Continuous technical assistance and on-site mentoring to further strengthen the facility data documentation system before SAPR
- Make use of service delivery data to inform decision-making, and enhance quality service delivery and Support all activities in the state related to Monitoring, evaluation and strategic information use.

FY14 is a transition year. Pro-ACT will be supporting activities in some health facilities that were previously supported by other implementing partners. As a result of this, the M&E team has been busy with a lot of system strengthening, hands-on and mentoring activities in health facilities (HFs) in Niger, Kebbi, Kwara, Sokoto and Zamfara States. The system strengthening activities was not limited to site levels but extended to above sites level to strengthen ownership and sustainability of the HIV response at all levels of government.

Highlights of Achievements (FY'14 Quarter 1, PY'5 Quarter 2)

M&E support to the Government of Nigeria (GON) M&E Systems

- Established clusters in Niger for better coordination of activities (currently in 7 LGAs)
- Strengthened data documentation and reporting in 5 supported states
- Supporting national response (DQA, report writing and data validation)
- Strengthened the state LACA and SACA to coordinate HIV response (Trained Niger LACA and SACA M&E)

M&E support to the MSH Project

- Developed a new database in line with current realities (CBO, LGA, State, Pro-ACT, Training and HSS/QI)
- Timely data reporting to USAID (DHIS and PMTCT)

Achievements: M&E support to the Government of Nigeria (GON M&E Systems)

Established health facility clusters for better coordination of activities

The number of health facilities that Pro-ACT is required to support increased from 172 in 6 states in FY13 to 292 in 5 states in FY14. Considering the number of these health facilities, and the size and terrain of these states, it is necessary to consider efficient ways to achieve better results. With the current resources both human and financial available to Pro-ACT, a better way to go is to create fora in the different LGAs where health facilities can converge to deliberate on issues that relate to HIV program implementation. This will also give MSH team in each state the opportunity to interact with HFs in each LGAs in order to address each other's concerns. The meeting is conducted once a month in each LGA. So far, Pro-ACT M&E team has set up this meeting in 7 LGAs (Chachanga, Bosso, Gurara, Shiroro, Paikoro, Suleja and Tafa) in Niger State. This meeting has made data collection and distribution of commodities more efficient and less demanding on the state team, and the plan is to extend this model to the other states.

Strengthened data documentation and reporting in 5 supported states

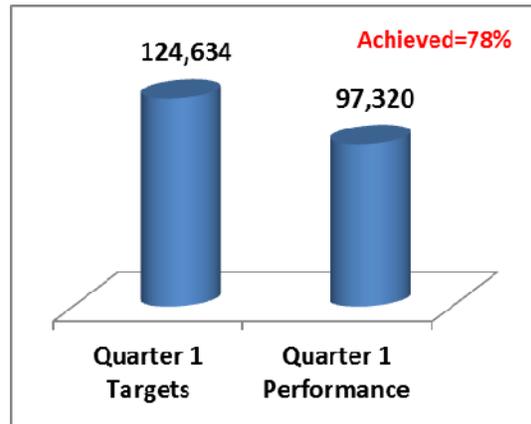
Some of the findings from the assessment of most of the health facilities inherited from other implementing partners after the rationalization process showed that there is a lot of documentation gaps requiring urgent and immediate action. Our findings revealed that there are no data capturing (HMIS tools), data reporting tools (NNRIMS) and where they are available, they were not correctly or appropriately captured. To bridge these gaps in the 5 states, the M&E team conducted

- A quick assessment of the entire M&E system
- Supplied all the necessary HMIS tools including the NNRIMS
- Trained all the focal M&E officers (in Niger State) in all the health facilities providing comprehensive HIV care
- Engaged data entry clerk to support data documentation and reporting in our CCT sites
- Continuous mentoring on the correct filling of all the forms and registers

For the older sites and sites taking over from FHI, the M&E system is better than what is obtainable in health facilities taken over from FGH and IHVN. The expected result is to have these health facilities operating at the same level and meet GON and USAID standard. This means that the quality of data generated will meet the required standard of informing valid decisions.

Achievements: M&E support to the MSH Project

SUMMARY OF MSH Pro-ACT DATA REVIEW (OCTOBER - DECEMBER 2014)



PREVENTION AND COMMUNITY SERVICES

Prevention

During the October to December 2013 quarter, the prevention unit reached **3248 (Male = 1835, Female = 1413)** people out of the **678** people expected to reach with AB-focused HIV prevention interventions. For the MAPRs indicator, **1175 (CSW =244, IDU =69, Other vulnerable population = 862)** were reached with other prevention activities other than Abstinence and be faithful. This is **88%** of the expected target for the quarter. For the general population indicator which is made of the AB and other population indicator, MSH has reached **6,629 (Male =3116, Female = 2517)** which is **326%** of the expected target of **2034** for the quarter. In summary MSH has performed very well so far with FY14 prevention targets; if this pace is maintained by the COBs, MSH can deliver on all prevention targets by the end of the second quarter.

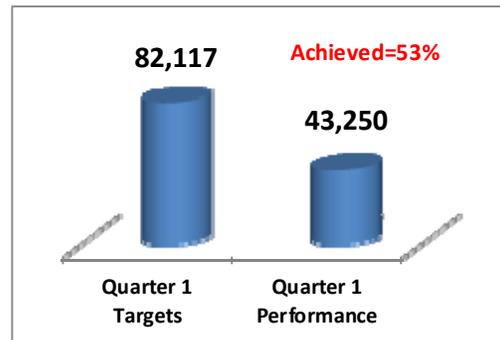
HIV Counselling and Testing

At the end of the site transition, 50% of MSH supported health facilities were taken over from other implementing partners. Most of the HFs have not received support for a while before their hand over to MSH. A lot of challenges were inherited from these sites which include stock out of RTKs. The lack of RTKs in most of these health facilities has affected the provision of HIV testing and counselling services in the first quarter. Notwithstanding, MSH has been able to work around these challenges, by achieving more with limited resources. In the first quarter alone, **97,320** individuals including pregnant women were reached with HTC services. This is about **78%** of the first quarter target of **124,634**. The total number of HIV positive individuals identified in the reporting period is **3314 (3.4%)** of the total number of individual tested and received their results for HIV. A total of **2444 (74%)** HIV+ individuals were enrolled in the program in 5 states of Niger, Kebbi, Kwara, Sokoto and Zamfara. A substantial number of the losses were due to poor referrals and weak linkages.

CLINICAL SERVICES

PMTCT

During the quarter under review, **43,250 (231 Known positives at entry & 43,019 unknown)** pregnant women received HIV counselling and testing and received their test results in MSH-supported PMTCT service sites a higher output when compared with previous quarters achievements except for last quarter because of the outreaches. Only **464** of these pregnant women were newly identified HIV+. This achievement can be attributed to the increase in the number of PMTCT sites after the rationalization process.



A total of **327 (70%)** pregnant HIV positive women

identified during the quarter received a complete course of antiretroviral prophylaxis at the ANC and L&D. In summary, we are currently at **53%** for pregnant women C&T and received results while we are **26%** for pregnant women who received ARV prophylaxis; these are below the FY14 expected quarter one targets.

Exposed Infants Data

During the quarter **318 (Males 147 & females 171)** exposed infants were delivered. A total of **269 (85%)** received ARV prophylaxis for prevention of HIV from mother to child. In the same quarter, a total of **258** EID blood samples were collected for DNA PCR test. A total of **107** PCR results were result with **7** of them testing positive. In summary we had a positivity rate of about **7%**.

HIV Care & Treatment

Between October and December 2013, **2,444 (Paediatric =207 Adult = 2,237)** new patients enrolled into care. Cumulatively, number of HIV positive clients enrolled into Care by the end of FY14 stands at **42,324 (Niger 21,126; Kwara 3,690; Zamfara 4,256; Sokoto 5,561 and Kebbi 7,691)**. With the rationalization process and other program strategies, the number of HIV+ clients on ART is **18,738** which is **51%** of the FY14 target of **36,631**

In the same period, **1,536** enrolled clients of the expected quarter one target of **3074** were initiated on ART. Cumulatively by the end of the quarter under review, total number who ever initiated ART treatment stood at **26,609 (Niger 14,082; Kwara 2,016; Zamfara 1,864; Sokoto 3,479 and Kebbi 5,168)**, while **18,738** are currently on ART representing **51% of the FY14 target**.

It is important to note that the figures given for the cumulative number of HIV positive clients enrolled into care and those who ever initiated ART treatment by the end of FY14 excludes 15 comprehensive health facilities taken over from Friends for Global Health (FGH) and Institute of Human Virology (IHVN). The estimate figure (not yet validated) from these sites is **22,000** for those cumulatively enrolled into care and **12,000** for those cumulatively initiated into ART. By the end of FY'14, Quarter 2, the validated data will be reported.

Pro-ACT FY14 Quarter 1 Performance					
Performance Indicators	FY14 Targets	Quarter 1 Targets	Quarter 1 Performance	Percentage Achievement	Balance Left
Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	328,467	82,117	43,250	53%	38,867
(Numerator) Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	5,005	1,251	327	26%	924
(Denominator) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	6,256	1,564	695	44%	869
Number of infants born to HIV-positive pregnant women who received an HIV test within 12 months (a subset of #P11.1D)	5,005	1,251	107	9%	1,144
Number of persons provided with post-exposure prophylaxis (PEP)	100	25	8	32%	17
Number of People Living with HIV/AIDS (PLHIV) reached a minimum package of PwP interventions	43,958	10,989	1,133	10%	9,856
Number of (persons in) the target population reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	8,137	2,034	6,629	326%	-4,595
Number of individuals reached with individual/small group interventions primarily focused on abstinence and/or being faithful	2,712	678	3,248	479%	-2,570
Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	5,367	1,342	1,175	88%	167
services for HIV and received their test results (including PMTCT, TBHIV, Infants)	498,536	124,634	97,320	78%	27,314
Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (HCT sites Only)	154,484	38,621	53,480	138%	-14,859
Number of eligible adults and children provided with a minimum of one care service	158,498	39,625	79,581	201%	-39,957
Number of HIV-positive adults and children receiving a minimum of one clinical service	73,263	18,316	26,527	145%	-8,211
Percent of HIV-positive persons receiving cotrimoxazole prophylaxis	80%	20%	65%	65%	35%
(Numerator): Number of HIV-positive persons receiving cotrimoxazole prophylaxis	58,610	14,653	9,526	65%	5,127
Number of HIV-positive malnourished clients who received therapeutic or supplementary food	1,465	366	0	0%	366
Number of individuals who received C&T for HIV and received their test results at a USG supported TB service outlet (including suspects)(a subset of P11.1D)	10,580	2,645	822	31%	1,823
TB/HIV: (numerator) Number of HIV-positive patients who were screened for TB in an HIV care or treatment settings	65,937	16,484	5,429	33%	11,055
Number of adults and children with advanced HIV infection <u>newly</u> enrolled on ART	12,296	3,074	1,536	50%	1,538
Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	36,631	9,158	18,738	205%	-9,580

Challenges

- Limited human resource to support service delivery and program implementation.
- Weak data documentation systems particularly in the new sites inherited from other IPs
- Slow progress in getting new staff on board
- Disruption of services caused by the December festive season

Next Steps

- Modify the current database in line with the new PEPFAR guidelines
- Expand the clusters to other LGAs and states as we continue to strengthen the existing ones
- Bridge the HR gaps at the sites (engage data entry clerks and training more facility staff) and MSH (recruit more staff)
- Train the other LACA & HF M&E officers in Sokoto, Kwara, Zamfara & Kebbi states.
- Continue to support all National and USAID activities in Nigeria

Fadama is Working! MSH Supported Groups of PLHIV get \$28, 125 Grant to Improve Income Generation



The Community Care Specialist inspecting one of the Fadama III supported sites in Omuaran, (Poultry under construction) Kwara State

In August 2013, two MSH-supported umbrella support groups (comprising of about 14 sub-units) in Kwara State Nigeria were awarded a grant worth N4.5 Million (\$28,125) by a World Bank Assisted Project (Fadama III) to implement economic empowerment projects. The support groups are the Awoye Support Group (Awoye Vulnerable FADAMA Association) in the Offa Local Government Area and the Alafia Tayo Support Group in the Omu-Aran Local Government Area of Kwara State. Already being implemented, the projects are expected to improve the support groups' income-generating capacities and members' overall standard of living.

The Fadama project provides small-scale economic development programs for less privileged and vulnerable groups in rural communities to participate in. Projects of focus include irrigation, poultry farming, cattle and cow rearing, and livestock production, done through the formation of small units called Fadama User Groups (FUGs) and Fadama Community Associations (FCAs).

The grant allocation process was facilitated by MSH's Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT) Project state office with a visit to Fadama III, for information on resources available, minimum requirements, and the method of application

to enable these groups to access these grants. The MSH state community team helped source funds from the Kwara State Agency for the Control of AIDS (KWASACA) to complete the registration process so that the groups could secure the FADAMA grant. The small groups in the MSH-supported groups formed FUGs and FCAs. FUGs are small groups comprised of about 15 to 20 members, and the FCAs are a combination of about 15 FUGs in a local community.

The MSH-supported support groups – both FUGs and FCAs – were awarded the N4.5 grant to support different projects of interest in poultry farming, cattle and cow rearing, and livestock production. The first installment for the project was paid into the groups' accounts and contractors have started work on the projects. At the completion of the first phase of the project, the second and final installment will be paid.

In appreciation of MSH and FADAMA III, one of the Support Group members said, “We would not have benefitted from this kind of gesture if not for the unrelenting effort, encouragement, and counselling on positive-living received from MSH staff before and during the process.” The groups were thankful to the FADAMA team for the funding provided and committed to putting the grants to good use for the economic development of their families and the society at large. It is hoped that the fund will help reduce the burden placed on these groups by their compromised health status.

Kogi State, Nigeria Recognizes ProACT Project for its Contributions to Scaling-down HIV/AIDS in the State



The Permanent Secretary Kogi State Ministry of Health, Alhaji Salau Aliu presenting the Award of Excellence to the Director, Health Systems Strengthening, Pro-ACT, Mr. Atuma Emmanuel on behalf of MSH

Lokoja, Kogi State December 10, 2013

The Kogi state government has commended the PEPFAR-USAID funded project, Pro-ACT, implemented by Management Sciences for Health (MSH), for its critical support to improving access to quality HIV and AIDS prevention, treatment and care services in the state from 2008 – 2013. The State Commissioner for Health, Dr. Omede Idris, gave this commendation during a send-forth organized for MSH by the State Ministry of Health (SMOH) on December 10, in Lokoja the State Capital. Presenting MSH with an award, he stated that the HIV/AIDS services intervention by MSH in Kogi has been highly successful. He proudly cited as evidence data from the 2012 National HIV/AIDS and Reproductive Health Survey Plus (NARHS-Plus) survey, which was recently published in Abuja. The survey results showed that from the high sero-prevalence rate of 5.8 % in 2010, Kogi State has dropped to 1.4 % in 2012. He attributed a good part of this success to MSH. “MSH activities in terms of support to provision of qualitative HIV/AIDS services in Kogi state helped to reduce the HIV prevalence rate. The result of the survey is satisfying and it is our hope that this gain will not only be sustained by the in-coming implementing partner but will still improve upon beyond what it is now,” he said.

Dr. Omede, who urged the people of Kogi to avoid negative practices and habits and to live healthy, said that the positive results the state has demonstrated over time are an

indication of ownership, “because partners alone could not have achieved this level of success if the state government was not involved and did not demonstrate a level of ownership.”

The Pro-ACT Director of Health Systems Strengthening, Mr. Emmanuel Atuma, thanked the state ministry for recognizing MSH’s contributions to Kogi’s state health profile. He said “the working relationship between MSH and the state was built on trust which in turn increased ownership of the program by state actors in leading and managing the HIV response.” Mrs. Comfort Mbu, Desk Officer with the Kogi state Ministry of Health, commended MSH for organizing a training program which enabled the ministry to articulate its vision and mission statement which were conspicuously displayed in the ministry premises.

Kogi State participated in a Pro-ACT-facilitated Leadership Development Program (LDP) for health managers from its SMOH, AIDS Agency and the specialist hospital levels, in 2010. This almost immediately resulted in increased government commitment to HIV and AIDS services through the procurement of laboratory equipment and activation of three state-owned comprehensive HIV care and treatment sites for underserved populations in the state. Following state team advocacy for support to health (especially HIV) services in the state, the SMOH received a budget line of N30m (\$200,000) from the State Executive Council to set-up the three sites early in 2011. These results following directly on the leadership capacity development for the state health managers reinforced Pro-ACT’s belief that developing health managers’ capacities for leadership empowers them to become creative facilitators of change in resource-constrained environments. The synergy between Pro-ACT and the Kogi State government further manifested (can at least be significantly linked) to HIV/AIDS decline which is far below the national rate (estimated in the NARHS) at 3.4%.

APPENDIX 1: MOBILE APP/FEEDBACK LOOP FOR SYSTEMATIC DATA COLLECTION OF LDP+ AND RESULTS

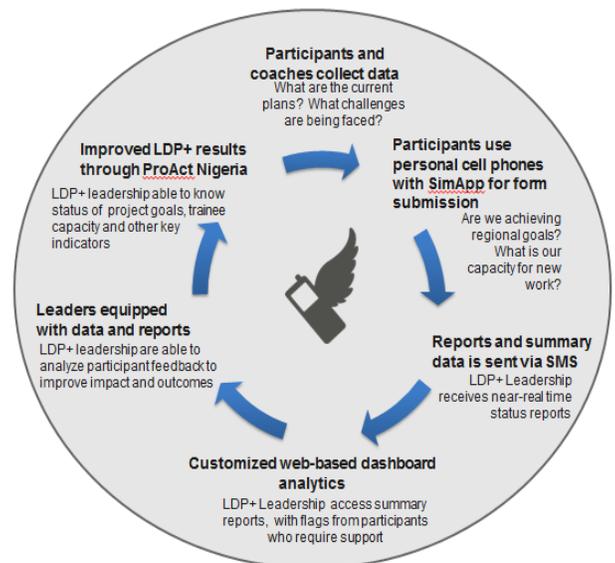
The Center for Leadership and Management (CLM) at MSH has been carrying out leadership development programs (LDPs) for well over a decade in over 40 countries. However, teams have not had an easy way to capture data for these efforts and routinely rely on manual data collection practices that are generally inefficient and burdensome for LDP participants and MSH staff. In the fall of 2011, USAID awarded MSH the Leadership, Management and Governance Project (LMG) and some significant changes were proposed for the LDP (now referred to as LDP+). These changes are: 1) revised content that includes governance and gender components; 2) oversight of technical teams from within the client organization to sustain the program and, where appropriate, develop plans for scale-up throughout the institution; 3) inclusion of priority common health indicators each team must work to improve and monitor; and 4) improved monitoring and evaluation (M&E) with the use of a simple and powerful reporting format. After testing the LDP+ with Plan Health with great success in 10 facilities in Gwagwalada Health Council, LMG proposed a mobile app/feedback loop that could support systematic data collection for the LDP+. Work began on both content and the mobile app in LMG's first year and throughout PY2.

LMG consortium partner, Medic Mobile, designed a mobile app/feedback loop using a data collection tool called Muvuku. This tool uses a parallel SIM card to enter and validate data using any standard GSM phone that sends data via SMS on any GSM network globally. Data is received in a web application called Kujua, where it can be exported into a .csv (spreadsheet) format and loaded into relevant management information systems used by MSH and others. Medic Mobile customized the Muvuku forms for cell phones to support data collection for MSH's new LDP+.

During a recent LDP+ Training of Trainers with Plan-Health and ProACT staff, participants from ProACT expressed strong interest in using the mobile app to support their requisite data collection. ProACT's current support to Kwara State implementing the LDP+ is based on the previous experience in Gwagwalada, in eight health facilities across three senatorial districts of the State. Their vision is to have "Kwara State's next generation free from HIV infection due to improved PMTCT services."

ProACT project staff members in Nigeria can load and test the questions on the SIMApp, which will accomplish two important goals: 1) it will reduce the cost of the project, as it is more cost effective for these forms to be loaded and tested internally, and 2) it will improve the M&E of the project. Once the initial pilot is completed, the ProACT Nigeria IT Team will be able to collect the SimApps and re-load them with new or different questions for LDP+ participants. If the questions need to be changed or adjusted, the changes can be made locally and quickly. In addition, data can be led to flow directly from Kujua into DHIS for reporting purposes.

Having a systematic and efficient way to both push and pull information, as well as being able to present relevant data for the LDP+ is a significant improvement. It will capture real time data to see how LDP+ teams are performing. With such a process in place, support can be appropriately targeted to those teams who need it most and lessons learned can be more easily gathered from teams who are meeting their challenges as well as those who are not.



Since mobile phones are now commonplace in some of the most remote areas of the world, it is critical to acknowledge that new generations of health sector leaders and managers in low- and middle-income countries should be able to use this ubiquitous tool to enhance their capacity to strengthen health systems. The innovative work between ProACT and LMG will make a tremendous difference in how leadership development programs capture real-time data to inform teams and global health leaders and managers across Nigeria.