

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

## Quarterly Progress Report, October – December, 2014

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Author: Management Sciences for Health

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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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Management Sciences for Health  
200 Rivers Edge Drive  
Medford, MA 02155  
Telephone: (617) 250-9500  
<http://www.msh.org>



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

# **Quarterly Report**

**Quarter I - October 1 to December 31, 2014**

**Submission Date: January 30, 2015**

**Agreement Number: AID-620-A-00-09-00013-00**

**Activity Start Date and End Date: July 16,2009 to July 15,2015**

**AOR: James Ezekiel**

**Submitted by: Med Makumbi, Chief of Party  
Management Sciences for Health  
Plot 564/565 Independent Avenue, CBD, Abuja, Nigeria  
Tel: 08077099631  
Email: mmakumbi@msh.org**

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## Acronyms

AB	Abstinence Be faithful prevention strategy
ACT	AIDS Care and Treatment (MSH Project that proceeded Pro-ACT)
ANC	Ante natal care
ART	Anti-retroviral Therapy
APR	Annual Progressive Report
ARVs	Anti-retroviral drugs
BCK	Basic Care Kits
CCT	Comprehensive Care and Treatment
CDC	Centre for disease control
CHPCE	Centre for Health Professional Continuing Education
CME	Continuing Medical Education
CISHAN	Civil Society on HIV and AIDS Nigeria
CRRIRF	Combined Report Requisition Issue and Receipt Form
CSO	Civil Society Organization
DBS	Dried Blood Spot
DHIS	District Health Information System
DOTS	Directly Observed Therapy Short Course (for TB)
DOD	Department of defence
EID	Early Infant Diagnosis (for HIV-Infection)
EMS	Expedited Mail Service
EQA	External Quality Assurance
FSW	Female sex worker
FMC	Federal Medical Centre
GH	General Hospital
HAART	Highly active anti-retroviral therapy
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
IPT	Isoniazid Preventive Therapy
IMPAC	Integrated management of pregnancy and childbirth
IMCI	Integrated Management of Childhood Illness
INCRESE	International Centre for Sexual Reproductive Right
IR	Intermediate Result
KESACA	Kebbi state agency for the control of AIDS
LACA	Local Action Committee on AIDS
LDP	Leadership Development Program
LGA	Local Government Area
LMS	Leadership, Management and Sustainability Program of MSH
LTFU	Lost to follow up

M&E	Monitoring and Evaluation
MARPs	Most at Risk Populations (for HIV)
MLSCN	Medical laboratory science council of Nigeria
MPPI	Minimum Prevention Package Interventions (for HIV)
MSH	Management Sciences for Health
MSM	Men who have sex with men
MTCT	Mother to Child Transmission
MTB	Mycobacterium Tuberculosis
NACA	National Agency for Control of AIDS
NASCP	National AIDS and STI Control Program (of the Ministry of Health)
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NHOCAT	National Harmonized Organizational Capacity Assessment Tool
NHIS	National health insurance scheme
NIPOST	Nigerian Postal Service
NTLCP	National tuberculosis and leprosy control program
NNRIMS	Nigerian national response information management systems for HIV/AIDS
OI	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PEPFAR	US President's Emergency Plan for AIDS Relief
PHC	Primary health care
PPR	Patient Per Regime
PT	Proficiency Testing
PITC	Provider-Initiated Testing and Counselling
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
Pro-ACT	Prevention organizational systems AIDS Care and Treatment Project
PLHIV	People living with HIV/AIDS
QI	Quality Improvement
RHHF	Royal Heritage Health Foundation
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
SMT	State Management Team
STI	Sexually Transmitted Infection
SOSACAT	Sokoto state agency for control of AIDS
TA	Technical assistance
TB	Tuberculosis
TBIC	Tuberculosis Infection Control
TBL	Tuberculosis and Leprosy
TWG	Technical working group
UDUTH	Usman Danfodio University Teaching Hospital
USAID	United States Agency for International Development
UITH	University of Ilorin Teaching Hospital
USG	United States Government

## Financial Report

### Quarterly Progress Report (Oct - Dec 2014)

<i>ACTIVITY SUMMARY</i>
<b>Implementing Partner:</b> Management Sciences for Health
<b>Activity Name:</b> Leadership Management Sustainability – Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT). Management Sciences for Health (MSH)
<b>Activity Objective:</b> To build the capacity of Nigeria’s public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated with the health system <ol style="list-style-type: none"><li>1. To increase demand for HIV/AIDS and TB services and interventions, especially among target groups.</li><li>2. To increase access to quality HIV/AIDS and TB services, practices, and products in selected states</li><li>3. To strengthened public, private, and community enabling environments</li></ol>
<b>USAID/Nigeria SO:</b> SO 14
<b>Life of Activity (start and end dates):</b> July 16, 2009 – July 15, 2015
<b>Total Estimated Contract/Agreement Amount:</b> \$81,191,741
<b>Obligations to date:</b> \$64,956,748.99
<b>Current Pipeline Amount:</b> \$4,945,319.48
<b>Accrued Expenditures this Quarter:</b> \$3,244,824.94
<b>Activity Cumulative Accrued Expenditures to Date</b> \$60,011,429.51
<b>Estimated Expenditures Next Quarter:</b> \$2,541,755
<b>Report Submitted by:</b> <u>Makumbi Med, Project Director</u> <b>Submission Date:</b> <u>01/30/2015</u>  <b>Name and Title</b>

## Contents

Acronyms .....	2
Financial Report.....	4
Program Overview/Summary .....	6
Program Description/Introduction .....	6
Summary of Results to Date .....	7
Activity Implementation Progress .....	11
Progress Narrative .....	11
Major Achievements .....	11
Community Services.....	11
Clinical Services .....	13
Laboratory Services.....	16
Supply Chain Management.....	18
Health System Strengthening .....	19
Monitoring and Evaluation .....	22
Implementation Status by State .....	24
KEBBI STATE .....	24
KWARA STATE .....	29
NIGER STATE .....	36
SOKOTO STATE.....	41
ZAMFARA STATE .....	47
Integration of Crosscutting Issues and USAID Forward Priorities.....	54
Challenges .....	55
Planned Activities for Next Quarter.....	55
Success story.....	63

## Program Overview/Summary

Program Name	MSH - Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT)
Activity Start Date and End Date	July 15, 2009 – July 15, 2015
Name of Implementing Partner	Management Sciences for Health
Contract/Agreement Number	620-A-00-09-00013-00
Name of Subcontractors/sub awardees	Axios Foundation
Major Counterpart Organizations	Government of Nigeria: FMoH, SMOH, NACA, SACA
Geographic Coverage	Kebbi, Kwara, Niger, Sokoto, Zamfara
Reporting Period	July – September 2014

## Program Description/Introduction

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 centers. In August 2013 the project received 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 41 comprehensive HIV and AIDS treatment centers. 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's three intermediate results (IRs) are:

- IR 1: Increased demand for HIV, AIDS and TB services
- IR 2: Increased access to quality HIV, AIDS and TB services and products
- IR3: Strengthened public/CSO and community enabling environments

## Summary of Results to Date

Increased Nigerian Capacity for a Sustainable HIV/AIDS and TB Response								
Standard Indicators	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4	Annual Performance Achieved to the end of reporting period (in %)	On Target Y/N
<b>Intermediate Result (IR): 14.1 Increased demand for HIV/AIDS and TB services and interventions, especially among selected target groups</b>								
<b>Sub-IR: Prevention/Prevention of Mother to Child transmission</b>								
Indicator #P1.3.D Output: Number of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site	198	198					100%	Y
Indicator #P1.1.D Output: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	159,941	29,451	29,451	0	0	0	18%	N
(Denominator) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	5,236	320	320	0	0	0	6%	N
Indicator #P1.2.D Output: Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	2,970	293	293	0	0	0	10%	N

Numerator: Number of infants who had a virological HIV test within 12 months of birth during the reporting period	2,970	21	21	0	0	0	1%	N
Number of infants born by HIV+ pregnant women	-	192	192	0	0	0		
Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	57%	1%	11%	0	0	0	1.2%	N
<b>Sub-IR: Prevention/Testing and Counseling</b>								
Indicator # P11.1.D: Output: Number of individuals who received testing and counseling services for HIV and received their test results (including PMTCT)	407,609	81,722	81,722	0	0	0	20%	N
Indicator # P11.1.D:Output: Number of individuals who received testing and counseling services for HIV and received their test results (HCT Sites Only)	234,118	50975	50975	0	0	0	22%	N
Indicator #P11.3.N: Outcome: Percentage of health facilities that provide HIV testing and counseling services	100%	100%					100%	Y
<b>Sub-IR: Care/"Umbrella" Care Indicators (formerly Adult Care and Support)</b>								
Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services (Newly enrolled)	12,000	0	0	0	0	0	0%	N
Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (DSD)	40,000	0	0	0	0	0	0%	N

<b>Sub-IR: Care/Clinical Care</b>								
Indicator #C2.1.D Output: Number of HIV-positive adults and children receiving a minimum of one clinical service	56,296	41,569	41,569	0	0	0	74%	Y
<b>Sub-IR: Care/Clinical Preventive Care Services - Additional TB/HIV</b>								
TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	90%	17%	17%	0	0	0	17%	N
Numerator: The number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	50,666	7761	7761	0	0	0	15%	N
Numerator: The number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	2,730	38	38	0	0	0	1%	N
Denominator: The number of registered TB cases with documented HIV-positive status during the reporting period	-	51	51	0	0	0		
<b>Sub-IR: Treatment/ARV Services</b>								
Indicator #T1.1.D Output: Number of adults and children with advanced HIV infection <b>newly</b> enrolled on ART	9292	1124	1124	0	0	0	12%	N

Indicator #T1.2.D Output: Number of adults and children with advanced HIV infection receiving ART therapy	30,861	28262	28262	0	0	0	92%	Y
Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	11,538	0	0	0	0	0		Annual indicator
Indicator #T.1.3.D Number of adults & children who are still alive and on treatment at 12 months after initiating ART	9,807	0	0	0	0	0		Annual indicator
Indicator #T1.4.D Output: Number of adults and children with advanced HIV infection who <b>ever started</b> on ART	0	46,267	46,262	0	0	0		
Indicator # T.1.5.D Output: Number of health facilities that offer ART	41	41					100%	Y

Note: Owing to the ongoing Joint Health workers nationwide strike, a number of facilities (about 30%) did not report their data for December. So this quarter's data is incomplete.

## Activity Implementation Progress

### Progress Narrative

#### Major Achievements

- 94% (28,203) of all new women attending ANC in Q1 FY15 received HIV counseling and testing and received their test results in MSH-supported PMTCT service sites. This is an increase from 84% in the previous quarter.
- The project reached 74% of the set target for pregnant women counseled and tested. This was achieved despite setbacks by the nationwide health workers strike.
- With targeted Health Systems Strengthening (HSS) technical assistance to project states, counterpart government funding projected for 2015 has successfully achieved executive budget approval and is awaiting legislative approval in Kwara, Kebbi and Zamfara States. New strategies are being explored for Sokoto and Niger states to address the non-inclusion of the recommended counterpart funding for the 2015 state budget.
- Pro-ACT formally launched the automated PCR platform which replaced the manual Roche Amplicor V. 1.5 at the Usmanu Danfodiyo University Teaching Hospital (UDUTH) in Sokoto State.
- A recognition and appreciation award ceremony was held in all project states for all the volunteers that are supporting or have supported the Project. The ceremony aimed to link the volunteers with the state government represented by the Ministry of Health and the civil service commission and mitigate the gap in human resources in the states.

#### Community Services

The primary focus of all activities carried out over the first quarter of FY15 continued to be the transition of qualitative HIV Testing and Counseling (HTC), Voluntary Counseling (VC) and care services in supported states. This period also witnessed continued concerted efforts by the community team to align all community activities to the new PEPFAR guidelines. The Pro-ACT grants that started in February 2013 ended on December 15, 2014 with 26 grantees that cut across Civil Society Organizations (CSOs) (22) and State Ministries of Health (SMOHs) (4) in Pro-ACT states. The grant close-out process has commenced with the closure of grants to two CSOs from Sokoto and Niger states due to poor performance and delay in submission of deliverables within the stipulated reporting period. However, the remaining performing grantees finalized their last quarter deliverables despite the Joint Health Workers Union (JOHESU) strike action that continues to pose some challenges in meeting deliverables on time. A range of technical and institutional support through trainings, hands-on mentoring and supportive supervision were conducted for the grantees to promote civil society participation, ownership and sustainability of HIV/AIDS response in Pro-ACT focus states. The grantees participated in Leadership Development Program (LDP+) training and training on resource mobilization to strengthen their organizational sustainability. The hands-on mentoring was centered on the delivery of quality services in the areas of orphans and vulnerable children services and care services for People Living with HIV (PLHIV).

The community team also focused efforts in transitioning Provider-Initiated Testing and Counseling (PITC) points to the states through the facilities. Technical support was provided to the facilities on how to re-deploy their trained personnel to man these transitioned points and how to source for Rapid Test Kits (RTKs) from the state.

A recognition and appreciation award ceremony was held for all the volunteers that are supporting or have supported the Project. These volunteers include PITC volunteers, adherence counselors, trackers and data entry clerks. During this innovative ceremony the contributions of these volunteers were recognized by the various state governments and the Pro-ACT project. The ceremony was leveraged to link the volunteers with the state government represented by the Ministry of Health and the civil service commission. A profile detailing the skill sets, qualifications and capacities of each volunteer was presented to the state government as a data base of available skilled specialists on HTC, adherence counselling, tracking and data entry within the states. The various state governments also made a commitment to fully engage these volunteers as employees so as to mitigate some of the gaps in the health care workforce. The capacity of the volunteers was further strengthened in the areas of writing winning CVs and preparing for job interviews. The volunteers were also educated on and provided links to the available free online continuing education opportunities as a way of further strengthening their capacities in the various areas of their specializations. They were also introduced to available online job search sites. The award ceremony was held in all five project states and was attended by senior government officials including permanent secretaries who represented the commissioners.

As part of the vulnerable children and care strategies, the community team supported the CSOs to replicate the Savings and Loans Association training for their volunteers. The participants are to train and facilitate the formation of Savings and Loans Associations within support groups and among caregivers of vulnerable children. This strategy aims is to strengthen the economic base of these vulnerable groups as a sustainable strategy for retaining PLHIV in care and treatment and for caregivers to sustain care and support to the vulnerable children.

Leadership and management gaps have been identified by the National Harmonized Organizational Capacity Assessment Tool (NHOCAT) assessment as one of the factors affecting the participation, contribution and inclusion of the PLHIV in HIV/AIDS response at the national and state levels. To address these gaps, an LDP workshop to strengthen leadership and coordination roles of the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) and develop resource mobilization skills of support groups in all Pro-ACT supported States (Kebbi, Kwara, Niger, Sokoto and Zamfara states) was conducted. The objective of the workshop was to introduce support groups and NEPWHAN to the MSH LDP program through the use of leading and managing practices and the challenge model, which makes it possible for health managers to face a challenge, achieve measurable results, strengthen skills on effective coordination and resource mobilization and also to build a critical mass of managers who lead from the civil society sector.

A total of fifty-two (52) people were trained in the workshop from community-based support groups and state NEPWHAN, with 19 participants from Niger, 12 participants from Sokoto, 7 participants from Kwara, 7 participants from Kebbi and seven participants from Zamfara states. At the end of the 4-day training, 18 support groups developed 4-month work plans to strengthen their resources mobilization capacity/skill while five state chapters of NEPWHAN concentrated on strengthening leadership and coordination in their work plan.

## Clinical Services

### HIV Counseling and Testing

In this quarter, **81,722** individuals, including pregnant women, were reached with HTC services. In the same period, the total number of HIV-positive individuals identified is 1,650 (Male = 689, Female = 961) representing 2.0% of the total number of individuals tested and receiving test results.

### PMTCT & Exposed Infants Data

During the reporting period, **29,451** pregnant women (**124 Known positives at entry & 29,327 unknown**) received HIV counseling and testing and received their test results in Pro-ACT-supported PMTCT service sites, representing **73%** of the quarterly target (39,985). The total number of HIV-positive pregnant women identified in the reporting period is **320** which represent **6%** of the annual target of **5,236**. Also within the review period, **293** pregnant women received ARV prophylaxis representing **39%** of our target for Q1 (743).

The fulcrum of PMTCT services within the first quarter of FY15 was focused on providing qualitative services, despite the crippling on-going nationwide health care workers strike which commenced on the November 12, 2014. The direct effect of this health workers strike is the disruption of service delivery in supported PMTCT sites, with only skeletal services provided in certain facilities. The strike also affected access to PMTCT data, with data available for only two months (October and November) within the quarter.

Nevertheless, despite these challenges, Pro-ACT was able to reach **94% (26,675 /28,203)** of all new women who attended ANC in all 198 PMTCT sites with counseling and testing services which is a great improvement from Q1 of FY14 (**84%**).

The primary reason for not achieving our quarterly targets quarter include the continued health workers strike which has disrupted service delivery and access to data from these facilities (data was not accessible for the month of December 2014).

A review of the PMTCT Cascade revealed that over **90%** of HIV + pregnant women identified during the quarter commenced ARV prophylaxis in keeping with the global goal for elimination of mother to child transmission of HIV. However, early infant diagnosis of HIV (EID) in exposed infants remained a challenge, with results available for only **13%** of samples collected within the quarter. The on-going health workers strikes and shortage of reagents at the PCR laboratories significantly affected the EID program within the quarter.

### HIV Care & Treatment

During the quarter, **1,376 (Pediatric = 82 Adult = 1,294)** new patients were enrolled into care and **82% (1,124)** of them initiated on ART. Currently, the number of HIV+ clients on ART is **28,262** which is **92%** of the FY15 target of **30,861**. By the end of the quarter under review, the total number of clients ever initiated on ART treatment stood at **46,267**.

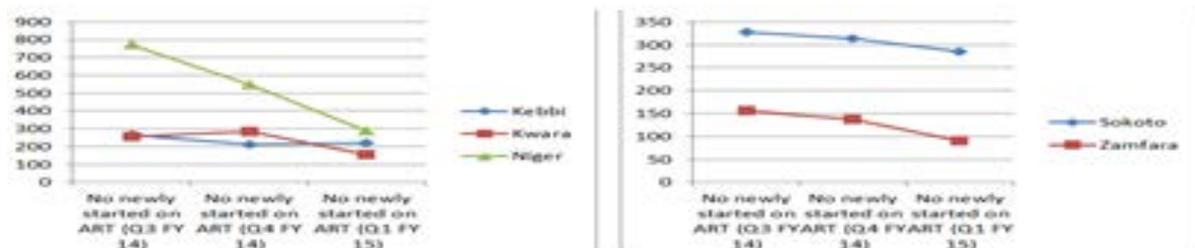
During the reporting period, the Pro-ACT team's focused on aligning with the new PEPFAR strategic treatment shift. To do this, the project organized a strategy program review meeting that focused on MER reporting, cutting down enrolment, minimizing client leakages, and optimizing treatment retention including communicating strategies that will ensure project states remain at maintenance level.

To support this effort, Pro-ACT clinical and M&E teams developed the retention calendar, a tool which evolved from a critical review of the Retention, Audit, Determination Tool (RADET) and MSH Pro-ACT cohort analysis reporting tool. This tool, which is now being deployed across supported Comprehensive Care and Treatment (CCT) facilities, tracks individual patients receiving services rather than aggregated tracking. The tool provides real time flagging of PLHIV who miss appointments for tracking in supported facilities. Presently the tool has been rolled out in nine supported facilities identified to have reported very poor retention in the previous fiscal year. The tool is implemented with other strategies for optimal program retention including strengthening Positive Health, Dignity and Prevention (PHDP) services, adherence intervention, real time and robust tracking of patients who missed appointments. For a seamless implementation of the process, MSH-supported facilities were divided into three tiers, with the first tier having the worst retention in that sequence. In Q1 the focus was on ensuring roll-out of the retention calendar in all facilities with very poor retention (tier 1).

The Pro-ACT team continues to ensure best practices in providing quality care for PLHIV are captured. Technical assistance in the form of coaching, mentoring and continuing medical education opportunities were provided to ensure robust adherence program, clinic appointment and coordinated clinic flow.

The recorded data for care and treatment showed a marked reduction in enrolment into care and treatment initiation. This marked reduction in care and treatment enrolment can be attributed to Pro-ACT strategy to ensure minimized program enrolment as directed by the new PEPFAR guideline. Another possible explanation is the ongoing industrial strike actions which halted most of the interventions in supported facilities. See Illustration below.

		Kebbi	Kwara	Niger	Sokoto	Zamfara	Total
H1	Number of persons newly started on ART during the reporting month (Q3 FY 14)	267	257	773	328	156	1781
	Number of persons newly started on ART during the reporting month (Q4 FY 14)	213	285	549	314	138	1499
	Number of persons newly started on ART during the reporting month (Q1 FY 15)	220	154	289	285	91	1039
FY 15 Quarterly Target		673	265	1048	268	70	



## TB/HIV

### TB Screening

The Pro-ACT team continued to promote TB screening for PLHIV through training of six teachers of TB screening in tertiary and secondary health facilities in the five project states. The teaching materials describe the who, what, when, why and how TB screening should be done. This approach ensures TB screening intervention is aligned with various clinic appointments and services received by PLHIV at different service delivery points. Further, the strategy also employs use of non-clinical staff

(paramedical staff with adequate orientation and capacity) for optimal TB screening for PLHIV. This has ensured TB screening of **7,761** PLHIV with 336 PLHIV identified as TB suspects. **38 PLHIV** were diagnosed to be co-infected with TB and commenced on TB treatment from the pool of suspected TB cases identified through screening. In addition, continued promotion of TB/HIV collaborative activities at Direct Observation Therapy (DOTS) centers supported by Pro-ACT, ensured **397** TB patients were provided with counseling and testing for HIV at the various DOTs centers. An additional **51 TB** patients identified to be HIV positive at the DOTs centers were equally commenced on ART during the reporting period.

### **Infection Prevention and Control**

As part of efforts to strengthen and re-assess infection prevention control activities/intervention at the facility level in supported project states, Pro-ACT conducted infection prevention risk assessments in selected supported facilities. Annual rapid facility infection risk assessment in facilities implementing HIV interventions helps in establishing TB infection benchmarks in such facilities including supporting intervening facilities to develop costed infection prevention policies and plans as a guide for stopping further spread of infection within the facility and surrounding communities. In this quarter, eight secondary facilities in four project states (Zamfara 3, Sokoto 2, Kebbi 1 and Kwara 2) had rapid infection risk assessments conducted. Gaps identified include inadequate triaging systems in the facilities, no designated cough officers, poor linkages between TB treatment centers and clinicians, inadequate signage on cough etiquette, and lack of awareness of infection control plan in some facilities. These facilities had their infection prevention activities, plans and policies reviewed and updated in line with current program implementation.

### **Isoniazid Nicotinic Acid Hydrazine Preventive Therapy (IPT)**

In the quarter, the Pro-ACT team conducted an annual process and outcome evaluation for the ongoing IPT implementation in selected facilities in five project states. This is part of the strategy to assure quality and continue to strengthen the implementation process in supported facilities. The process evaluation assessed current implementation in 11 facilities (Zamfara 1, Sokoto 2, Niger 2, Kebbi 3, Kwara, 3) against the standard package of intervention for IPT agreed on at the onset of implementation. The review focused on establishing pre-facility sensitization before implementation, setting up a kit system for dispensing IPT, synchronizing IPT dispensing with clinic and ART refills, screening for TB and excluding TB before prescription of IPT, monitoring patients for six months for completion, adherence provision for IPT, use of IPT registers for documenting intervention and outcome of intervention for PLHIV commenced on IPT. The process provided the opportunity for review of **3,805** PLHIV that commenced on IPT in 11 facilities. **1,019** PLHIV were found to have completed IPT in these facilities and none of them developed TB. Further, an additional 598 PLHIV were commenced on IPT which brings IPT uptake rate to **91%** in ProACT-supported health facilities across five project states. The evaluation further revealed no reaction to IPT was documented among the 3,805 PLHIV whose charts were reviewed. However, the evaluation also provided opportunity to align interventions to implementation plans where gaps were identified in supported facilities.

### **Quality Improvement (QI)**

In Q1 FY15, the emphasis of Pro-ACT quality of care management program was placed on reporting the National Quality Management Program (NigeriaQual) performance measurement for the period of January – June 2014 (data abstraction, collection, collation reporting and analysis), providing feedback to supported facilities based on reported data, strengthening and repositioning of facility quality improvement teams (QIT) for a smooth transition to hospital facility management for continued support including migration of QI intervention activity reporting to electronic platform. In preparation for the

electronic reporting of NigeriaQual performance measurement indicators, Pro-ACT's IT team successfully registered 41 supported facilities on the National Quality Management electronic web interface. In line with this registration, nine supported facilities in Niger state had their intervention report uploaded onto the web and desktop platform for implementing partners, state and national access. To achieve this, 10 data clerks participated in a training to be able to enter performance data on the platform. Further, the remaining 28 facilities reported their interventions in an Excel workbook. In the future, these 28 facilities will be supported by their state governments to enter and upload data on performance measures onto the electronic platform.

To sustain electronic reporting of QI interventions, Pro-ACT supported procurement of six computers for six CCTs, (Niger 4, Sokoto 1, and Kwara 1). Furthermore, Pro-ACT will transition support of the NigeriaQual program to respective State governments who will be responsible for the procurement of additional computers for CCTs in their respective states including maintenance.

Monthly QI meetings have continued to serve as platforms to build capacity of QI team members on quality of care, setting up QI projects including providing feedback on abstracted data for tracked quality indicators. To this end, of the 26 QI projects (70% of expected projects) a total of 63 QI meetings (51% of expected meetings) were set-up and held respectively. This was not without challenges as progress in most of the Q1 period was impeded by the joint health care workers industrial strike. The Pro-ACT team continued to sensitize supported facilities in readiness for the next cycle reporting of performance measurement in January 2015.

The Site Improvement through Monitoring Systems (SIMS) tool was introduced by USAID in the previous quarter as a tracker for quality service provision. The Pro-ACT quality team further synchronized the SIMS implementation with NigeriaQual in supported facilities. Pro-ACT rolled out the SIMS tool across supported facilities as a quality audit system used to monitor standard of care implemented at service delivery points, CBOs and other service outlets.

### Laboratory Services

In the reporting period, interventions focused on engaging and preparing host state governments towards ownership. Among the achievements was the formal launching on November 13, 2014 of the



automated PCR platform which replaced the manual Roche Amplicor V. 1.5 at the Usmanu Danfodiyo University Teaching Hospital (UDUTH) in Sokoto State in an event that attracted the representatives of the Honorable Minister for Health and Sultan of Sokoto. The machine is projected to improve access to EID services in over 50 ProACT-supported facilities in Sokoto, Zamfara and Kebbi states and further support UDUTH as a center for pediatric excellence in the region.

*In the picture: Formal Commissioning of the Automated PCR Platform in UDUTH*

In attendance to conduct the formal commissioning was the representative of the Honorable Minister for Health by the Permanent Secretary of the Sokoto State Ministry of Health in the person of Dr. Buhari Bello Qware, representative of the Sultan of Sokoto, the Chief Medical Director of UDUTH, Dr. Ahmed, USAID Deputy Mission Director Dr. Philip Dayal and Ezekiel James, Senior Care & Treatment Advisor, HIV/TB office. Also present was the General Manager of NIPOST who testified about the existing collaboration initiated by the Pro-ACT team to sustain the pick-up and two-way transport dried blood spot (DBS) for early infant diagnosis. A highlight of the event was the presentation of award of recognition for outstanding leadership to the Chief Medical Director of UDUTH.

Following the full implementation of the PEPFAR new guidance with respect to withdrawal of funding support for hematology and clinical chemistry investigations, Pro-ACT initiated an engagement process with the Ministries, Departments and Agencies of the various state governments in a bid to strengthen revolving fund programs to integrate PEPFAR automated hematology and clinical chemistry platforms in a manner that guarantees a no-cost incentive regime for PLHIVs. This effort has recorded varying degrees of success in the first three states of Kebbi, Kwara and Niger with Ministries of Health at the state level buying in and taking the lead in conducting in-house reviews of their existing revolving fund systems. For example, in Kwara State, a technical committee headed by a staff of the Bureau for Hospital Services and to which Pro-ACT is a technical partner has had two meetings. An outcome of the meetings is the proposed change in the Essential Drug Program to a more holistic title that depicts the existence of other revolving fund programs and the commitment to expand the program to include chemistry and hematology reagents. In Kebbi State, all the laboratories have a mandate to operate a revolving fund account and Pro-ACT has set in motion mechanisms for integrating the PEPFAR automated platforms into the mainstream laboratory services, expanding their test menus which will accommodate services for PLAs at no cost.

Transitioning of Internal Quality Assurance (IQA) to SMOH and health care facilities took place this quarter. Various training sessions for state IQA focal persons, facility IQA focal persons and SMOH officials were successfully facilitated in Kebbi and Zamfara States. It is important to note that the Niger SMOH financially supported its staff during the IQA exercise. The Laboratory Quality Management task team in Niger state held its quarterly review meeting, and among the issues discussed were the current laboratory staff transfers across the state and its impact on service delivery as well as equipment maintenance with the view to presenting a joint position to the SMOH. The State Laboratory Quality Management Task Team (SLQMTT) is recognized by the state government as a body that coordinates quality practices for medical laboratories in the state.

A follow-up to the injection/blood safety and waste management assessment was conducted in the reporting period. A total of 202 health care workers (HCW) (63M; 139F) and 205 health care waste handlers (HCWH) (56M; 149F) across eight health facilities were trained in Kwara state; 274 HCW and 229 HCWH in Zamfara state, 39 HCW and 35 HCWH, 65 HCW and 74 WCWH, 70 HCW and 45 HCWH and in Sokoto, Kebbi, and Niger states respectively. Commodities such as buckets with spigots, medicated tablets soaps and IEC materials were donated to the health facilities MSH supports to promote hand washing and to improve sanitation.

Preparatory to enrolling Pro-ACT-supported sites into the WHO-AFRO accreditation program, two laboratory system specialists were supported by Pro-ACT to attend a two-week training on Strengthening Laboratory Management Towards Accreditation (SLMTA). This TOT was intended to increase the pool of laboratory resource-persons in-country for the improvement of laboratory services,

and strengthening laboratory management to achieve immediate laboratory improvement and accelerate the preparedness toward accreditation.

Infrastructure upgrades of selected laboratories across the states continued in the quarter under review with significant improvements in working environment. In Kwara state, twelve (12) laboratories had their renovation completed. Job completion was also recorded in Kebbi, Sokoto and Zamfara State with only few sites remaining in Niger states

### **Supply Chain Management**

This quarter witnessed the ToT on Supply Chain Management which was centrally organized for participants from all the five states supported by Pro-ACT project. Key decision makers responsible for staff management, posting and transfer were also trained to ensure knowledge transfers and also to drive home the issue of frequent staff transfers and attrition of trained personnel, which impacts negatively on supply chain management and commodities security within the state and the nation at large. The ToT also aimed at developing a pool of master trainers to be linked to the 'Centre for Continuing Professional Education' that will in turn be charged with the responsibility of continuous replication of trainings to as many key decision makers and health facility workers as possible, and to monitor the progress and impact of such step down trainings on the commodity security of the state at large. The master trainers will be supported to conduct step-down trainings in their states as drawn in their step-down training rollout plans.

Pro-ACT facilitated and supported the integrated Technical Working Group (TWG) on Logistics in Sokoto State following sustained advocacy with the SMOH particularly through the Department of Pharmaceutical Services. The integrated TWG on Logistics was formed to provide a platform for interaction and coordination of efforts of different stakeholders handling commodity logistics in the state thereby closing the existing loophole and strengthening the health care supply chain system in Sokoto state. The TWG aims to facilitate the development of an integrated system of quantification, procurement, storage and distribution of all commodities. The logistics task team in Kebbi also embarked on a baseline assessment of state logistics systems using the Logistics System Assessment Tool (LSAT). The process of data collection for the exercise was completed. Also, Kebbi State TWG successfully achieved the setting-up of an office for the Logistics Management Coordination Unit (LMCU) and tracking of logistics activities and supplies across different programs in the state during this quarter. Zamfara State Hon. Commissioner of Health approved the establishment of an oversight function committee and a 6-member LMCU. The office will be situated at DPS, SMOH, but temporarily it will be at the Central Medical Stores. This is to ensure better coordination of logistics of health commodities in the state through proper data management.

In Kwara State, the project supported the warehouse staff to clean out the state's Central Medical Stores by creating more space in the warehouse for integrated management of health commodities. State and facility level activities to strengthen integrated supply chain and improve infrastructure such as monthly TWG meetings, staff capacity enhancement such as on-site mentoring, technical assistance to facilities on Combined Report Requisition Issue and Receipt Form (CRRIRF) and Patient Per Regime (PPR) reports generation, data collection, validation and other service delivery activities including QI meetings, logistics data quality assessment (DQA) were undertaken during this quarter. Quantification of ARVs and Cotrimoxazole, and HIV RTKs, laboratory reagents and consumables which will last for six (6) months at Pro-ACT supported sites in Zamfara State was carried out. The result of the quantification was used by the Zamfara State Pro-ACT Field Office to advocate to the State Government to plan for the

provision of the commodities to support the delivery of services as part of transition process for ownership and sustainability.

Reagents were procured and supplied for CAP/CTM 48 automated PCR machine for Usmanu Danfodyio University Teaching Hospital (UDUTH). The Joint Health Sector Union (JOHESU) embarked on an indefinite strike which affected service delivery at all health facilities in the country; however the project team ensured that PLHIV were able to access ARVs by putting a system in place to help achieve that, and thereby prevent “drug holidays”.

### **Health System Strengthening**

During the quarter, the Health Systems Strengthening (HSS) unit’s activities focused on the provision of technical assistance to State Agency for Control of AIDS (SACA), SMOH, and health facilities in conducting strategic activities aimed at improving coordination and government stewardship.

#### **STATE LEVEL ENGAGEMENT ON PEPFAR TRANSITION**

Following the One-day Round Table meeting held at the MSH country office in Abuja, steps have been taken to effectively guide the transitioning of withdrawn PEPFAR support to the Pro-ACT supported states. For example, there have been numerous high level engagements with state stakeholders which have resulted in the creation of state-led transition committees and sub committees, an advocacy subcommittee and a memo articulation subcommittee. Alongside supporting the states to lead and manage the HIV/AIDS response, financing of HIV services, a key element of state ownership, is being addressed through the recommendation of the creation of state counterpart funding to cover transitioned PEPFAR support in the 2015 state budgets and the release of unspent HIV/AIDS funds from the 2014 budget to cater for the period between October 2014 and when the 2015 budget becomes operative.

This projected 2015 counterpart funding has successfully achieved executive budget approval and is awaiting legislative approval in Kwara, Kebbi and Zamfara States.

- **Kwara State: 356,425,938.92 million Naira**
- **Kebbi State: 217,918,495.59 million Naira**
- **Zamfara State: 129,717,827.21 million Naira**

Memos for funds release to cover the period from October 2014 until the 2015 budget becomes operative have been prepared in Kebbi, Kwara, Zamfara and Sokoto states.

- **Kebbi state: 30 million Naira**
- **Zamfara State: 34 million Naira**
- **Kwara State: 60 million Naira**
- **Sokoto State: 100 million Naira**

New strategies are being drawn up in Sokoto and Niger states to address the non-inclusion of the recommended counterpart funding for 2015 state budget.

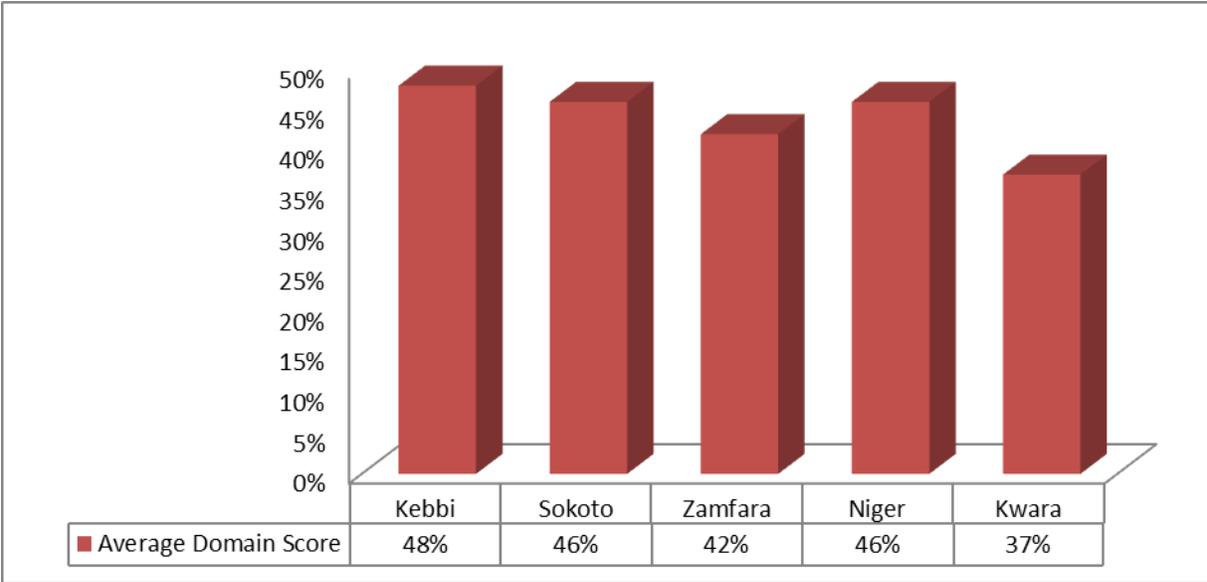
#### **TRANSITION CAPACITY ASSESSMENT**

As part of the Pro-ACT sustainability plan, the project supported its states in setting up mechanisms to own the management of HIV Antiretroviral therapy (ART) programs during the period under review. In order to accomplish this goal, a readiness assessment was conducted using the AIDSTAR-One tool for all the five supported state governments and their relevant institutions to gauge their readiness to take over the management, care and treatment of HIV/AIDS after the Pro-ACT project end. The goal of the

transition capacity assessment is to measure the readiness of the states and develop work plans focused on improving the state’s capacity for effective ownership and management of HIV/AIDS care and treatment after the Pro-ACT project ends. The process was in three stages: (1) Planning meeting, review and adaptation of AIDSTAR – One capacity assessment tools; (2) transition capacity assessment development workshop; and (3) compilation and final report of the state transition capacity assessments plan. A total of approximately 100 key stakeholders ranging from top government officials, health care workers from supported facilities, community members and civil society organizations were engaged for the assessment. State average domain scores and domain scores comparison are shown below:

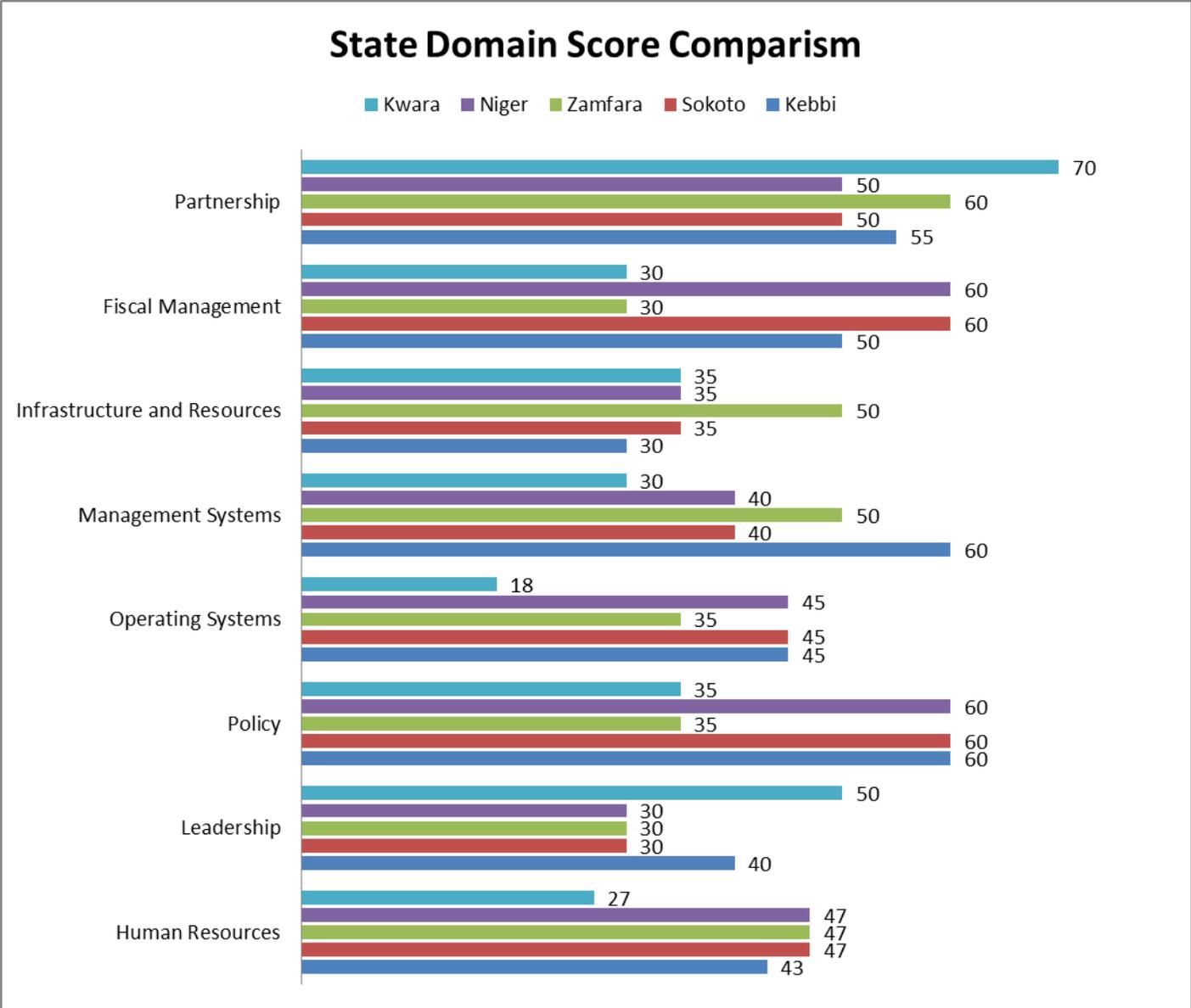
State’s Average Domain Score

The HIV/AIDS management, care and treatment transition capacity assessment in the five states of Kwara, Kebbi, Niger, Sokoto and Zamfara shows varied levels of readiness as shown in the chart below.



All the states are at different levels of readiness, with Kwara showing the lowest at 37% and Kebbi scoring the highest at 48%. All the states have low capacity in the management of HIV/AIDS care and treatment. A further analysis shown below reveals that different states score differently in each of the domains and different levels of efforts are required in different states. Particularly human resources, operating systems and leadership domains have the lowest scores across all states with partnership attaining the highest score in all states.

Following the assessment, each state is developing a capacity building plan for six months to urgently put in place systems and structures to transit the management of HIV and AIDS care and treatment to the state government.



**SUPPORT TO KWARA STATE MINISTRY OF HEALTH FOR INCREASED PMTCT SERVICE UPTAKE**

To further strengthen the leadership skills of health service providers, Pro-ACT supported Kwara State Ministry of Health to conduct an LDP+ training to strengthen capacity to scale-up PMTCT services to 12 health facilities (UITH, GH Erin-ile, GH Kaiama, GH Ilorin, GH Patigi, Cottage Hospital Ilesha-Baruba, Specialist Hospital Jebba, Maternity Centre Tsaragi, Sululere Medical centre Ilorin, Sabo-oke Medical Centre, Cottage Hospital Adewole and Sobi specialist Hospital Ilorin) in the state. This is a follow-on to the initial LDP+ pilot implemented to increase PMTCT service uptake across the state.

The state has a vision of “Kwara State next generation free from HIV infection”. To realize this vision, the above facilities were selected for training on LDP+ for health workers to respond to changes in the sector and to improve work climate in the health facilities. The LDP+ approach aims at developing people at all levels of health service delivery to learn leading and managing practices that make it

possible to face challenges and achieve measurable results, to improve skills of health service providers to face challenges and achieve results by applying leading and managing practices. 28 different cadres of health care workers were trained and at the end of the 5-day training a 6 month work plan was developed by the 12 health facilities alongside a performance monitoring plan (PMP) to track the desired 6 months result.

#### INAUGURATION OF LACA STAKEHOLDERS FORUM

To strengthen the activities of the Local Government Committee on AIDS (LACA) through encouraging the community response to HIV/AIDS activities in Pro-ACT states, the project supported Zamfara and Sokoto SACA to establish and inaugurate LACA Stakeholders Forum. The 25 forum members were drawn from public and private healthcare service providers, community and religious leaders, associations of PLWHIV as well as women and youth associations in each of the LGAs. The inauguration exercises were performed by the Local Government Chairman of Gusau and a representative of Wamakko LGA Chairman who doubled as chair of the forum in their LGA.

The forum developed a 6-month plan to improve coordination of HIV/AIDS activities amongst line departments, CBOs, health facilities and communities at the Local Government level as well as facilitate positive community influence on the delivery of HIV/AIDS services, provide a platform for information dissemination of available HIV/AIDS/TB services in and outside of the communities and ensure that the local government and the communities take lead in controlling HIV/AIDS and TB in a coordinated and sustainable manner within the LG and the community.

### **Monitoring and Evaluation**

The M&E Team engaged in strategic activities geared towards improving the states' M & E systems that will promote ownership and ensure sustainability in order to effectively record and document data from quality HIV/AIDS service delivery across the various health facilities. The state teams worked closely with the state SACAs, one of the key stakeholders in the states, as well as with the health facilities through regular provision of technical support in the generation and documentation of quality service delivery data. Various technical assistance such as hands on mentoring on the use of the new USAID MER Reporting Template was provided to relevant data entry personnel across health facilities and the LACA M&E Officers, both to those with previous data documentation skills and newly-engaged data clerks. These activities are expected to strengthen data documentation, reporting, and quality checks with the overall goal to improve decision making and enhance quality of service delivery in all supported health facilities.

Selective technical support to relevant state agencies to increase their support to HIV activities were also carried out, including: Facilitation during HTC trainings organized by SACA in some LGAs; Advocacy visits to Facility Head of Records Department and M&E officers on the need to engage the facility records staff in proper service documentation and reporting of integrated HIV/AIDS activities at the state level while building their capacity on new skills that promote ownership and sustainability; and stakeholders meeting with Facility CMD and team on the proposed Electronic Medical Record (EMR) deployment in three states.

The M&E Team has continued to prioritize key activities such as engaging relevant stakeholders on ensuring ownership and ensuring availability of data documentation tools, supportive supervision during monitoring visits to LACAs or SACA meetings to offer guidance on the utilization of validated service delivery data for advocacy and decision making. These are aimed at strengthening the capacity of the

state government and health facilities to increase their support and commitment to service delivery in all the states.

### ***Strengthening State Government M & E System***

Pro-ACT has been collaborating with the state through SACA to ensure that HMIS tools are produced by SACA and deployed to HFs. This collaboration is part of Pro-ACT's support to transfer some activities to the state government, including strengthening the ability to quantify tools and produce for facilities. Pro-ACT has been solely responsible for the production and distribution of HMIS tools for HIV to all government supported HFs. The project is working towards transitioning this activity to the government through advocacy, capacity building and mentoring. Kwara and Zamfara are already working with their states through SACA on achieving this.

The implementation of EMR in three health facilities in three states is another way the project is supporting the government to strengthen the state M&E system. Currently, the project has procured the hardware for the deployment of the EMR in Sokoto, Kwara and Niger states. The project is at the stage of finalizing the contract on the deployment of the EMR. When completed, this project will reduce the cost of paper in the health facilities, and improve the quality of data generated and the timeliness of data reporting.

### ***Support States to organize Data Review Meetings***

Pro-ACT continued to advocate to states to fully take over the organization of data review meetings. So far Zamfara, and Kebbi states provide funds to host their state M&E review meeting. The M&E team in the states also organizes data review meetings with the LACA M&E officers, and facility M&E officers at the end of each quarter to review data collected in that quarter, to ensure improved data quality. The new USAID MER reporting template, which has replaced the NGI indicators effective October 1, 2014, has redefined PEPFAR reporting requirements. All USAID Implementing Partners are expected to report data to USAID using the new guide. While waiting for an updated USG DHIS following the MER, the M&E team updated their internal database and mentored the M&E specialists to understand the MER reporting guideline. During this quarter, health facility M&E officers and Data Entry Clerks were also mentored on how to capture and report data accurately in accordance with the new MER guidelines for all service delivery points across all MSH-supported facilities. In the quarter, the states conducted internal Data Quality assurance (DQA) exercises across Pro-ACT supported sites. This is to strengthen data documentation at the facilities and to ensure adherence to the new MER guideline for subsequent monthly data reporting.

### ***Strengthening Data Documentation and Reporting***

Quality data documentation and reporting remains a top priority for Pro-ACT, and various capacity building and skills transfer to health facility staff and data clerks were undertaken during this quarter through regular on-site mentoring and supportive supervision to both CCT and feeder sites. As part of Pro-ACT's M&E transition plan, state M & E teams worked closely with Community Care Specialist and Grantee CSOs to ensure quality data documentation for OVCs and HCT at Pro-ACT supported health facilities and reinforce timely submission of monthly report to the field office. The rate of data reporting dropped below 100% varying from state to state due to health workers strike.

## **Implementation Status by State**

### **KEBBI STATE**

#### **ACTIVITY IMPLEMENTATION PROGRESS**

##### **Executive Summary**

In an effort to save lives and improve the health indices of the most vulnerable population, Pro-ACT project continually strived to identify and develop both human and organizational capacity as a way of strengthening health systems and improving service delivery across the supported facilities. Ownership and sustainability, the main focus during this reporting period, took another step following the one-day round table meeting involving key stakeholders from the Ministry of Health, Ministry of Budget and Economic Planning, State House of Assembly and the State Agency for Control of AIDS, to discuss the transitioning of PEPFAR support to a state level technical committee involving the core technical officers across the above mentioned ministries. A transition capacity assessment took place in the reporting period. The three-day workshop assessed state government readiness in providing HIV/AIDS services in the state after the close out of the project.

##### **Clinical Services**

###### **ART**

The Kebbi state Treatment, Care and Support Technical Working Group (TWG) was inaugurated in the reporting period. The TWG is responsible for ensuring HIV/AIDS clients have access to quality and efficient health services. During the quarter joint supportive supervisory visits (JSSV) took place across all CCT sites in which a member from the newly inaugurated TWG was part of the JSSV team. The TWG representative was mentored and received orientation on the processes involved in facility supervision and mentoring. More emphasis was laid on programme sustainability, chart review, clinical staging, CD4 count and stream line regime. Client retention and infection control risk assessments were carried out in Sir Yahaya Memorial Hospital and Federal Medical Centre all in Birnin kebbi, a brief meeting was held with the Hospital Management of SYMH focusing on the outcome and the need for the hospital management to put steps in place to ensure 90% client retention and a good infection control system. A client retention calendar was developed, clinicians and M&E data clerks were mentored on how to interpret and use the tool to follow up clients also to ensure at least 90% client retention by the end of September 2015. Data collection for the quarter has been affected by the current strike action by the health workers union. Measures have been put in place to ensure clients have access to their drugs across the supported sites pending when the strike is called off.

###### **TB/HIV**

IPT cohort event monitoring data abstraction was done in General hospital Argungu, Jega and Koko to determine the effect of IPT on clients and also how many clients that contracted TB after completing the course of IPT. A total of 10 samples were sent for genexpert analysis for this quarter under review across Pro-ACT-supported sites as against 18 in the last quarter. The lower number may be due to the health workers strike.

### **PMTCT/Pediatrics**

The NIPOST DBS sample transportation is fully operational in Kebbi state and the central point for all sample collection is Sir Yahaya Memorial Hospital, where all the samples from different facilities are gathered and sent to Sokoto for analysis. A shelf has been provided for receiving the samples and a NIPOST DBS sample register given to all CCT sites for proper documentation of samples transported. There was an advocacy visit to facility heads on the low burden PMTCT sites, to discuss ways of transition to government and linking them to SACA for supply of test kits.

### **Quality Improvement (QI)**

Monthly QI meetings were conducted across all six CCT sites. In the meetings gaps were identified and possible solutions proffered. Five CCT sites out of six in Kebbi State have been conducting the QI meetings with the presence of Pro-ACT staff. Facility QI assessment result with random sampling of clients folders was significantly improved; Federal medical centre which was targeted to increase TB screening documentation to 72%, increased from 0% to 65% as at December 2014. SYMH is targeted to achieve 90% increased from 72% to 90%, General Hospital Jega is targeted to achieve 90% also achieved 85% from 81%, General hospital Argungu on the other hand achieved 85% from initial 79% and is targeted to achieve 90%.

### **Laboratory Services**

The Laboratory Team supported five Comprehensive Care and Treatment Sites in Kebbi State to prepare HIV Serology DTS panels which were used for IQA program in this quarter. A one-day review meeting was conducted with all the QA Focal persons in attendance in which challenges identified from all the testing points were addressed. QA Focal person from General Hospital Jega has also prepared DTS panels for Hepatitis B and C which is used as quality control for the screening of Transfusion Transmissible Infection. As a result of this development, all the QA focal persons across the CCT sites have adopted this innovation for their blood banks. Advocacy meetings were conducted with various stake holders involved in Safe Blood practices, Injection Safety and Health Care Waste Management and an assessment visit to Sir Yahaya Memorial Hospital and FMC Birnin Kebbi in conjunction with representatives from Kebbi state Urban Development Authority, Kebbi state Environmental Protection Agency, KEBBISACA, Primary Health Care Development Agency, State Ministries of Health and Education and Hospital Management of the two facilities.

### **Community Services/Prevention**

As part of Pro-ACT's strategies to re-position CSOs, community structures and networks of People Living with HIV/AIDS prior to transitioning, the following activities were conducted:

- A three-day Savings and Loan Association (SLA) training for five support group executives members and two members of grantee CSOs to build their capacity for the formation and facilitate SLA formation in the community.
- A three-day training for networks of PLWA (ASHWAN, NEPWHAN, KAPOP) and Rayuwa support group executives and CSO on leadership and governance.
- Technical support to grantee CSO and networks of PLWA executive on the development of relevant policies such as Child Protection policy; succession plan as a way of re-positioning the organization and development of expression of interest in soliciting for grants.

### **Vulnerable Children Programming**

The project, with support of the CPC and community served additional 851 vulnerable children transitioned from the CUBS project within the reporting period. Kungiya Tallafin Mata enrolled and served 1,006 (565 Male, 441Female) vulnerable children under the Pro-ACT project from Gotomo and

Yauri communities in Argungu and Yauri LGAs with PSS. This is in accordance with re-modification of CSOs sub- agreement. One-hundred female care givers were educated on provision of psychosocial support for their children while 75 (25 boys and 50 girls) vulnerable children were also educated on HIV/AIDs and STI, modes of transmission and prevention.

#### **Health services**

28 vulnerable children (12 male and 16 female) were referred to GH Argungu and Yauri for treatment of malaria and other minor ailment, while 100 female caregivers were educated on prevention and home management of malaria which include signs and symptoms. 100 female care givers also benefited from education on importance of antenatal services and routine immunization (RI) for their babies.

#### **Food/Nutrition Services**

Thirty vulnerable children (12 male and 18 female) who needed nutritional support received nutritional supplements including beverages and grains, while 100 caregivers benefited from education on the importance of nutrition and hand washing.

### **IR 2: Sustained access to quality HIV/AIDS and TB services and products**

#### **Community Services**

*BCK Utilization: Table 1.0 below shows BCK utilization by facility based on the number of HIV positivity:*

FACILITY ITEMS	GH Argungu			GH Yauri			FMC			SYMH			GH Koko			GH Jega		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Bucket	4	7	11	9	30	39	5	24	29	9	18	27	15	19	34	8	18	26
LLIN	0	0	40	0	0	0	5	24	29	4	6	10	15	19	34	17	12	29
PUR	8	14	22	27	90	117	25	120	145	108	216	324	60	76	136	408	288	696
Soap	8	14	22	18	60	78	10	48	58	23	47	70	20	38	58	34	24	58

### **CLIENT RETENTION & TRACKING EFFORT: OCTOBER - DECEMBER, 2014.**

#### **Summary of missed appointments & defaulters tracking**

FACILITIES (CCT)	OUTCOME			
	Oct	Nov	Dec	Total
General Hospital Koko	22	25	12	59
GH Argungu	16	14	16	46
GH Jega	28	28	28	70
Sir. Yahaya Memorial. Hospital	37	0	0	37
General Hospital Yauri	14	20	10	44
FMC, Birnin Kebbi	27	28	16	71
<b>Total tracked</b>	<b>144</b>	<b>115</b>	<b>101</b>	<b>327</b>
# of clients that returned	75	79	82	236
# clients reported death	1+	4+	0	5

### ***Step – down Training for Healthcare Workers and Waste Handlers on Injection safety, blood safety and health care waste management***

In an effort to improve biomedical Prevention in Pro-ACT supported facilities, a three-day training was conducted on injection safety, blood safety, infection prevention/control and waste care management for health care workers and waste handlers in the state. A major outcome of the training was equipping participants with knowledge, skills and attitudes that promote injection safety, blood safety, infection prevention/control and health care waste management using several participatory approaches. The objectives of training were met, including training 67 health care providers and 74 waste handlers on the component of Injection Safety and Infection Prevention and Control based on the WHO/SIGN integrated three plan strategies and to build the capacity of participants to have an understanding of injection safety within the context of infection prevention and control. To equip health care workers with appropriate knowledge on logistics management and to demonstrate an understanding of proper health care waste management within and outside the health facilities.

### **Supply Chain Management Services**

The state technical working group (TWG) on logistics held one meeting during the period under review. The session which was attended by SMOH officials and partners featured a capacity building session and presentation of TOR for sub-committees among other regular features. A task team to undertake state Logistics System Assessment was also constituted and has commenced the assessment. The PSM-TWG quarterly meeting for the zone took place in Kano during the review period. Kebbi state was however not represented at that meeting owing to a combination of factors including late transmission of the invitation for the meeting and engagement of the SCMS on a scheduled activity. The SMOH was however supported to send across a presentation to the secretariat of the meeting. These activities have brought the issue of logistics management of health commodities to the fore in the state with greater commitment being demonstrated by the DPS and other SMOH officials.

### **Health System Strengthening**

#### ***State Level Stakeholders technical Meeting on HIV//AIDS counterpart funding***

A state-level technical committee was inaugurated after the stakeholders meeting held during the previous reporting period in Abuja. This committee is comprised of the key technical officers in across the Ministry involved in the stakeholders meeting. They are the Director of Medical Services, Budget Director, Director of Planning and Statistics, Secretary House Committee on Health, and Program Manager Kebbi SACA. The objective of engaging and involving the senior officers is to ensure that budget amounts advocated for were incorporated into the state 2015 budget as PEPFAR counterpart funding and also seek for approval of the budget with the House of Assembly. This committee has succeeded in including the 217,918,495.59 Naira, state counterpart funding in the State 2015 budget. The draft copy of the budget is presently with His Excellency the Executive Governor of Kebbi State for approval. At each step the budget is being followed up by technical officers and an advocacy visit to the State Governor is still in place.

### ***Capacity building***

Twenty master trainers were trained on facilitation skills in Kebbi State to build the capacity of the state to carry out trainings for faculty of Kebbi State Ministry of Health through the HSS Grants from the Pro-ACT project. The faculty conducted the first training for health workers in the state with 68 health workers actively participating in the LDP training organized by this faculty. Associations that participated include Doctors (NMA), Medical Laboratory scientists (AMLSCN), Pharmacists (PSN), Nurses (NANNM), SACA, CSOs, medical laboratory technicians and Assistants, Pharmacy technicians and medical records (HWU), and Private sectors.

### **Monitoring and Evaluation Update**

#### ***Strengthening TWG to use quality information for decision-making***

The Kebbi state M&E team provided support to the state to ensure that quarterly TWG meetings are organized regularly. The TWG meeting held this quarter provided the avenue to mentor the State M&E TWG on collation and analysis of data with the immediate outcome of the production of Kebbi State HIV/AIDS factsheets for the last 2 quarters.

#### ***Capacity building of Health facility M&Es and staff to collate and analyse data***

The new MER reporting requirements which have replaced the NGI indicators effectively from October 1, 2014 have redefined PEPFAR reporting requirements. During this quarter, health facility M&Es and DEC were coached and mentored on how to capture and report data accurately in accordance with the new MER guidelines/template for all service delivery points across all MSH-supported facilities. This has enabled DECs and HF M&Es to adequately collate and report monthly facility data using the new MER guidelines.

#### ***Support SACA to document and report quality data using NNRIMS and DHIS e-NNRIMS reporting platform***

Following proper harmonization of the state data and continuous coaching of LACAs and health facility M&E staff, quality monthly data for all Pro-ACT supported PMTCT sites are now being extracted from the e-NNRIMS DHIS platform for reporting and transcription into Pro-ACT and USAID reporting platforms. This has also led to increase on the average state timely reporting rate from 33% (last quarter) to 80% (this quarter) across all datasets and LGAs on the e-NNRIMS DHIS. Technical support to the quarterly state data validation meeting has led to improved quality data documentation, maintaining a 100% data reporting on PMTCT and ART datasets on the eNNRIMS DHIS platform.

#### ***Mentoring of SACA and LACA M&E staff on report writing and presentation***

The monthly M&E meetings held at the various LGAs has ensured development of local capacity, technical expertise and availability of quality data for informed decision-making at the LGA level. Three LACAs (in Jega, Gwandu and Arungungu LGAs) have produced community/LGA HIV factsheets and presented their data findings to relevant community and state stakeholders quarter.

## KWARA STATE

### Progress Narrative

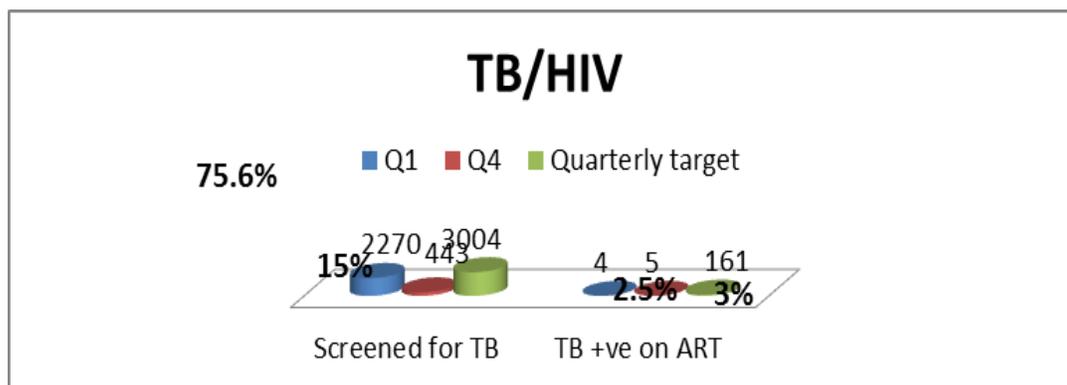
The Kwara project continued to make progress on former achievements within the quarter. In line with the sustainability initiative of the project, the state government took the bull by the horn by budgeting for PEPFAR counterpart funding to take care of equipment maintenance, cost of reagents, and drugs for those newly initiating ARVs. This has been an important milestone in Pro-ACT work in the state. The prevention component of the Pro-ACT project came to an end at the end of the quarter, in line with PEPFAR/USAID guidelines. The quarter saw the government through the SMOH taking active roles in the implementation of HIV/AIDS/TB work in the state. Even with the principle of partial enrolment, a good number of clients were still screened for HIV/AIDS/TB within the quarter. In the quarter under report, efforts were concentrated on sustainability of Pro-ACT interventions in the state after funding might have ended. CSOs took an active part in community work since Pro-ACT has withdrawn from this activity. As the lead implementing partner, government involved Pro-ACT in critical health decisions within the quarter and even gave a room to Pro-ACT with the Ministry of Health to interact more with their staff and provide necessary technical assistance for them to take over from Pro-ACT.

### Clinical Activities

The Kwara Pro-ACT project supports a total of 27 facilities consisting of 8 CCT facilities and 19 PMTCT stand-alone sites to provide PMTCT and comprehensive care and treatment services. Ongoing site technical assistance and hands on mentoring visits, capacity building sessions in the form of short course trainings (PEDIATRIC/EID) and feedback for the NIGERIAQUAL reporting period January 2014 - July 2014 were key activities carried out within the quarter. Major achievements within the quarter were technical assistance and hands-on mentoring and coaching conducted during the health facilities visits.

### TB/HIV services

During the quarter, a facility TB risk assessment was conducted in two of Pro-ACT-supported comprehensive care and treatment sites using a checklist. The aim of this activity was to identify challenges in TB infection control and existing risks in TB transmission and jointly work with the hospitals in addressing some of these challenges. Findings were presented to the hospital management using power point presentation. Some observations include a lack of triaging of cough patients in GOPD, education on cough etiquette, cough posters not widely available especially in GOPD. Hospitals attributed a lack of cough triage in GOPD to human resource capacity challenge. The use of sharps containers was also not routine. The infection control committees in the hospitals will help to draw up Infection control policies and institute and monitor infection control and prevention measures with support from the hospital management. Pro-ACT's clinical team will be available to render technical assistance. Sharps containers, sharps boxes and biohazard bags were made available to the facilities following the discussions. As seen in the next page, there was a marked improvement in this quarter (Q1) compared to last quarter's (Q4).

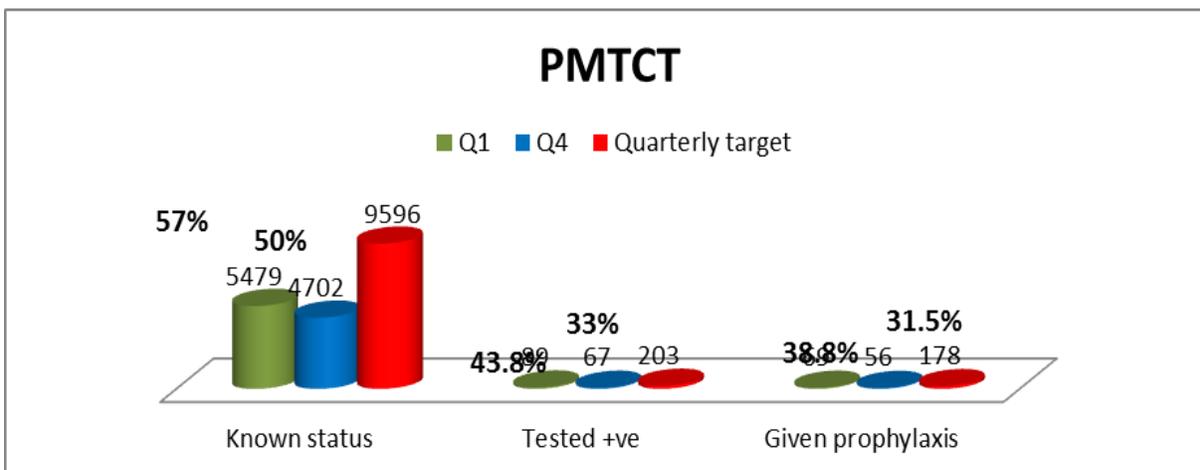


### QI program services

The industrial strike actions by healthcare workers hampered the feedback to facilities of the NigeriaQUAL review period (Jan –Jun 2014) performance data. Three out of the six facilities had feedback on their overall performances against nationally set targets and chose to work on specific areas with low performance with the aim of improving on those areas over a period of time.

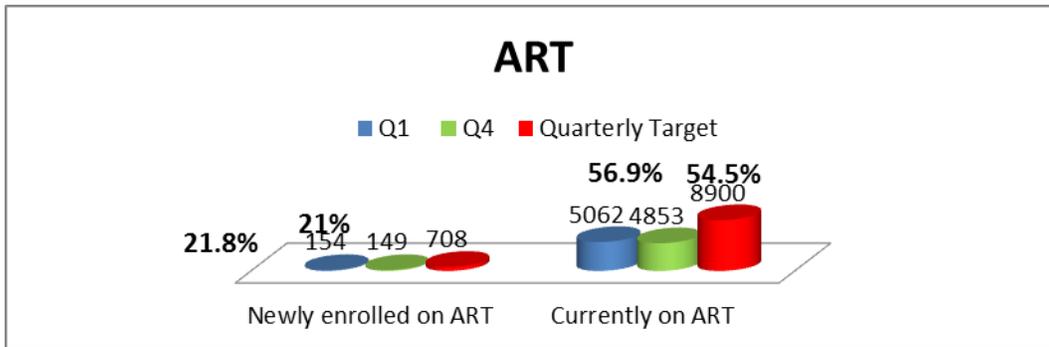
### PMTCT

Short course trainings on Pediatric ART/EID were conducted for facility staff with the aim of addressing gaps in service delivery in Pediatric ART and EID. Particular emphasis on EID focused on using the child follow-up register for all exposed infants listing in a facility, follow up of infants due for EID, ensuring DBS samples are collected preferably within 6-weeks of birth and ensuring only samples deemed valid are sent to the hub facility for onward transportation to the reference laboratory at Ife. As a result of the short course trainings, the period under review witnessed increased sample collection due to a couple of facilities doing a comprehensive retrospective listing of exposed infants in the child follow up register and collecting their samples for EID. Invalid results were also seen to have decreased significantly in the 3<sup>rd</sup> quarter when the first short course was held and while we may not have received all results in the 4<sup>th</sup> quarter, a similar trend is expected. Routine PMTCT technical assistance and support visits to facilities continued with emphasis on availability and use of the full complement of PMTCT registers (General ANC, PMTCT HTC, and PMTCT ART, child follow up, delivery, partner and labour ward HTC). Hands-on mentoring on PMTCT was also an ongoing process during visits. In almost all indicators, there was an improvement on PMTCT indicators for the quarter as seen below:



### ART

The different comprehensive sites are at varying degrees of integration. Structural or functional challenges remain barriers to integration with one facility attaining full integration. During the quarter the state team had a very fruitful discussion with some key management staff of one of the CCT sites on the need to integrate ART services provision as a way of mitigating the effect of human resource challenge and improving service delivery for ART clients. We will be following through with this discussion and extend full integration to other facilities. An ART retention calendar was introduced and deployed across all CCT sites during the quarter. The calendar was used to list ART client cohorts who will be monitored by the adherence counsellors at every clinic visit. Clients missing appointments, default or LTFU are immediately followed up. Like in all other indicators, there was improvement on last quarter's performance as seen below:



### SIMS tool deployment

Deployment of the SIMS tool commenced during the quarter, though hampered by the ongoing industrial action by healthcare workers. The deployment was being concurrently followed up by addressing areas where the facility was not meeting up with the requirements of the SIMS tool. Deployment and follow up on the SIMS tool will be ongoing and a focus area on site visits once the strike actions are over.

### Laboratory Services

The quarter under review witnessed successful completion and handover of 10 renovated facility laboratories, 1 shelf cabinet and 2 air extractors to state government. The team strengthened the laboratory revolving fund in collaboration with State Ministry of Health. Within the quarter, there was a remarkable decrease in the number of laboratory investigations for CD4. This could be attributed to incessant health workers' strike as well as equipment breakdown across sites. The analysis shows the uptake of laboratory investigations including viral load (3) and TB Genexpert samples (14) for HIV regimen switching and increased detections of TB among HIV clients.

### HIV Internal Quality Assurance (IQA) Serology and External Quality Assurance

The SMoH continues to implement and demonstrate sustainable capacity to conduct HIV IQA serology activity which was previously funded by Pro-ACT. The processes of this activity involve blinded panel preparation, distribution and result collation. In this quarter, 19 facilities participated covering a total of 28 test points. 100% score line was recorded across test points in both accuracy and technicality. This outcome is remarkable in comparison with the last quarter where 22 facilities participated covering a total of 44 test points, 21 of the facilities scored 100% both in accuracy and technicality while one scored 100% in accuracy and 75% in technicality. EQA panels for CD4 and FBC were received from Zaria by supported facilities and have been analysed and soft copies of results scanned and mailed back.

### Laboratory Renovation

In December 2013 Pro-ACT approved a contract for the renovation and refurbishment of some health facility laboratories across selected supported sites. This renovation has been successfully completed and handed over to the state government. The renovation covered 9 supported facilities' laboratories.



*A section of Civil Service Hospital Lab Laboratory*

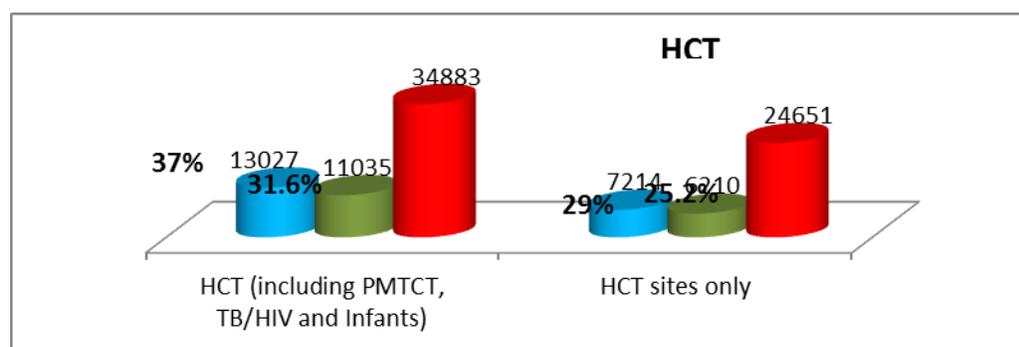


*A section of Children's Specialist Hospital*

### Community Activities

#### Technical support to State Ministry of Health and CSOs

Following the establishment and training of HTC State Resource Persons (HSRP) in the previous quarter, LCCDF, one of the beneficiary organizations, conducted two sessions of HTC with grants from Pro-ACT and supported HTC and PMTCT activities in five facilities in the state. The organization provided HTC to 2,637 people with 10 positive cases and all the 10 positive clients were enrolled into care and treatment services. SMOH, another beneficiary organization mobilized resources from the state government (KWASACA) and conducted two sessions of HTC trainings for 70 health workers from both primary and secondary facilities across the state. It is expected that uptake of HTC services will increase in the hard to reach communities of the state and other communities where implementing partners are not presently working through Government and community participation. Across all facilities, the project achieved 37% of annual HTC target as against the 31% achieved last quarter.



#### Transitioning of HIV testing points to facility management

Assessing and strengthening state capacity to implement program and manage public resources towards their development goals has become a key priority for Pro-ACT in Kwara State in order to transition management of HIV testing and counselling, adherence counselling and tracking to the state. During the second and third quarters of 2014, the project initiated the process of transitioning testing points to the management of CCT sites in the state. Facility transition meetings were held with the management of

each of these facilities on the possibilities of transitioning some of the testing points to the management. The implication of this is that HTC trained health workers in the facilities will henceforth manage the testing points with test kits support from the SMOH with continuous testing after project end. Six months after the initiation of this transitioning process, some Pro-ACT supported testing points have been transitioned to the facility management for continuity. 50% of the PITC points across facilities have been handed over to the facilities in Kwara State, positivity rate is 4.6% and GH Lafiagi contributed the highest percentage of 32.1% to the state HTC target for the month and 15% to the state positivity target.

### **One-day Thank You Award Ceremony**

As part of its transitioning activities, Pro-ACT organized a one-day thank you award ceremony for its volunteers across the supported facilities in the state. A total of 47 volunteers participated. They were presented with well-done certificates by senior Pro-ACT staff and government officials. In his response, Alhaji Afodun (Deputy Director, CSC) said the government is very appreciative of the work Pro-ACT has done in the state by building the capacity of more than 47 people in different health fields who in turn have been supporting the government of the state to bridge the human resource gaps for more than four years. The Deputy Director promised that his organization will be very willing to absorb as many volunteers who will be willing to work in the State Civil Service. He also promised further that the volunteers will give preference to the volunteers whenever the commission begins recruitment activities.

### **Prevention**

Pro-ACT aligned with the strategic shift in PEPFAR / USAID strategic focus and this was achieved through the implementation of biomedical intervention that focused majorly on injection safety, blood safety and effective health care waste management in eight (8) public and private health facilities within the state. Following the training conducted for Pro-ACT program staff (Prevention, M&E and Lab), a step-down workshop was conducted for participants in the selected health facilities where the intervention was implemented. 407 (119M, 288F) healthcare workers were trained on Injection Safety, Blood Safety and Healthcare Waste Management; distributed 218 buckets with spigots to promote hand washing practices across supported health facilities; and conducted supervisory visits to health facilities in order to enhance the quality of intervention.

### **Support to State's Prevention Program**

In line with the transitioning process, training materials were distributed to CSOs ranged from training manuals including PEP generic manual, target specific picture codes and NYSC Peer Educators training manual, cartons of condoms and lubes, pelvic and penile models, board games etc. and the criteria used for the distribution of the materials were mainly the institutional / technical capacity and the focus area (thematic area) of each organization.

### **Supply Chain Management System**

During the quarter, 47,680 tabs/caps of multivitamins and anti-oxidants were donated by the public/private health sector to the state LTWG for HIV/AIDs patients. De-junking of the state central medical warehouse was successfully conducted; and SMOH and LACA Managers were also guided at ensuring quality validation of consumption data from the facilities. In the reporting quarter, five members of the Logistics Technical Working Group (LTWG) and Axios SCM Specialist were trained as Master Trainers on Supply Chain Management of Health Commodities. Those trained would function as trainers in the training faculty of SMOH's Continuing Health Education program for the state.

### **Good Pharmacy and Laboratory Practice**

The project provided hands-on mentoring in the reporting of Pediatric cotrimoxazole and INH tablets across health facilities, especially at the State Specialist hospital, Offa. It equally provided guidance, identification and documentation of ADRs at Children's Specialist Hospital, Aisat and Temitope hospitals. All these efforts culminated in improved pharmaceutical service delivery across sites.

### **Health Systems Strengthening**

#### **Transitioning of PEPFAR Support to GON**

As follow-up to the transitioning efforts of HIV/AIDS activities to Government and the advocacy and stakeholders meetings held with Government in the previous quarter, the SMOH with active involvement of other stakeholders budgeted N357, 230,985.28 for HIV/AIDS activities within the period. Of this amount, N277 million was budgeted for PEPFAR counterpart funding. Final approval of this budget line would cater for equipment maintenance, cost of laboratory reagents, and ARVs for those clients new on ARVs. This is a giant stride towards government ownership of the HIV/AIDS intervention in the state. Pro-ACT is working closely with the State House of Assembly towards eventual approval of the budget line at the House.

#### **TOT for HSS Grant**

Following the constitution of a training faculty in the SMOH and the release of a small grant to it by Pro-ACT for developing the capacity of health staff across HIV/AIDS, TB and malaria, a TOT was conducted for 14 selected health professionals who will be conducting these trainings. The faculty used those trained to conduct two rounds of trainings within the quarter. One hundred health staff were trained in all, and all categories of health staff were involved in the trainings. This would eventually build the skills of health staff across board in HIV/AIDS, TB and malaria.

#### **Monitoring and Evaluation**

Monitoring and evaluation activities focused on quality of data documentation and reporting using the new MER USG guidelines under the reporting period. Progress was made on RADET which helped in the development of the retention calendar to increase the retention rate of patients on Pro-ACT project to about 85%. Although the strike was a challenge, skeletal services were still rendered by the 8 CCT sites while the 9 PHCs, with the remaining 10 private hospitals were not affected at all until December, 2014 when the PHCs health workers fully joined the strike.

#### **Quarterly Data Review Meeting for Project M&E team**

The quarterly M&E Project review meeting was conducted in November 2014 with emphasis on new MER reporting guidelines versus database and review of findings from the FY14 project APR report. During the three-day meeting, issues that would strengthen record keeping and government ownership were discussed, including:

- Re-collection of October 2014 data using new MER reporting template
- Step down training for facility M&E record/M&E officers on the new MER
- Retrospective data collection of Pre-ART enrolment, Dead, T.O and LTFU from comprehensive sites
- Strengthening data documentation at the facilities to ensure adherence to MER guidelines for data reporting.
- Internal Data Quality Audit (DQA) exercise to be conducted by the state M&E Specialists across the MSH supported states

- Strong advocacy to HODs/Medical record officers to engage documentation/record clerks in the M&E unit as part of the transition plan to promote ownership and sustainability.

#### **Strengthening Data Documentation and reporting using MER guideline**

One of the key achievements within the quarter is the ability of all supported CCT sites to report data using the new MER template, though supportive supervision and mentoring is still on-going for this. Emphasis was also placed on high level of data quality documentation across various thematic areas/service delivery points (SDPs) through the use of both Pro-ACT/PEPFAR/MER reporting guidelines and national harmonized HMIS tools for primary health care facilities (NHMIS). LACA M&E persons for four (4) selected facilities were mentored to report quality data form their various supported facilities.

#### **Deployment of HMIS tools**

Available HMIS tools were deployed to health facilities and records personnel provided with necessary support to ensure accurate data documentation, and reporting of Pro-ACT achievements for the FY15. The team also provided necessary support to the facility staff to be able to fill those registers appropriately.

## NIGER STATE

### Executive Summary

During the quarter the project continued its commitment to strengthening the facility-based HIV services towards improving the quality of services across all supported health facilities while strengthening the technical capacity of the stakeholders for increased ownership and sustainability and putting enabling structures on the ground for the transitioning of its services to the state government. As part of efforts to scale down the project support to the state government, this quarter witnessed a series of capacity building activities that are aimed at building desired knowledge and skills and positioning the support group structure in the facilities and communities. These eventually prepared the ground for the disengagement of all the Provider Initiated Counselling and Testing Volunteers across the supported sites signalling the gradual transiting of components of facility and community based services to the state government.

To further create an enabling structure for ownership and sustainability, Pro-ACT organized a six-day Training of Trainers for six people in the state, to be used as master trainers, on health commodities logistic and supply chain management in the state. This group of trainers will be absorbed in the state faculty of continuing health professional education as master trainers who will continue to offer step-down training to other health professionals in the State.

### Clinical HIV/AIDS Services

#### PMTCT

Early Infant Diagnosis and Pediatric Training was conducted for 33 health care workers (medical doctors, nurses, lab scientists to CHOs) in the remaining 8 comprehensive care and treatment sites (CCTS) and a few stand-alone PMTCT sites using the continuing medical education (CME) approach with practical demonstrations. This is geared towards improving quality of PMTCT and Paediatric ART services across these Pro-ACT supported sites in the state.

Total No of DBS Samples sent to PCR Lab in the Quarter.	Total No of DNA/PCR results received from PCR Lab in the Quarter.	No of Positive PCR results received in the Quarter.	No commenced on ART.
159	74	11 (14.9%)	2 (18.2%)

During the quarter, 159 dried blood spot (DBS) samples for early infant diagnosis of HIV were sent to the PCR laboratory from Pro-ACT supported sites. 129 (81%) of these samples were from GH Minna. Out of these, 8.2% of these were sent through the PPFN/NIPOST hub system from Suleja axis while the rest were through the Pro-ACT project office in Minna.

A total of 74 DNA/PCR results were received from the PCR laboratory during the quarter. Eleven (14.9%) were positive for HIV; two (18.2%) have commenced ART. Nine have not been reached due to untraceable contact address, non-functional phone number, vague addresses while doubts about the result by some parents and the on-going strike have contributed. However, serious efforts are being made to trace them and start them on treatment.

Supervisory and mentoring activities were conducted across 34 PMTCT sites. During these visits, the team provided hands-on mentoring to health care workers, review of PMTCT charts within the facilities and CMEs on quality PMTCT services. The team also participated in the practical application of sites improvement protocol through the use of Site Improvement and Monitoring Systems (SIMS) tools in GH Minna and IBB Specialist Hospital in Minna. Knowledge and skills of health care workers were enhanced through these activities which also provided good insights on the use and application of SIMS tool in these facilities.

### **ART**

The clinical and community teams had a one-week strategic review meeting in Minna that reviewed and strategized on the new PEPFAR Operational Strategic Shift; provided insights on the nature and deployment of the SIMS (Site Improvement through Monitoring Systems) Tool at facility level; and Optimization of Viral Load Testing for monitoring the ART Program.

### **TB/HIV**

In line with the WHO mandate of reducing the burden of TB in HIV infected persons, retrospective Isoniazid Preventive Therapy (IPT) Cohort Monitoring and data analysis were carried out in GH NewBussa and GH Bida; the report of these are been awaited and will be communicated in the next quarter report. Meanwhile, TA was provided on TB screening, IPT implementation and the GeneXpert result analysis during monitoring and support visits to 3 CCT facilities.

### **Quality Improvement**

Quality Improvement Teams constituted in all 16 CCTs, transitioning of the monthly meetings is still an on-going process, although some facility managements such as of GHs NewBussa, Suleja and Minna have shown promise of full ownership of the meetings. A total of 15 meetings were held in the state in the quarter; with QI projects ranging from measures to strengthen TB screening for PLHIV in GH NewBussa; facility ownership of the QI program in GH Bida and measures to reduce client waiting time and risks of infection transmission among PLHIV on ART clinic days.

### **Laboratory Services**

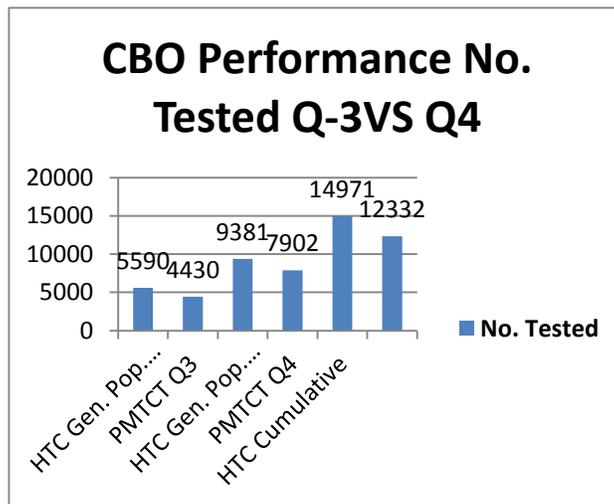
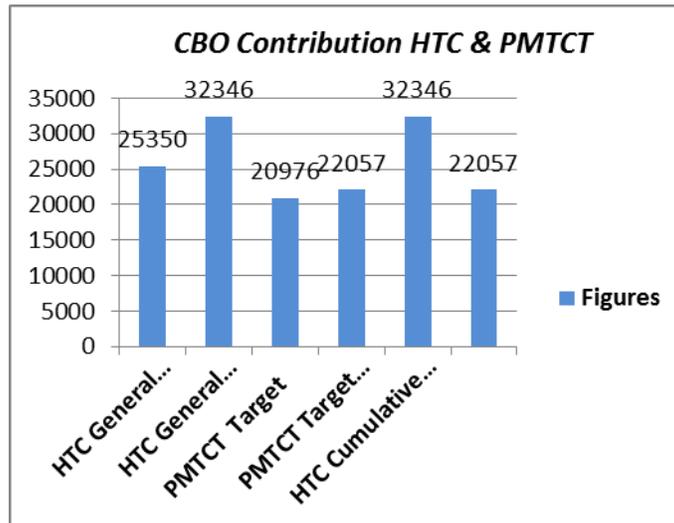
A Laboratory Revolving Fund review meeting attracted key stake holders from Niger SACA, Hospitals Management Board (HMB), Niger State Ministry of Health (SMOH), NEPWHAN, Heads of Hospitals and Heads of Laboratory Departments from 5 CCT sites (GH Kagara, GH Minna, GH Kontagora, GH Lappai, GH Bida) and the deputy director for Laboratory services. This meeting aimed at creating a drug revolving structure, as a resource mobilization strategy to cushion the effect of PEPFAR transitioning of its key HIV laboratory support services (haematology and chemistry) to the state government.

The strike actions embarked by health workers significantly interfered with activities in the health facilities in state. This has affected the quarterly Laboratory Internal Quality Assurance (IQA) program as it did not allow most of the lab IQA Officers in the state to conduct their quarterly IQA assessment. The project has however, continued to support logging of specimen samples across supported comprehensive care and treatment sites, where there is no laboratory equipment or in the event of equipment breakdowns. This has helped to prevent disruption of relevant diagnostic services (CD4) in these facilities and has ensured the provision of quality care and treatment services to PLHIV.

### **Community Services**

Based on PEPFAR guidance, counselling and testing efforts were prioritized with focus on ANC, maternity, Laboratory and TB units. Mentoring support was provided to CSO partners engaged across

selected communities to support facility staff to deliver HTC services across designated points at the facility. The project’s efforts were geared at prioritizing test points in Pro-ACT supported facilities while creating linkages with state SACA for continued supply of test kits to other counselling and testing points. These have significantly improved the HTC up-take for general population and PMTCT services in these facilities in the quarter under review as shown below:



The first graph above shows CBOs’ contributions April-June (Q3) & July-Sept (Q4), 2014. The second graph above shows CBOs’ contributions in Oct-Dec, 2014 (Q1).

**Vulnerable Children Program (VC):** In this reporting quarter, engaged grantee CBOs continued to service the project supported enrolled eligible households in the respective communities and their VC based on identified needs of the children and have met all VC intervention targets across these communities. The community team has continued to provide hands-on mentoring on documentation of services using the national tools and process of closeout for the grantee CSO have been initiated, through the retirements of their bench mark for the last performance period. Data across the CCT sites will be made available as soon as they are verified.

### **Prevention Services**

The last quarter under review witnessed active implementation of the biomedical HIV prevention interventions that focused primarily on Injection Safety, Blood Safety and Healthcare waste management that commenced across 3 MSH supported (intervention sites) facilities through step-down training of relevant staff in these facilities. These are aimed at protecting patients and health care providers from HIV and other blood-borne pathogens by reducing unsafe and unnecessary injections as well as reducing the exposure to contaminated medical waste, including used needles and syringes and other infectious waste through Health Care Waste Management. So far, 70 (34M and 36F) healthcare workers had step-down training on Injection and Blood safety while 45 (25M and 20F) were trained on waste management across the 3 facilities. Also, as part of a strategy to promote hand washing practices across all Pro-ACT supported facilities, a total of 285 buckets with spigots were distributed across all the facilities to promote this practice. In support of the US Government preparation towards the World's AIDS Day, the State HPS was selected to make a presentation on "Preventing HIV through Parent-Child Communication" on the 26<sup>th</sup> of December, 2014. The USG planning committee, thereafter, requested that the presentation be placed on USG website due to its comprehensiveness and enlightenment.

### **Logistics and Supply Chain Services**

During the quarter under review, collation and validation of the Bimonthly CRRIRF report across the 16 CCT sites and 98 PMTCT sites for September-October 2014 was done successfully and forwarded to SCMS Abuja. The LTWG quarterly meeting was held and it focused mainly on strengthening the LTWG secretariat to make it more resourceful while positioning the LTWG in the state to effectively and efficiently carry out its mandate of harmonizing all health logistic activities. In addition, the roll out plan of the ToT on supply chain management of health commodities to 35 members of the LTWG and facility staffs is scheduled to take place early next quarter and this has been discussed with DPS, SMOH.

Several sites (CCT and PMTCT sites) were visited during the quarter for capacity building through supportive supervision and mentoring activities such as in the use of LMIS tools, how to aggregate consumption data from sites and prepare the CRRIRF report, and storage of commodities and documentation. These trainings are aimed at building enabling structures for ownership and sustainability. Also in line with this, a total of six persons participated in ToTs to become master trainers, on health commodities logistic and supply chain management in the state. This group of trainers will be absorbed in the State Continuing Health Professional Education Centre as master trainers who will continue to offer step-down training to other health professionals in the state. In order to maintain an uninterrupted flow of health commodities to the supported facilities and avoid occurrence of stock out, Niger state SCMS team provided technical support to sixteen CCT sites and 98 PMCT facilities during the quarter to enhance data entries, collation, validation, generation and collection of bi-monthly reports in consolidation of the pull system.

The m-Supply inventory management software in the CMS is fully operational as pharmacy departments in all the general hospitals (19) in the state are now sending in their requisition soft copies to the CMS through email while monthly consumption reports from these facilities are also being sent to CMS as soft copies via the same route. Provision of technical assistance and support to health facilities on waste management was done across all sites and staffs were encouraged to ensure that the demarcated area for quarantined items is maintained at all times and to also ensure timely removal of expired commodities.

### **Health System Strengthening**

In pursuance of the commitment made during the stakeholders round table meeting that was held in the fourth quarter and as a follow-up on the preparedness by the state government to the transitioning of HIV support services from US Government, especially the laboratory component of the PEPFAR support that takes immediate effect within the last quarter, Pro-ACT engaged the state government through a series of meetings and dialogues to ensure that the financial implications of these HIV support services are captured in its (Government) 2015 budget. From all indications, outside the N600,000,000 allocated to the SMOH's budget envelope for 2015, other areas of back-up have been earmarked in the State Ministry of Budget and Planning as a fall back option to support HIV activities in the State and Drug Revolving Fund, as part of resource mobilization strategy, has earlier been proposed by SMOH to support the transitioned laboratory services in the state while the area of counter-part funding to HIV activities by the state government has been proposed by the project team, and its being looked into.

### **Stakeholder Participation and Involvement**

The World AIDS Day Celebration 2014 activities were coordinated by the state SACA, the 2014 celebration themed "Close the Gap. No more Stigma and Discrimination" was kick-started by a novelty football match on November 30<sup>th</sup>, 2014. The novelty match was aimed at bringing the public together towards lending a voice to stopping HIV/AIDS related stigma and discrimination.



The World AIDS Day Celebration in the state also witnessed the provision of an office space for NEPWHAN State chapter in NGSACA house and the presentation of a brand new set of desk top computers, a table, 3 chairs, a standing fan, and a shelf. This will re-position NEPWHAN in the state to effectively coordinate other PLHIV groups in the state. This achievement was made possible through the continued support of Pro-ACT. A total number of 52 persons were provided counselling and testing (male- 46, female- 6), during the celebration, with no positive recorded.

### **Monitoring and Evaluation**

The project continues to support the state to hold the monthly data collection meeting, where data is shared with the state government, thereby reducing the discrepancies in data generated between the IP and state. The meetings were only held in October and November due to the on-going strike which has also affected the December 2014 data as most facilities were shut down.

Data from 114 facilities have been collected and reported and up-loaded on the USG DHIS platform. This was achieved through aggressive retrospective data collection and validation across all the CCT sites while the capacity of LACA M&E officers have been built to do same for the feeder sites.

17 Data Clerks were trained on the new Monitoring, Evaluating and Reporting (MER) as provided by PEPFAR thereby empowering them to collect monthly routine data using the MER to report to MSH.

## SOKOTO STATE

### Executive Summary

Bearing in mind the recent implementation review and strategic focus by President's Emergency Plan for AIDS Relief (PEPFAR) in the country, the Pro-ACT Project in Sokoto State focused its activities during the quarter under review on increased ownership by the state government with the hope of sustaining HIV/AIDS interventions so as not to have a reversal of gains attained by Pro-ACT in the fight against HIV/AIDS in Sokoto state over the past one year.

### Clinical HIV/AIDS Services

Activities carried out in the quarter were geared towards enhancing quality of care and retention of clients in all 10 supported sites (7 CCT and 3 PMTCT). Technical Assistance through hands-on mentoring visits and supportive supervision, Continuing Medical Education, Monthly Quality Improvement meetings and data quality audits were carried out through the quarter in all supported facilities to improve documentation, regular and timely laboratory testing.

### ART

Technical assistance and mentoring visits to all CCT and PMTCT stand-alone sites were carried out in this quarter to ensure enrolment and retention in care. Due to the strike action, the number of pre-ART and newly initiated on ART dropped by 41% and 27% respectively. ART numbers were also affected by lack of December data and severance of PITC volunteers in all CCT sites. Activities carried out in the quarter include:

- Mentoring on filling care cards in all CCT sites to improve documentation
- Facility specific mentoring on adherence to improve retention
- Chart reviews in all CCT sites to review eligibility of pre-ART clients

CME trainings were conducted in 6 of 7 CCT sites themed "WHO clinical staging" to improve proper staging and initiation of adult and paediatric clients. Successful advocacy to the management of UDUTH to continue running EID samples once weekly throughout the strike led to the commencement of PCR testing of backlogged samples once a week.

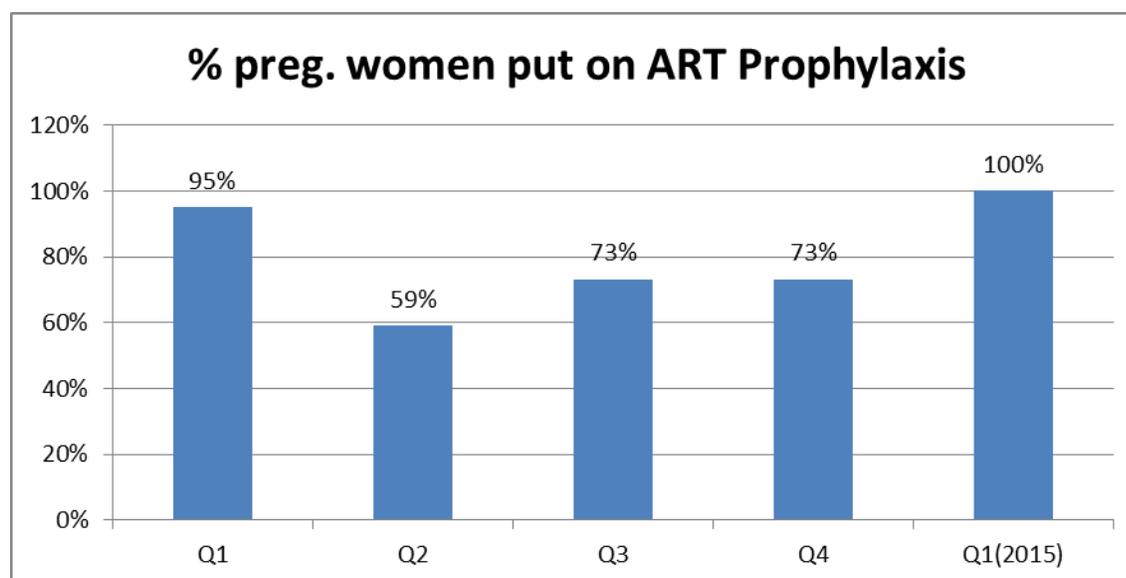
### TB/HIV

TB/HIV activities carried out in this quarter were geared towards improving uptake and retention of IPT and early screening, diagnosis and commencement on Anti TB drugs in co-infected clients. Also, the GeneXpert machine was functional throughout the quarter with 50 sample runs and 7 positives identified and initiated on treatment. IPT cohort monitoring was carried out in October to review the retention rates in SHS, WCWC and MAWCH with results showing low IPT retention rates in all the facilities. Reasons for high dropout rates were clarified. These were due to system failures in SHS and a corrective measure was set up to improve retention through integration of ARV and OIs drugs collection in the same place.

### PMTCT

Although there was a significant reduction (23%) in the number of women attending ANC in the quarter, the table below indicated 98% of those who attended ANC received counselling and testing for HIV. In addition, all (100%) identified HIV positive pregnant women received ART prophylaxis in line with the 'test and treat' policy of the WHO adopted by the Federal Government of Nigeria.

	New ANC Attendees	# Counselling and Tested	# Positive	# Given Prophylaxis
Q1	4660	3057	21	20
Q2	6065	5749	34	20
Q3	6314	6294	34	25
Q4	5543	5262	41	30
Q1 FY15	4250	4169	14	14



Unfortunately, however, no PCR test was carried out during the quarter under review as a result of the ongoing strike action. Measures have been put in place for the facility to continue providing the service despite the strike.

### Quality Improvement (QI)

Quality Improvement projects have been setup and are operational in all 7 CCT supported sites. Monthly QI meetings were held consistently in all CCT sites in the quarter with facility specific issues discussed and resolved. QI projects set up in all CCT sites were reviewed in December with modification in 3 facilities and new aim statements set for WCWC (Review and harmonize clients unique IDs to eliminate missing files). Continuing Medical Education were carried out in all CCT sites in the quarter on WHO clinical staging to improve knowledge of clinicians on criteria for focused Testing and Counselling and initiation on treatment.

### Laboratory Services

The transitioning of PITC volunteers created a testing gap at the ANC of MAWCH necessitated the laboratory team to carry out on the job training for 6 midwives at the facility. These have already been offering the services to the pregnant women attending ANC. In addition, the team supported Sokoto SACA to train 115 HCWs in three senatorial districts. The team conducted a validation process on the CD4 count machine donated to MAWCH by Pro-ACT. This is to ensure validity and reliability of the results obtained as compared to BD Facs count machine available in most ART centres in the country. The team supervised successful renovation of GH Tambuwal Laboratory carried out by Pro-ACT during the quarter under review.

## Community Care Services

### HIV Testing and Counselling

Following the exit PITC volunteers in the facilities, the team provided mentoring and technical support to the health care workers (HCWs) trained on HTC to continue to provide HTC services. This has helped to strengthen and sustain the delivery of HIV Testing and Counselling services in all the facilities. The new direction necessitated the reduction in the number of HTC testing points to about 50%. The trained HCWs together with grantee CSOs are working synergistically to provide the services at the sites. It is worthy of mention that the state SACA has started providing the CSOs with HTC test kits demonstrating ownership of HIV services by the state. A total of 14,298 tests were conducted within two months in the quarter out of which 265 patients were found HIV positive and linked up to care/treatment as appropriate.

### Vulnerable Children (VC) Programming

In this quarter, the CSOs implementing VC services (Jamaa System Consult and CHANGE Initiate) enrolled and served 1818 VC through household centred approach in selected communities in 3 LGAs.

### Care and Support Services

In this quarter four PLWAs support groups were transitioned to their mother association (NEPWHAN). The team provided hands on mentoring and supportive supervision to another CSO (HCOMDI) to strengthen the capacity of four support groups to reconstitute their management structures, reporting, resource mobilization and development of its organizational policy. Four support groups were supported to step down Savings and Loans Association (SLA) training to their members. Two of the support groups have formed SLAs with twenty-five members each.

### Prevention Services

The team conducted a step down training on injection safety and waste management in collaboration with the laboratory team to 69 HCWs and 52 waste handlers from two CCT sites. Following the training, it is observed that the two piloted sites (SHS and GH Dogondaji) have adopted measures to promote hand hygiene among staffs by making use of the buckets with spigots donated by MSH with facility staff responsible for each unit. In addition, Adherence and PHDP training for 23 HCWs and CSOs was conducted. The participants were followed up to their respective health facilities with sexual reproductive health commodities to promote adherence to treatment, Prevent STI, and encourage family planning. After the training 32 PLHIVs (29 Females and 3 Males) were recorded to have benefited from PHDP services.



Waste Handlers demonstrating waste segregation



Training session with waste handlers

## Supply Chain Management System

### Capacity Building

The team organized a one-week training of trainers on Supply Chain Management to help the state develop a pool of master trainers linking to the 'Centre for Continued Professional Education' and charged with the responsibility of continuous step down training to as many key decision makers and health facility workers as possible, and monitor the progress and impact of such step down training on the commodity security of the state at large. Five people from Sokoto state were trained by Pro-ACT and drafted a costed work plan for two batches of step down training in March 2015. Similarly, the SCMS team provided orientation and initiated skill transfer to a staff of the SMOH nominated from the Logistics Management Coordinating Unit (LMCU) to understudy the process of joint supportive supervision and the processes involved in data validation, ART health facilities staff management and bimonthly LMIS report collection. The exercise was highly fruitful as 100% of Logistics Management information System (LMIS) reports were obtained in a timely manner.

### Commodity Management

In order to maintain uninterrupted availability of health commodities at all supported health facilities in Sokoto State, 600 packs of short dated Nevirapine (Tyonex brand) previously quarantined, were redistributed among two sites in Zamfara and two sites in Sokoto state after getting information on the lift of the ban. The items have been completely utilized at the various points it was distributed to, thus avoiding expiry / wastages.

The team completed laboratory reagents and consumable distribution to all CCT facilities twice within the quarter, these supplies boosted stock status of laboratory commodities at the facilities thus ensuring improved commodities security.

### Summary of this quarter Inter-Facility Transfers

Commodities	Units	Volume ( $m^3$ )	Weight (Kg)	Value (\$)	Value (N)
ARVs/OIs	1,250	0.5727	128.91	5,831	962,115

### **Technical Working Group (TWG) on logistics**

Pro-ACT facilitated and supported the department during the quarter to host the Inaugural Meeting of the Integrated General Technical Working Group on Logistics. The integrated TWG on Logistics was formed to provide a platform for interaction and coordination of efforts of different stakeholders handling commodities logistics in the state thereby closing the existing loophole and strengthening the health care supply chain system in Sokoto state. It will facilitate the development of integrated systems of quantification, procurement, storage and distribution of all commodities. Among issues discussed in the meeting included strategies to strengthen the state SCM system, terms of reference, integrated work plan, integration of PSM TWG on malarial and HIV/AIDS into the general TWG on Logistics.

### **Health Systems Strengthening**

Considering the new strategic shift on HIV response by PEPFAR, and the need to increase ownership and sustainability by the state, the team had a series of engagement with the key stakeholders during the quarter under review. The aim of these engagements was to support the state to draw down the unspent funds for HIV services from 2014 budget so as to cover the immediate gap the transition might have brought. In furtherance to this, the team provided the state with facts on the need to have counterpart funding for HIV/AIDS response to cushion the effect of the transition and increase ownership and sustainability.

#### ***Capacity building***

In its effort to build the capacity of the state, Pro-ACT coordinated and conducted a state level training of 20 master trainers on facilitation skills drawn from across several cadres of healthcare workers (HCW) in the state including doctors, nurses, pharmacists and laboratory scientists, among others, which resulted in the establishment of the Centre for Continuing Professional Development (CCPD) situated at the State Ministry of Health. The effort had already started yielding results in that the established centre has conducted a training of 20 healthcare workers from 10 health facilities on Adult and Adolescent Antiretroviral Therapy (ART). It is envisaged that the dividend of this knowledge and skills transfer will be visible during the next reporting period.

#### ***Inauguration of Wamakko LACA Stakeholders Forum***

The meeting brought stakeholders from the State and Wamakko LGA together to facilitate positive community influence on the delivery of HIV/AIDS and TB services. The established and inaugurated LACA Stakeholder Forum provided the platform for information dissemination of available services in and outside of the communities in Wamakko LGA of Sokoto State. The Network for People Living with HIV and AIDS (NEPWHAN) and Sokoto State Agency for Control of AIDs and Tuberculosis (SOSACAT) used this Forum to further sensitize the local government authorities and traditional ruling council on their roles as outlined in the shared term of reference after the inauguration. The meeting was filled with testimonies from even the traditional and religious leaders on how they have contributed in addressing stigma which had been the major problem. They also shared their experiences on how they have referred and tracked clients to ensure comprehensive care and battle issues with lost to follow up (LTFU).

#### ***Interagency Meeting***

The need for ownership and sustainability of HIV programs by the state and the new PEPFAR strategic focus on HIV intervention in Nigeria necessitated an interagency collaboration with relevant stakeholders from State Ministry of Health, Ministry of Budget and Economic Planning (MBEP), Ministry of Finance, SOSACAT and the State House Committee on Health. The meeting which was chaired by the

Permanent Secretary of MBEP highlighted the need for the state to have a concrete plan for ownership of HIV/AIDS services through an increase of budget allocation for HIV response through counterpart funding as well as release of unspent funds from 2014 budget. As a way forward, it was agreed that Pro-ACT should organize a high level engagement with the State Governor through Sokoto State Liaison office in Abuja.

### **Monitoring and Evaluation**

As part of ProACT's effort to enhance proper data documentation and proper filing system, Pro-ACT produced and donated shelves to all CCT sites and M&E team helped the six beneficiary facilities to file the folders accordingly. During the quarter under review, SOSACA/SMOH activated new HTC/PMTCT sites for which MSH M&E team actively participated in the process and taken a lead in facilitation during the M&E session using eNNRRIMs national tools.

## ZAMFARA STATE

### Executive Summary

The period covered by this report was dominated by activities that focused on transitioning of PEPFAR support to Government of Nigeria. One of such activities was frequent follow-ups with the state government to ensure that its 2015 health budget provides for counterpart funding for services being provided with support from PEPFAR.

### Clinical Care Services

*PMTCT:* Continuous Medical Education sessions on anti-retrovirals in clinical PMTCT settings and infant feeding options were held in the maternity units of General Hospitals Bakura, Zurmi, PHC Dauran and the Obstetrics and Gynecology unit of Yerima Bakura Specialist Hospital, YBSH. A total of 43 participants (33 non-physician clinicians and 10 Physicians in YBSH) were trained in the four sites; 7 in GH Bakura, 6 in GH Zurmi, 11 in PHC Dauran and 19 in YBSH.



CME session at Yariman Bakura Specialist Hospital, Gusau

*Joint Site Visits:* General Hospitals Zurmi, Birnin Magaji and PHC Dauran were visited by the Pro-ACT state team with representation from all thematic units. Staff members of each unit were engaged in addressing issues affecting quality of service to clients. All supported PMTCT sites were visited to address issues along the continuum of care for the mother-baby pair. In line with the new PEPFAR directive, focus was placed on HIV Counselling & Testing (HTC) for Pre-, intra- and post (partum) mother-baby pair and also in particular settings of DOTS and STI clinics in the PMTCT sites going forward.

*ART:* A total of 12 doctors were trained in the paediatric department of YBSH on ART therapy in infants and children, diagnosis and staging of HIV, management of OIs in children, DBS collection with a practical clinic demonstration of DBS collection from an exposed infant. More so, 11 doctors in the General- (GOPD) and medical- outpatient (MOPD) Departments of YBSH were mentored on proper filling of care cards and ART therapy in adults.

*Joint Site Visits:* The four CCTs were visited and mentored by the state clinical team. Some visits were accompanied by members of the other thematic units during which joint issues were addressed and resolved. Joint supervisory visits to GH Kaura and Shinkafi were further strengthened by the presence of the Pro-ACT ART advisor and the PHDP advisor. Through this visit, the retention calendar was introduced to the facilities as a means of monitoring and tracking defaulters

*Mentoring:* ART focal persons, clinicians in all CCT sites were continually mentored to support integration of ART services into the hospital mainstream of service delivery, screening of all HIV positive patients (new and old clients) in congregate settings (PICT points, adherence counselling rooms and triage units, consulting rooms, PMTCT setting) and documented in the appropriate TB/HIV registers and tools.

### **TB/HIV**

Intensified case findings using the four basic questions were advocated across the facilities as a model for early identification of TB suspects and such suspicious cases were offered investigation for TB. ART focal persons in FMC have been mentored on the importance of GeneXpert technology in detecting TB and MDR TB and is yielding increased uptake. Monthly review of clients offered Genexpert and those placed on IPT showed increase effort being placed on TB screening by facilities staff.

### **Quality Improvement (QI)**

#### ***QI Team***

QI teams have been constituted in all CCTs. So far, Pro-ACT has supported facility level QI meetings in all four CCTs on a monthly basis including YBSH which we commenced in this quarter. However, the QI meeting for FMC has not been held since November 2014 due to the nationwide strike action.



*QI meetings in GH Kaura Namoda & GH Shinkafi*

### **Laboratory Services**

#### ***Injection safety and Waste Management:***

Pro-ACT conducted trainings across three comprehensive sites supported by the project on injection safety and healthcare waste management. The training curriculum dealt with infection prevention and control, injection safety and universal precautions, injection safety policies, standards and norms, hand hygiene, unsafe injection practices/risks, best practices in injection safety/eleven rights and phlebotomy – best practices. Other areas touched were prevention and management of exposure/post exposure prophylaxis/management of needle stick injuries, health care waste management as well as behavior change communication. The training provided health care providers and health care waste handlers the opportunity to keep in step with national guidelines and best practice in biomedical prevention. Facility specific details are provided in the table below:

**Distribution of Health Care Workers and Health care Waste Handlers trained by Facility**

S/N	Health Facility	Health Care Workers Trained	Health care Waste Handlers Trained	Total trained per Health Facility
1	Federal Medical Center, Gusau	36	36	72
2	Yariman Bakura Specialist Hospital, Gusau	36	37	73
3	General Hospital, Mada	33	28	61
4	General Hospital, Tsafe	39	30	69
5	Shagari PHC	38	18	56
6	Dr. Karima PHC	37	33	70
7	PHC, Kasuan Daji	35	33	68
	<b>Total</b>	<b>254</b>	<b>215</b>	<b>469</b>

***Supervision and mentoring:***

The field office organized and conducted joint supervisory visits (JSVs) to facilities from December 8-12, 2014. The purpose was to improve sustainable HIV/AIDS response in a holistic manner with the support of all thematic program staff. Facility staffs were engaged and supported to address issues affecting quality HIV service delivery in their various units. During this JSV, two comprehensive sites, CCT (General Hospitals, GH Kaura & Shinkafi and a PMTCT site, GH Birnin Magaji) were visited by the clinical, prevention, laboratory and M&E specialists in a week long exercise addressing issues affecting sustainable HIV service delivery. Other activities included applying the SIMS tool, populating the retention calendar for clients in the two CCTs, supporting QI meetings and local training on proper filling of care/ART cards and waste handling, collection, disposal and management by all cadres of health care workers.

***Community Services:***

HTC Services: In an effort to achieve smooth and successful transitioning of HTC in Pro-ACT-supported service to health facilities, meetings were held with the management of health facilities to sensitize them about the implication of the new development. As a result, points of services were mapped out to be manned by facility staff while test kits are to be provided by state government. So far, eight testing points have been transitioned to the state government as part of the effort of strengthening the leadership of the health facilities capacity to coordinate effective HIV testing points in the facilities.

LDP Training: A three-day Leadership Development Program (LDP) workshop was organized by Pro-ACT for support groups and NEPWHAN and held in Gusau from November 12-14, 2014. The training was facilitated by the CBA and CCA. Participants were drawn from Kebbi, Sokoto, and Zamfara states. Seven participants were drawn from Zamfara state (2 representatives each from Daraja SG, and Trust support association; and 1 representative each from NEPWHAN, ASWHAN, and MDC). As a result of the training, the skills of support groups and NEPHWAN members were improved to face challenges and achieve results by applying leading and managing practices; to develop the desired leadership and management competencies that support groups and NEPHWAN need to achieve measurable results, and to improve skills on effective coordination and resource mobilization. Work plans for SG and NEPWHAN were developed as shown in the attached document.

*Volunteer Award Ceremony:* To show its appreciation of the good work rendered so far by its volunteers in Pro-ACT supported CCT sites, Pro-ACT organized an award ceremony for twenty volunteers including 3 adherence volunteers, 4 PITC volunteers, 8 trackers, and 5 data clerks who were awarded with certificates of appreciation by MSH.



*Group picture at the volunteers' award ceremony*

### **VC services**

Two ProACT grantee CSOs – Future Hope Foundation (FHF) and Fulani Initiative for the Protection of Less Privilege and Environment (FULPEL) continued working towards enrolling and providing services to VC in Gusau and Maradun LGAs respectively. The total number of VCs enrolled and provided with at least one service per CSO is as shown below.

<b>Indicator</b>	<b>Target per CSO</b>	<b>FHF Achievement</b>	<b>FULPEL Achievement</b>
Number of VC enrolled and provided with at least one service area	1000	1024	1221
Number of caregivers trained	400	598	405

### **Supply Chain Management Services**

#### **Integrated Supply Chain Management System (ISCMS)**

During this quarter, on-site technical support was provided to all the sites in the areas of data generation, validation, collection and collation of the September-October 2014 bi-monthly report, in order to ensure uninterrupted availability of health commodities at all the health facilities. Stock balances were physically verified at the Pharmacy and Laboratory departments. The facility CRRIRF and PPR reports generated were transmitted to the Country Office for resupply of commodities. RTKs, ARVs, OI drugs, Laboratory reagents and consumables were resupplied to health facilities to enhance service delivery.

Capacity Building Training: Training of Trainers on Supply Chain Management was centrally organized. Five (5) persons from Zamfara State participated in the training. The training imparted necessary knowledge and skills for certification of participants to be master trainers so as to enhance the State's capacity to manage integrated Supply Chain activities. All the sixteen (16) PMTCT+HTC sites were invited for a Cluster Review Meeting where the capacities of the focal persons were built on completion of the PMTCT CRRIRF and PPR. The meeting ended with the generation of PMTCT CRRIRF and PPR reports. The reports were then validated by the SCMS Specialist before transmitting them to the central level for resupply of commodities to the health facilities.

Good Laboratory and Pharmacy Practice: There was one reported case of occupational Post Exposure Prophylaxis (PEP) from General Hospital Kaura Namoda. There was no report of adverse drug reaction from the health facilities, but facility staffs are encouraged to probe clients for ADRs and report any through the pharmacovigilance forms.

System Strengthening: During the State PSM TWG meeting that was held during the quarter under review, private sector participation was extensively discussed, as the meeting participants were informed that currently PEPFAR does not support the program with multivitamins, and pleaded with community pharmacists to assist in that regard so that PLHIV will be able to get multivitamins. A sub-committee was formed to advocate to community pharmacies and Zakat Endowment Board for assistance to get the medicines, as an interim measure. However, it was observed that a permanent measure is to advocate to the state government to intervene. Also, the meeting was informed that LACA coordinators when trained could be useful during bimonthly reporting, where they will assist in validating CRRIRF and PPR reports. A successful example of that model has been done in Kwara State. SCMS/JSI informed the meeting that they are using the model in Kano State and has proven useful.

On LMCU in Zamfara State, the chairman informed the meeting that the Hon. Commissioner of Health has approved the establishment of an Oversight function committee and a 6-member LMCU. The office will be situated at DPS, SMoH. The chairman further noted that Zamfara State has the best HMIS in the country, and wants the state to be the best in LMIS.

## **Health System Strengthening**

### **Stakeholder Participation and Involvement**

#### **Counterpart funding for HIV/AIDS:**

Following last quarter's round table meetings with stakeholders at national and state levels and the series of follow ups with the state officials to ensure that commitments made were fulfilled, Zamfara State 2015 Health budget has set aside NGN 287,000,000.00 as Counterpart Funding for Donor supported HIV/AIDS services. This is in addition to NGN318, 000,300.00 and NGN 40,000,300.00 also for HIV under different headings.

#### **Inauguration of Gusau LACA Stakeholders Forum:**

To strengthen the activities of Gusau Local Government Committee on AIDS (LACA) through encouraging community response to HIV/AIDS activities in Zamfara State, ProACT supported Zamfara SACA and Gusau LGA to establish and inaugurate LACA Stakeholders Forum. As guided by the concept note earlier made available to ZMSACA and Gusau Local Government Authority by Pro-ACT, membership of the forum was drawn from public and private healthcare service providers, community and religious leaders, associations of PLWH as well as women and youth associations. The inauguration, which took place on

December 17, 2014 and witnessed by ProACT Director HSS and Zamfara Team, Representative of Program Manager ZMSACA and large number of Gusau LGA Staff and Community members, was performed by the Local Government Chairman. He used the opportunity to expanded the Forum's Terms of Reference to include all health related matters with particular emphasis on HIV and Maternal and Child health, which he said were key health intervention areas in the LGA that require continuous community mobilization for increased uptake of services. He offered to personally chair the forum and gave assurance that meetings will be regular to review progress as well as share experiences and lessons for necessary interventions. He thanked Pro-ACT for selecting Gusau LGA as a model in the state to establish the community oriented forum, which he described as wonderful innovation that will help greatly in increasing both government and other stakeholders response to HIV in the LGA.

#### **Advocacy Visit to Federal Medical Center Gusau by DHSS:**

On December 17, 2014 Pro-ACT Director HSS in company of Zamfara State Team Leader and Senior Lab System Officer paid an advocacy visit to the Chief Medical Director at FMC Gusau. Objectives of the visit were: (1) to discuss transitioning of PEPFAR support for Lab services to GoN as it affects the health facility; and (2) to discuss ways to improve client retention at the facility. A meeting was held in the office of Chief Medical Director and was attended by Head of Clinical Services, ART Coordinator, Head of Nursing services and Deputy Head of Lab Department of the facility. At the end of the meeting the following decisions were taken:

1. Because FMC is being supervised by Federal Ministry of Health, which also controls the facilities budget, Pro-ACT was requested to take up the issue of transitioning PEPFAR support with the FMOH as was done with the State Governments who owned secondary health facilities.
2. Based on the poor client retention of FMC Gusau, the Management agreed to:
  - a. Increase the number of clinic days in order to reduce clients' waiting time and encourage attendance;
  - b. Ensure proper integration of ART services into mainstream healthcare services so as to erase stigma and improve retention of clients; and
  - c. In order to achieve point b above, more doctors will be trained to attend HIV patients at GOPD and without segregating consulting rooms.

### **Monitoring and Evaluation**

#### **Monthly M&E Review Meetings organized by ZAMSACA**

The Zamfara state SACA M&E monthly meeting is a converging forum where all the M&E officers from LACAs from 14 LGAs, and comprehensive sites converge to review their monthly facility data, facility reporting rate, and discuss the implication of untimely reporting of the data into the National DHIS 2.15 version. During the meeting, the data is gathered, collated by Pro-ACT project, Pathfinder, and ZAMSACA/SMoH/SASCP and validated. The data was displayed by facility while a group validation and technical assistance on how to verify using checks and monthly summary forms after entry into the DHIS platform were part of the meeting discussion. The meeting was held on November 10, 2014 at the state capital. The data reporting rate for the state remained steady for HCT, PMTCT and ART indicators respectively, represent 100% (HCT), 100% PMTCT, and 100% ART for October, 2014 to November, 2014 while December, 2014 is still ongoing and half way due to strike action.

### National Data validation exercise (GON/NACA)

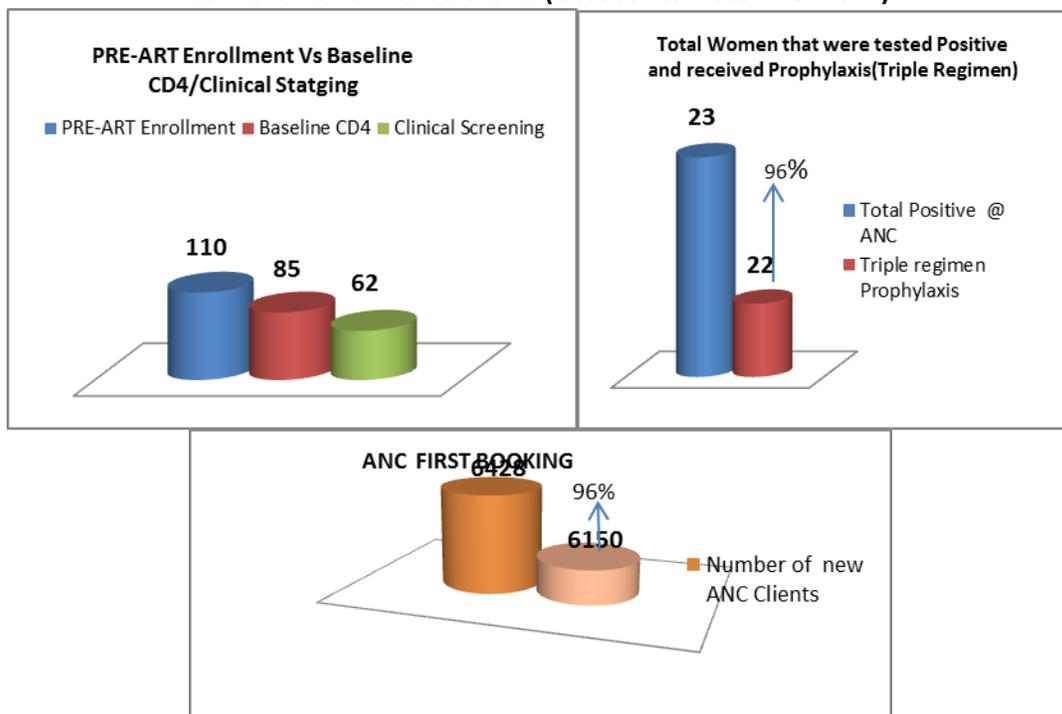
The quarterly M&E project review meeting was conducted in November 2014 with emphasis on new MER reporting guideline versus database and review of findings from the FY14 project APR report. During the three-day meeting held at the country office, the following emergent issues were discussed:

- Re-collection of October 2014 data using new MER reporting template
- Step down training for facility M&E record/M&E officers on the new MER
- Retrospective data collection of Pre-ART enrolment, Dead, To and LTFU from comprehensive sites
- Strengthening data documentation at the facilities to ensure adherence to MER guideline for data reporting.
- Internal Data Quality Audit (DQA) exercise to be conducted by the state M&E Specialist across the MSH supported states
- Strong advocacy to HODs/Medical record officers to engage documentation/record clerks in the M&E unit as part of the transition plan to promote ownership and sustainability.

### Strengthening Data Documentation and reporting using MER guideline

Pro-ACT continued to build the capacity of record staff in the state on how to improve their record system, documentation and report accurately; emphasis during the quarter under review was also placed on high level of data quality documentation across various thematic areas/service delivery points (SDPs) through the use of MSH/PEPFAR/MER reporting guidelines and national harmonized HMIS tools for primary health care facilities (NHMIS). The client retention calendar was administered in the four (4) CCT sites supported by ProACT in the state. Findings revealed from the exercise will help the state to quickly put systems in-place to address any retention shortfall for the FY14-FY15 reporting period. To make this a continues process, the M&E team was tasked with the responsibility of providing ART retention information of all CCT sites on monthly basis using the retention calendar to improve Pro-ACT retention rate according to international standard.

**Zamfara Performance Charts (October to December 2014)**



## Integration of Crosscutting Issues and USAID Forward Priorities

### Sustainability Mechanisms

The Pro-ACT project seeks to improve access to quality and efficient HIV/AIDS services through engagement with various institutions providing services in this area of intervention in line with the PEPFAR program implementation shift. The project continues to enhance coordination mechanisms both at state and health facilities level. The project has supported the establishment and the strengthening of capacity for Hospital Management Committees and Quality Improvement Teams in all supported health facilities. Technical Working Groups have been supported in all the 5 states at state level. In addition, in order to ensure the sustainability of the Pro-ACT project intervention by government, the project is working in collaboration with different strata of government and non-government actors: CSOs, Community leaders, Local Government Authority, SACA and State policy makers to assess the state readiness for transition of PEPFAR support to state governments. State transition readiness assessments were completed for all 5 states using AIDSTAR One transition capacity assessment. Following the assessments, states specific transition plans will be developed. The five key focus areas are: Coordination, Leadership Development, Technical Support for HIV Services, Provision of Quality HIV/TB Prevention, Treatment and Care; and Data Management.

### Policy and Government Support

**Governance and Leadership:** Pro-ACT provided technical and financial support to three Pro-ACT supported states in inaugurating the State HIV/AIDS Management Team with the active participation of all critical stakeholders (SMoH leadership, SACA, Office of the Governor, CSO leadership, Implementing Partners, Religious Leaders and Women Group etc.). The SMTs are working closely with government to ensure mobilization of financial support for the sustenance of HIV/AIDS work in the states.

**State Strategic Plans (SSP):** All five Pro-ACT supported states were provided with technical assistance to develop costed State HIV and AIDS Strategic Plan (SSP) and Unified Operational Plan consistent with the National Strategic Plan (NSP). The strategic plans defined clear priorities responsive to the states HIV needs and supports integration of HIV care and treatment with primary health services. The Plan was also an empowering process in that it provided the SACAs an opportunity to have a deepened understanding of their roles and responsibilities.

**Political Commitment:** In guaranteeing sustainability of the PEPFAR investments in HIV/AIDS services that would guarantee the health of beneficiaries and sustainability of the Pro-ACT project intervention by supported states government, ProACT recognizes the need for robust fiscal budgetary allocations to supported states. ProACT engaged different strata of government and non-government actors to foster a culture of joint stakeholders planning and budgeting for state HIV & AIDS response to sustain the HIV/AIDS response from 2015 and beyond through the process of incremental budgeting by states; and plans are also underway to support the states to develop policy briefs and investment cases to use in defending HIV budgets.

### Local Capacity Development

The project has continued to support various local capacity development initiatives as part of the effort to transition capacity to host states and local governments. Formal and site based trainings were conducted targeting facility clinical and laboratory staff, as well as staff of Community Based Organizations. In addition, the project through its grant program mechanism has institutionalized one

center for continuous professional education in each of the five states to address the Human Resources for Health (HRH) gap through coordination of specialized trainings for all cadres of health care workers in the states. The project provided institutional grants to the state government through the State Ministry of Health (SMoH), which is mandated with the responsibility of capacity development of health care workers in the state. The grants help the centers to identify and train a faculty of trainers and also facilitate the accreditation of the Centre by all relevant health professional regulatory councils. The ToT programs conducted through the State CME faculties' availed more skilled personnel to the respective States to roll out similar trainings in the future.

## Challenges

- Joint health care workers industrial action which started early November 2014, has continued to affect recorded progress and milestones gained in program implementation. Some health facilities are fully short down and even routine consultation are not done, lab scientists are not on hand to carry out investigation, pharmacists to dispense ARVs and the medical records are not available to document
- Perceived stigma arising from non-integration of ART services into existing hospital plans in some supported facilities as those facilities started off that way and is finding it difficult to integrate. A typical example is the ART medical record in GH Minna, Niger state separate from the general medical record.
- Lack of full ownership of on-going quality improvement management programs established in supported facilities. For instance, some facilities leave ART documentation to project engaged data clerks while actual facility staff work only in the general medical records alone
- Frequent Equipment breakdown due to aging across sites affected access to Laboratory services and patient management
- Security has continued to be a major challenge particularly as we approach the election. For instance electioneering campaigns often times turn violent and prevents staff movement to the sites
- SACA/LACA M&E staff skills is still poor and that affects data quality. This sometimes necessitate project staff to collect data from facilities thus affecting the

## Planned Activities for Next Quarter

### Clinical Services

- Continue building the states' capacity to conduct trainings on quality management systems and accreditation preparedness and in preparing laboratories towards national accreditation
- Continue to explore workable strategies to fully integrate ART services into existing hospital services
- Conduct more advocacy visits to SMT for the integration of quality improvement intervention and activities into existing TOR
- Support advocacy and sensitization visits to all supported Comprehensive Care & Treatment Sites to ensure continuous support for QI activities.
- Conduct review of all on-going QI projects and initiation of new QI projects using feedback from the NigeriaQual second cycle report.

- Support facility led data abstraction and reporting of NigQual for the review period July – December 2014
- Continue to provide qualitative PMTCT services in all 198 transition sites.
- Provide support to UDUTH for scale up of EID/Paediatric services in Northwest region
- Deploy the retention calendar across all our CCTs, a strategy to optimizing retention among treatment cohorts accessing service in MSH supported facilities
- Continue to monitor Quality Assurance activities in molecular laboratory and other laboratory networks in partnership with host State government
- Conduct rapid infection risk assessment in the remaining supported facilities across the 5 project states

#### **Community Services**

- Conduct post training assessment for HTC counsellors
- Conduct HTC refreshers training for HTC faculties
- Continuous review and mentoring to SLAs founded by support groups

#### **Laboratory Services**

- Continue the engagement on the roll-out of Laboratory Revolving Fund in Sokoto and Zamfara
- Commence Lab Phase 2 of the roll-out to target tertiary health facilities.
- Work with host governments to develop and manage a robust equipment inventory system that tracks repairs and planned preventive maintenance services

#### **Health System Strengthening**

- Continue capacity building of State AIDS control and SMOH technical teams on writing compelling memos to facilitate funds release and also support states to develop Policy Briefs and Investment cases to defend the HIV/AIDS budget
- Skills transfer sessions to SMT members through joint supervisory visits
- Advocacy to state government and hospital management to fully integrate the ART services into routine clinical services

#### **M&E**

- Work with relevant stakeholders to install electronic medical records in 3 states
- Continuous internal data quality assessment and Validation of client using RADET tool  
Commence deeper evaluation of clients treatment outcome using RADET
- Continuous follow up with State SACA, SASCP, SMoH and LACA M&E officers to strengthen and sustain 100% data reporting rate via National DHIS eNNRIMS platform
- Continue to strengthen data quality across the states through regular technical assistance on proper data documentation and site support

PMP Indicator progress												
Increased Nigerian Capacity for a Sustainable HIV/AIDS and TB Response												
	Standard Indicators	Data Source	Baseline		FY 2015		Quarterly Status- FY 2015				Annual Performance Achieved to the end of reporting period (in %)	On Target Y/N
			Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
	<b>Intermediate Result (IR): 14.1 Increased demand for HIV/AIDS and TB services and interventions, especially among selected target groups</b>											
	<b>Sub-IR: Prevention/Prevention of Mother to Child transmission</b>											
1	Indicator #P1.3.D Output: Number of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site	ProACT Database	COP 08	21	198	198					100%	Y

2		Indicator #P1.1.D Output: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	ProACT Database	COP 08	30,260	159,941	29,451	29,451	0	0	0	18%	Y
3		(Denominator) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	ProACT Database	COP 08	New indicator	5,236	320	320	0	0	0	6%	N
4		Indicator #P1.2.D Output: Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	ProACT Database	COP 08	399	2,970	293	293	0	0	0	10%	N
5		Numerator: Number of infants who had a virologic HIV test within 12 months of birth during the reporting period	ProACT Database			2,970	21	21	0	0	0	1%	N
6		<i>Number of infants born by HIV+ pregnant women</i>	ProACT Database			-	192	192	0	0	0		
		Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	ProACT Database			57%	11%	11%	0	0	0	1.2%	N
		<b>Sub-IR:</b>											

<b>Prevention/Testing and Counseling</b>														
11		Indicator # P11.1.D: Output: Number of individuals who received testing and counseling services for HIV and received their test results (including PMTCT)	ProACT Database	COP 08	114,383	407,609	81,722	81722	0	0	0	20%	N	
12		Indicator # P11.1.D: Output: Number of individuals who received testing and counseling services for HIV and received their test results (HCT Sites Only)	ProACT Database	COP 08	114,383	234,118	50975	50975	0	0	0	22%	N	
13		Indicator #P11.3.N:Outcome: Percentage of health facilities that provide HIV testing and counseling services	ProACT Database			100%	100%				0	100%	Y	
		<b>Sub-IR: Care/"Umbrella" Crae Indicators (formerly Adult Care and Support)</b>												
14		<b>Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services (Newly enrolled)</b>	ProACT Database			12,000	0	0	0	0	0	0%	N	
15		<b>Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (DSD)</b>	ProACT Database			40,000	0	0	0	0	0	0%	N	
		<b>Sub-IR: Care/Clinical Care</b>												

16		Indicator #C2.1.D Output: Number of HIV-positive adults and children receiving a minimum of one clinical service	ProACT Database	COP08	8031	56,296	41,569	41,569	0	0	0	74%	Y
		<b>Sub-IR: Care/Clinical</b>											
		<b>Preventive Care Services - Additional TB/HIV</b>											
18		<b>TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting</b>	ProACT Database			90%	17%	17%	0	0	0	17%	N
19		Numerator: The number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	ProACT Database			50,666	7761	7761	0	0	0	15%	N
20		Numerator: The number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	ProACT Database	COP 08	927	2,730	38	38	0	0	0	1%	N
		Denominator: The number of registered TB cases with documented HIV-positive status during the reporting period	ProACT Database			-	51	51	0	0	0		
		<b>Sub-IR: Treatment/ARV Services</b>											
21		Indicator #T1.1.D Output: Number of adults and children with advanced HIV infection <b>newly</b> enrolled	ProACT Database			9,292	1,124	1,124	0	0	0	12%	N

		on ART											
22		Indicator #T1.2.D Output: Number of adults and children with advanced HIV infection receiving ART therapy	ProACT Database			30,861	28,262	28,262	0	0	0	92%	Y
23		Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	ProACT Database			11,538	0	0	0	0	0	0%	This is reported annually
24		Indicator #T.1.3.D Number of adults & children who are still alive and on treatment at 12 months after initiating ART	ProACT Database			9,807	0	0	0	0	0	0%	This is reported annually
25		Indicator #T1.4.D Output: Number of adults and children with advanced HIV infection who <b>ever started</b> on ART	ProACT Database			-	46,267	46,267	0	0	0		
26		Indicator # T.1.5.D Output: Number of health facilities that offer ART	ProACT Database			41	41					100%	Y
<b>Intermediate Result (IR): 14.2 Increased access to quality HIV/AIDS and TB services, practices and products in selected states</b>													
<b>Sub-IR: Prevention/Prevention of Mother to Child transmission</b>													

27		Indicator #H1.1.D Output: Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	ProACT Database	COP 08	17	51	41	41	0	0	0	100%	Y
<b>R14.3: Strengthened public, private and community enabling environments</b>													
<b>Systems strengthening of state and local governments to decentralize HIV/AIDS service delivery</b>													
28		Output: Number of state and local governments who have annual operational plans for the current year with budgets that are used to monitor activities and outputs (LMS Indicator Menu)	HSS State report	COP 08	0	5	5	5	5	5	5	100%	Y
29		Output: Number of state governments and LGAs demonstrating increased capacity for using data for decision making (LMS Indicator Menu)	M&E report	COP 08	0	5	5	5	5	5	5	100%	Y
30		Output: Number of CSOs receiving grants to deliver community HIV/AIDS services linked with health facilities	Community /Grants Report	COP 08	0	22	22	22	0	0	0	100%	Y
31		Output: Number of states in which a system for quality assurance has been institutionalized and maintained (LMS Indicator Menu)	QI report	COP 08	6	5	5	5	0	0	0	100%	Y

## Success story

**USAID Commissions Automated PCR Machine to aid early infant diagnosis of HIV in North-Western Nigeria Sokoto, Nigeria.** On Thursday, November 13, 2014 the US Agency for International Development (USAID) deployed an automated Polymerase Chain Reaction (PCR)/Viral Load testing machine at the Usmanu Dan Fodiyo Teaching Hospital, UDUTH, Sokoto. The US\$112,054 machine was procured through the Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT) Project implemented by Management Sciences for Health (MSH), to replace a manual testing platform. The machine detects minute quantities of virus in samples making it faster and easier to detect HIV in infants. Its deployment symbolizes USAID's drive to improve access to early infant diagnosis (EID) of HIV and pediatric HIV care and treatment in Sokoto and surrounding states, to ensure that more positive infants get the early treatment key.

The Sokoto State government Ministry of Health, led by the Permanent Secretary for Health, Dr. Bello Buhari Kware, Alhaji Sani Umar, representing his Eminence the Sultan of Sokoto, Dr. Muhammad Saad Abubakar III, and the UDUTH team led by the Chief Medical Director, Dr. Yakubu Ahmed, hosted the event. The National Postal Agency (which supports Pro-ACT's HIV-sample transportation from distant sites) and the Sokoto Agency for the Control of AIDS, were also represented along with USAID, MSH, the Network of People Living with AIDS in Nigeria and the Civil Society Network for HIV/AIDS in Nigeria. Mr. Philip Dayal, USAID representative at the event, explained that the machine will cut down test-time



associated with the manual machine to half. He stated its significance for North-East Nigeria: “our vision is to have UDUTH serve as a regional hub for EID services and center for excellence for pediatric HIV care, serving Sokoto, Zamfara and Kebbi States, which have over 50 USAID-supported health facilities. Now all the HIV-exposed children coming to these facilities will have a greater chance of survival and an opportunity to become productive members of society.”

The Permanent Secretary who commissioned the machine alongside the Sultan's representative and Mr. Dayal, thanked USAID “for this important machine and for [USAID's] services not only to the people of Sokoto, Zamfara, and Kebbi but to the entire people of Nigeria.” He stressed that the State Government would maintain the equipment well. The Chief Medical Director described the PCR machine as a most modern piece of equipment – “a versatile and important platform that can do much more than HIV-testing.” He added that as one of the big contributors to the management of poor patients in the region, Sokoto State (through UDUTH), would find the machine extremely useful, and use resources generated from its use to augment laboratory service costs for HIV patients as part of its sustainability plan.

The UDUTH Chief Medical Director was presented with an award by USAID at a pre-launch meeting during which the importance of sustainability and state-ownership of activities started during Pro-ACT project was stressed by both parties. The award was given for the CMD's role in strengthening collaboration between the US government and UDUTH. Milestones mentioned by Mr. Dayal included the provision of two blocks of office accommodation initially meant for surgical outpatients, for use as an HIV clinic and laboratory complex, and the support to construction of a block to facilitate TB/HIV integration, as well as free registration and

treatment for all HIV-positive patients, amongst other achievements which contributed to UDUTH's identification as the best center in the USG Kano region in terms of patient retention and satisfaction in 2014.