

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

## **Quarterly Progress Report, October – December, 2015**

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Author: Management Sciences for Health

Date: January 29, 2016

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

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

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

## Quarterly Report

Quarter I – October 1 to December 31, 2015

**Submission Date: January 29, 2016**

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

**Activity Start Date and End Date: July 16, 2009 to November 14, 2016**

**AOR: McPaul Okoye**



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## Acronyms

ACT	AIDS Care and Treatment Project
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
BCiCE	Bright capacity initiative for Community Enlightenment
CCT	Comprehensive Care and Treatment
CEE	Core Essential Elements
CGAT	Country GeneXpert Advisory Team
CHCPE	Centers for Health Continuing Professional Education
CME	Continuing Medical Education
COP	Country Operational Plan
CRRIRF	Combined Report Requisition Issue and Receipt Form
CSO	Civil Society Organization
CQIT	Community Quality Improvement Teams
DATIM	Data for Accountability, Transparency and Impact
DBS	Dried Blood Spot
DHIS	District Health Information System
DOTS	Directly Observed Therapy Short Course (for TB)
DQA	Data Quality Assurance
e-NNRIMS	Electronic Nigeria National Response Information Management System
EID	Early Infant Diagnosis (for HIV-Infection)
EMTC	Elimination of mother-to-child transmission
EMR	Electronic Medical Record
FEFO	First to Expire First Out
FMC	Federal Medical Centre
FULPEL	Fulani Initiative for Protection of Environment and Less privilege
FHF	Future hope foundation
GH	General Hospital
GOPD	General Outpatient Department
GoN	Government of Nigeria
HAART	Highly active anti-retroviral therapy
HF	Health Facility
HFG	Health Finance and Governance
HFMCH	Holy Family Mother & Child Hospital
HIV	Human Immunodeficiency Virus
HIV RTQII HIV	Rapid Test Quality Improvement Initiative
HMIS	Health Management Information System
HTC	HIV Testing and Counselling
HRH	Human Resources for Health
ILSWACI	Integrated Life Support for Women and Children Initiative
INH	Isoniazid
IPT	Isoniazid Preventive Therapy
IR	Intermediate Result
JSSV	Joint supportive supervisory visits
LACA	Local Action Committee on AIDS

LDP	Leadership Development Program
LGSC	Local Government Service Commission
LMS	Leadership, Management and Sustainability Program
LRF	Laboratory Revolving Fund
LTFU	Lost to follow-up
LMD	Last mile Delivery
M&E	Monitoring and Evaluation
MSH	Management Sciences for Health
MTCT	Mother-to-child transmission
NACA	National Agency for Control of AIDS
NGSACA	Niger State Agency for the control of HIV/AIDSs
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NNRIMS	Nigerian National Response Information Management System for HIV/AIDS
NLA	National Laboratory Audit
NIPOST	Nigeria Postal Services
NTBLCP	National TB & Leprosy Control Programme
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PCR	Polymerase Chain reaction
PEPFAR	US President's Emergency Plan for AIDS Relief
PHC	Primary Health Centre
PHDP	Positive Health, Dignity Prevention
PITC	Provider-Initiated Testing and Counselling
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
PPR	Patient Per Regimen
PPW	Positive Pregnant Women
Pro-ACT	Prevention organizational systems AIDS Care and Treatment Project
PLHIV	People living with HIV/AIDS
QA	Quality Assessment
QI	Quality Improvement
RADET	Retention and Audit Determination Tool
RTKs	Rapid Test Kits (for HIV)
SACA	State Agency for Control of AIDS
SLQMTT	State Laboratory Quality Management Task Team
SLAs	Savings and Loans Associations
SCMS	Supply Chain Management System
SG	Support Group
SHS	Specialist Hospital Sokoto
SIMS	Site Improvement through Monitoring Systems Tool
SMoH	State Ministry of Health
SMT	State Management Team
STRIDE	Strengthening Retention through Documentation and Evidence
SPEEiD	Strengthening the Processes and Effectiveness of Early Infant Diagnosis
SLMTA	Strengthening Laboratory Management towards accreditation
SAPR	Annual Progressive Report
TB	Tuberculosis
TCS	Treatment, Care, and Support
TC	Testing and Counseling

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
VAW	Violence Against women
ZOMSACA	Zamfara State Agency for Control of AIDs.

**Financial Report  
Quarterly Progress Report (Oct – December 2015)**

<b>ACTIVITY SUMMARY</b>
<b>Implementing Partner: Management Sciences for Health</b>
<b>Activity Name: Leadership Management Sustainability – Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT). Management Sciences for Health (MSH)</b>
<b>Activity Objective: To build the capacity of Nigeria’s public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated with the health system</b> <b>The Activity’s intermediate results are:</b> <ol style="list-style-type: none"> <li>1. Strengthened CSO and community structures for sustained HIV/AIDS &amp; TB services</li> <li>2. Sustained access to quality integrated HIV/AIDS and TB services and products</li> <li>3. Strengthened public and private sector to increase demand for HIV/AIDS and TB services and interventions, especially among target groups.</li> </ol>
<b>USAID/Nigeria SO: SO 14</b>
<b>Life of Activity (start and end dates): July 16, 2009 – November 14, 2016</b>
<b>Total Estimated Contract/Agreement Amount: \$85,022,571.00</b>
<b>Obligations to date: \$75,052,909.99</b>
<b>Current Pipeline Amount: \$4,331,807.59</b>
<b>Accrued Expenditures this Quarter: \$4,033,440</b>
<b>Activity Cumulative Accrued Expenditures to Date (December 31st ): \$70,721,102</b>
<b>Estimated Expenditures Next Quarter: \$2,927,477.82</b>
<b>Report Submitted by: <u>Makumbi Med, Chief of Party</u> Submission Date: <u>1/29/2016</u></b>

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## Program Overview/Summary

Program Name	MSH - Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT)
Activity Start Date and End Date	July 15, 2009 – November 14, 2016
Name of Implementing Partner	Management Sciences for Health
Contract/Agreement Number	620-A-00-09-00013-00
Major Counterpart Organizations	Government of Nigeria: FMoH, SMoH, NACA, SACA
Geographic Coverage	Kebbi, Kwara, Niger, Sokoto, Zamfara
Reporting Period	October – December 2015

## 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 July 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.

Pro-ACT received a modification in August 2013 which changed its geographical focus to the five states of Niger, Kwara, Kebbi, Sokoto, and Zamfara. In August 2015 the project was extended to November 2016. The project 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 five states that bring technical support closer to the areas of greatest need.

Pro-ACT's three intermediate results (IRs) are:

- IR 1: Strengthened CSO and community structures for sustained HIV/AIDS and TB services
- IR 2: Sustained access to quality integrated HIV/AIDS and TB services and products
- IR3: Strengthened public and private sector

**Table 1: Summary of results to date**

Performance 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>PMTCT</b>								
# of pregnant women with known HIV status (includes women who tested for HIV and received their results)	122,435	45827	45827	0	0	0	37%	Y
# of pregnant women tested +ve to HIV(including Known positive)	0	625	625	0	0	0		
# of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission(Numerator)	1437	604	604	0	0	0	42%	Y
# of infants born to HIV-positive pregnant women who received an HIV test within 12 months	1,437	357	357	0	0	0	25%	Y
# of Exposed babies delivered by HIV +ve mother.	0	504	504	0	0	0		
# of exposed infants who received prophylaxis after delivery.	0	476	476	0	0	0		

<b>Performance Indicators</b>	<b>Annual Cumulative Planned target</b>	<b>Annual Cumulative Actual</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Annual Performance Achieved to the end of reporting period (in %)</b>	<b>On Target Y/N</b>
% of infants born to HIV-positive pregnant women who received an HIV test within 12 months	90%	71%	71%	0	0	0	71%	N
# of infants born to HIV-infected women who were started on cotrimoxazole (CTX) prophylaxis within two months of birth within the reporting period	1293	400	400	0	0	0	31%	Y
<b>HTC</b>								
# of individuals who received testing and counseling (T&C) services for HIV and received their test results (including PMTCT, TBHIV, infants)	274,414	110291	110291	0	0	0	40%	Y
# of individuals who received testing and counseling (T&C) services for HIV and received their test results (HCT sites Only)	151,979	62674	62674	0	0	0	41%	Y
<b>Care and Treatment</b>								
# of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load (DSD)	31,150	21276	21276	0	0	0	68%	Y

<b>Performance Indicators</b>	<b>Annual Cumulative Planned target</b>	<b>Annual Cumulative Actual</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Annual Performance Achieved to the end of reporting period (in %)</b>	<b>On Target Y/N</b>
# of HIV-infected adults and children newly enrolled in clinical care during the reporting period and received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	<b>6,138</b>	2205	2205	0	0	0	36%	Y
# of PLHIV who were nutritionally assessed via anthropometric measurement (Numerator)	<b>16,590</b>	0	0	0	0	0	0%	N
# of clinically malnourished PLHIV who received therapeutic and/or supplementary food during the reporting period.(Numerator)	<b>607</b>	0	0	0	0	0	0%	N
# of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	<b>18,342</b>	2818	2818	0	0	0	15%	N
# of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services	<b>2,594</b>	683	683	0	0	0	26%	Y
# of individuals who received C&T for HIV and received their test results at a USG supported TB service outlet (including suspects)	<b>370</b>	1142	1142	0	0	0	309%	Y

<b>Performance Indicators</b>	<b>Annual Cumulative Planned target</b>	<b>Annual Cumulative Actual</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Annual Performance Achieved to the end of reporting period (in %)</b>	<b>On Target Y/N</b>
# of HIV-positive patients who were screened for TB in an HIV care or treatment settings(Numerator)	<b>30,538</b>	16426	16426	0	0	0	54%	Y
# of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period(Numerator)	<b>355</b>	75	75	0	0	0	21%	N
# of registered new and relapse TB cases with documented HIV-positive status during TB treatment during the reporting period (Denominator).	<b>508</b>	130	130	0	0	0	26%	Y
# of registered new and relapsed TB cases with documented HIV status, during the reporting period.(Numerator)	<b>2211</b>	635	635	0	0	0	29%	Y
# of registered new and relapsed TB cases, during the reporting period.(Denominator)	<b>2457</b>	670	670	0	0	0	27%	Y
# of PLHIV newly enrolled in HIV clinical care (as defined in the denominator) who start IPT and receive at least one dose, during the reporting period.(Numerator)	<b>1657</b>	1124	1124	0	0	0	68%	Y

<b>Performance Indicators</b>	<b>Annual Cumulative Planned target</b>	<b>Annual Cumulative Actual</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Annual Performance Achieved to the end of reporting period (in %)</b>	<b>On Target Y/N</b>
# of adults and children who are still alive and on treatment at 12 months after initiating ART(Numerator)	<b>4,933</b>	0	0	0	0	0	0%	Reported annually
# 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.	<b>5,802</b>	0	0	0	0	0	0%	Reported annually
# of adults and children with advanced HIV infection <u>newly</u> enrolled on ART	<b>4,910</b>	1860	1,860	0	0	0	38%	Y
# of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	<b>24,922</b>	29180	29,180	0	0	0	117%	Y
# of people receiving post-GBV care.	<b>373</b>	0	0	0	0	0	0%	N
# of people completing an intervention pertaining to gender norms, that meets minimum criteria.	<b>4233</b>	0	0	0	0	0	0%	N

## Activity Implementation Progress

### Major Achievements

#### PMTCT

- 93% (45,827 /48,818) of all new women attending antenatal care (ANC) services in Q1 FY16 received HIV counselling and testing and received their test results in Pro-ACT-supported prevention of mother-to-child transmission (PMTCT) service sites. This brings the achievement to 38% of the annual project target and 148% of Q1 target.
- Above 95% coverage (604/621) of all HIV positive pregnant women were placed on anti-retroviral (ARV) prophylaxis to prevent mother to child transmission of HIV.
- For the 5 supported states, EID results were available for 83 % (354/422) of samples for infants born to HIV-positive pregnant women who received an HIV test within 12 weeks and this represent 95% of Q1 target of 359.
- The transition of 37 low yield PMTCT sites to state governments -22 in Niger, 12 in Kebbi, 2 in Zamfara and 1 in Kwara State – was completed. In Zamfara, the State Government procured and distributed test kits to the transitioned sites. In Kwara, N 63, 255.00 (\$315) was released for procurement of RTKs, cotton wool and latex gloves for the transitioned site. The other states are also expected to provide similar support in the coming quarters to ensure sustainability of services at the transitioned sites.

#### Retention

- With the deployment of the retention calendar, there has been a steady reduction in the number of clients lost to follow up in Sokoto and retention has increased from 53% in Q4 of FY15 to 66% in Q1 of FY16. Overall analysis of retention among patients currently on ART shows a remarkable improvement in the retention rate with an average of 68.5% this quarter as compared to 63.12% in the previous quarter

#### TB/HIV

- Between 60%-91% of patients attending clinics this quarter across all the 5 states were screened for TB – this was a result of employing task shifting strategies in the different sites.

#### Laboratory Services

- Over 20 facilities across the five states continue to provide hematology and chemistry investigation at no or reduced cost to HIV patients using internally generated revenue realized from non HIV patients after the transitioning of these services.
- CD 4 equipment was procured and distributed to 18 facilities that had old and faulty CD 4 machines.

### **Health Systems Strengthening**

- Memos for release of funds of approximately NGN 30 million (\$150,000), NGN 49 million (\$245,000), NGN 46 million (\$230,000) and NGN 80 million (\$400,000) have been developed and submitted to the executive councils of Kebbi, Sokoto, Zamfara and Kwara states respectively.
- In Kwara N 309,750 (\$1550) was budgeted for the procurement of RTKs to support 5 PMTCT sites and 2 CC&T sites to bridge any anticipated gaps and to avoid commodity stock out.
- Six facilities have now developed operational plans which include resource mobilization plans for raising resources to support their activities.
- The project convened a successful meeting with leadership of the supported tertiary health facilities in the five states to discuss and to plan for the sustainability of HIV services in tertiary facilities. The meeting brought together the tertiary facility leaders, representatives from the FMoH, NACA, Ministry of Budget and USAID.

### **Monitoring and Evaluation**

- EMR has been fully deployed in 3 pilot facilities and work to scale it up in 16 other high patient volume facilities is underway.

### **Other**

During the quarter MSH – Pro-ACT received several awards from different partners in recognition of its work. The partners that gave the Project awards in recognition of the project's work included The Network of people living with HIV/AIDS in Nigeria (NEPWHEN), the Association of Medical Laboratory Scientists of Nigeria (AMLSN) and the Federal Medical Center Gusau - Sokoto State.

### **Indicators that are below the quarter target**

Despite the successes recorded, some of indicators were below the quarter's target due to factors beyond the project's control. For example there were no PLHIV who were nutritionally assessed via anthropometric measurement because the project trained health workers in this program area during this quarter, and the tools are being deployed with the expectation of data starting to come in Q2. In addition, no OVCs were graduated from the program this quarter as grantee CSOs are still in the process of re-assessing the VCs and households to ensure identification of those that are still vulnerable.

### **Community Services**

In this quarter, the community team's priority continued to focus on strengthening state and facility systems to provide quality HIV/AIDS services through capacity building activities such as sustained mentoring and monitoring effort which is our main approach was to gradually hand over our support to the states. This is yielding results in the Niger and Zamfara states where the State Agency for the Control of AIDS now regularly supports testing points with RTKs. The capacity of State Ministries of Women Affairs and Social Development in the Pro-ACT states to support and supervise CSOs were strengthened through their participation in the CSOs selection process and training.

The team also supported and participated in national meetings initiated by USAID and shared our transitioning strategies with other partners.

Nine (9) CIVIL Society Organizations were engaged to provide OVC services during this quarter.

## HTC

A total of 110,291 people (including children) were tested and counselled by health care workers at 188 testing points during this reporting quarter. This shows a decrease of 5.3% in HTC uptake over the last quarter. This decrease may be attributed to the public holidays and Christmas celebration during the reporting quarter during which there is a reduction of uptake of services generally. 7.4% of those tested were children. 3% of those tested were HIV positive with 7% of those who tested positive being children. More women (60.8%) were tested and counselled than men. 4% of those tested were pediatric males while 3.5% were females.

Our continued efforts of engaging the states to support HIV services uptake yielded some results within the reporting quarter with the Niger State Agency for the Control of HIV/AIDS (NGSACA) supporting HIV testing and counselling with the supply of test kits to health care facilities within the state. A total of 233 packs of determine test kits, and 41 packs of unigold were supplied. These test kits were deployed to support testing points that have been transitioned to health care facilities. In an effort to improve the human resources for health which is a chronic challenge to the sustained provision of quality HIV services, the management of General Hospital Minna re-engaged the services of three PITC volunteers previously supported by MSH, to continue to provide HIV testing and counseling services in the GOPD, ANC and the ART clinic. Pro-ACT will continue to work with the state and health facilities to sustain and improve uptake of HTC services.

## OVC

Following the completion of the re-engagement process for civil society organizations (CSOs), 9 CSOs were, in October 2015, given grants of N54 million to provide comprehensive OVC services in the five Pro-ACT states. Training on OVC service standards, quality improvement and strategies of graduating vulnerable households was conducted to strengthen the capacity of the CSOs to be able to effectively carry out activities that will lead to the graduation of households out of the program.

**Table 2: Number of OVC CSOs in PRO-ACT-supported states**

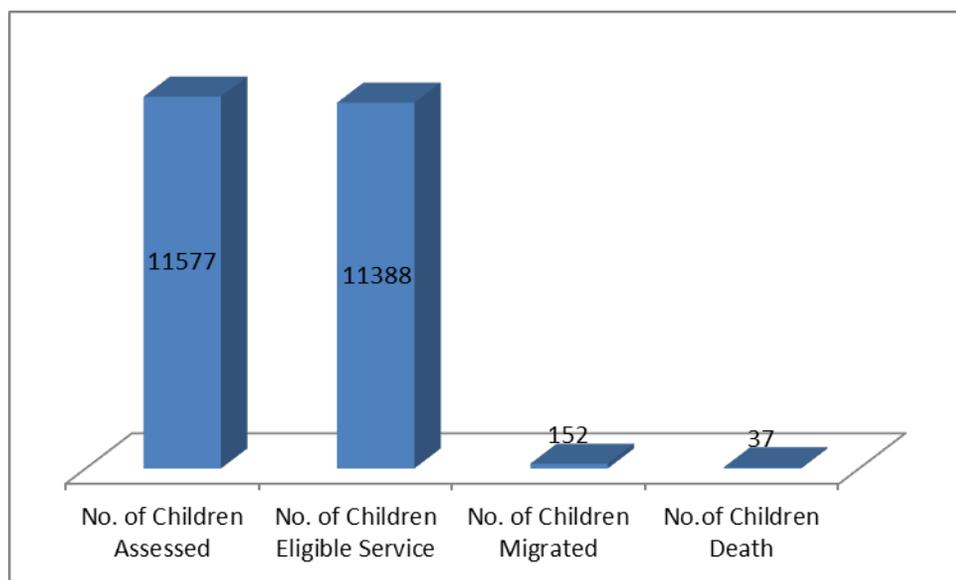
Pro-ACT STATE	NUMBER OF OVC CSOs
Kwara	1
Niger	2
Sokoto	3
Zamfara	2
Kebbi	1
<b>Total</b>	<b>9</b>

In accordance with the PEPFAR guidelines of graduating OVC and their households, the OVC grantees are to continue to serve OVC and their caregivers who had been previously enrolled in the previous grants cycle. To further ensure the provision of quality of services by the CSOs, the country office provided technical assistance to the state teams and their CSOs to conduct quality reassessment exercise. This led to the successful reassessment of 11,777 OVC out of which 98% are still eligible to be served and supported as shown in the table below. The reassessment is ongoing until all the children previously enrolled in the program have been reassessed and their current status determined. The reassessment will be completed by the first month of the next quarter.

**Table 3: OVC assessments**

<b>NAME OF CSO</b>	<b>State</b>	<b>OVC RE-ASSESSSED</b>	<b>OVC MIGRATED</b>	<b>OVC DEATH</b>	<b>No. Eligible for Service</b>
Tallanfin Mata	Kebbi	1,006	0	7	999
Future Hope Foundation (FHF)	Zamfara	1,015	0	0	1,015
Fulani Initiative	Zamfara	1,283	0	5	1,278
Health Development Agency (Child to Child)	Niger	2,375	20	15	2,304
CLAP	Niger	2,294	24	0	2,270
JCDI	Sokoto	1,400	23	1	1,376
ILSWACI	Sokoto	500	8	0	492
Change Initiative	Sokoto	1,029	12	09	1,008
HFDI	Kwara	675	65	0	610

**Figure 1: Number of children assessed and their eligibility for service continuation**



Also, a total of 1,360 vulnerable children were served in the quarter. A total of 421 OVC and 132 caregivers received HIV testing and counselling services during the quarter of these 2 OVC were found HIV positive and 6 caregivers were HIV positive.

**Table 4: Status of OVC and caregivers**

INDICATOR	
No of vulnerable children served	<b>1,350</b>
No of caregiver served	<b>373</b>
No of OVC who know their HIV status	<b>421</b>
No of OVC who are HIV positive	<b>2</b>
No of caregivers who know their HIV status	<b>132</b>
No of caregivers who are HIV positive	<b>6</b>

### Capacity Transitioning

The capacity of 5 State Ministries of Women Affairs and Social Development and State Agencies for the Control of AIDS was strengthened in the areas of CSO engagement and OVC service delivery. The OVC desk officers from the SMWA&SD and community mobilization officers from the SACAs participated actively during the training of the CSOs. The CSOs were also formally introduced to the Pro-ACT supported health facilities to ensure synergy, linkages and referrals of services between the CSOs and the health facilities.

As part of efforts to sustain community participation ownership and transitioning of services, the communities were encouraged to set up community quality improvement teams (CQIT) to monitor and support the service provision by CSOs. 15 CQIT have been set up by 15 communities in Zamfara and Kebbi states. These CQIT, in addition to monitoring the activities of the CSOs, also mobilize resources needed by the vulnerable households and provide social protection to the households.

The Project supported and participated in the OVC/Pediatrics Implementing Partners Round Table Meeting organized by USAID within this reporting quarter. During the meeting the USG OGAC (OVC Task Team) explained the rationale behind the new PEPFAR guideline on graduating vulnerable households and also provided feedback from their visits to selected OVC programs in Nigeria. They also solicited best practices and graduation strategies from implementing partners. At the meeting, Pro-ACT shared its strategy of ensuring sustained linkages and referral services between community-based organizations and health care facilities within the project states. The strategy involves a formal introduction of the CSOs providing VC services in the 5 Project states to the comprehensive treatment sites to ease referrals for both health and social services needed by project beneficiaries. A major outcome from this meeting was the drafting of the Pro-ACT project Orphan and Vulnerable Children Graduation and Services Transitioning Strategy, to guide all CSOs and the project graduation efforts. Our OVC graduation process is based on household economic strengthening after proper assessment and stratification of households based on their vulnerabilities.

The project also supported and participated in the USAID and CDC OVC Implementing Partners half day workshop facilitated by the Coordinating Comprehensive Care for Children (4Children) Project within this reporting quarter. USAID Nigeria having keyed into the 4Children project requested the support of 4Children to provide technical support to IPs to be able to successfully graduate vulnerable households and transition services to the state, LGA and communities.

At the meeting, the 4 Children organization highlighted some OVC strategies such as engagement of CSOs, GIS mapping of households, household economic strengthening, etc. by different IPs that they had identified as best practices. Three of Pro-ACT's strategies on household engagement, LGA engagement and referral and linkages were highlighted among other strategies as best practices. The following were the highlighted Pro-ACT OVC strategies: engagement of viable CSOs for OVC programs and linking them to households in the community; using the Leadership Development Program (LDP) to strengthen the capacity of state and LGA structures to sustain and support OVC services; the use of tracer cards as an M&E tool to track household through descriptive house addresses and landmarks.

Pro-ACT provided valuable information to the 4 children team during the scoping mission and also supported the Save the children's USAID funded STEER by linking their CSOs to our comprehensive care and treatment sites in Sokoto state.

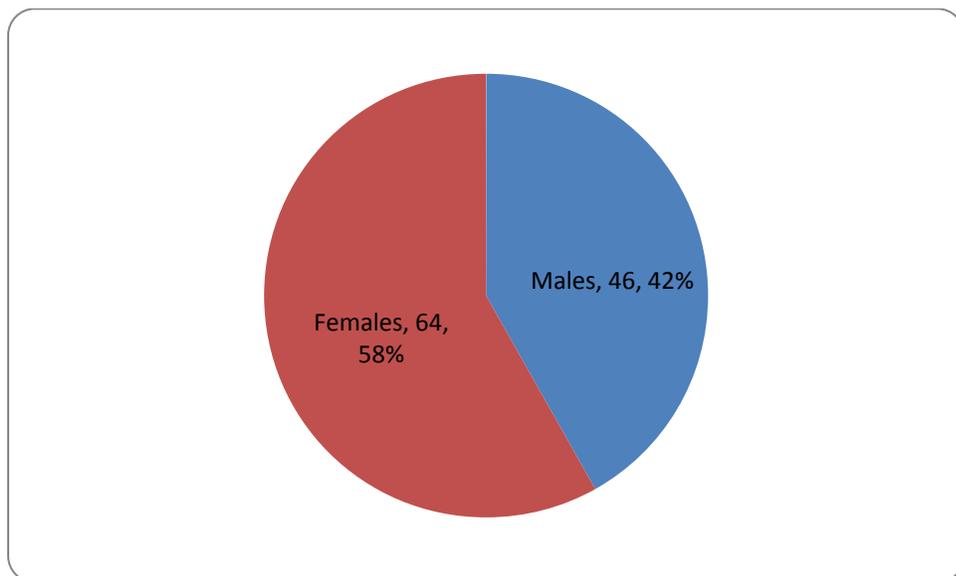
### **PHDP and Gender**

PHDP interventions for the quarter under review aimed primarily to address the gaps identified last quarter in the implementation of PHDP and gender sensitive interventions across all the supported health facilities and communities in Niger, Kwara, Kebbi, Sokoto and Zamfara states. Prominent among the

identified gaps in service delivery and uptake include: low capacity of service providers to deliver quality services to clients in a manner that will improve their health and well-being as well as improve retention on ART and care, low capacity of service providers to effectively mainstream gender into comprehensive HIV and AIDS programming, low uptake of HIV services by males, poor linkages and referrals between community and health facility PHDP and gender service delivery, poor attitude of some health service providers, and stigma and discrimination against people living with HIV.

To address the challenge of low capacity on the part of PHDP and gender service providers, capacity building workshops were facilitated for select service providers drawn from MSH Pro-ACT supported health facilities and grantees across the 5 states of Niger, Kwara, Kebbi, Sokoto and Zamfara states. The training for Niger state service providers held in Kontagora, Niger state in November, 2015, the trainings for Kwara and Kebbi states service providers held in Omuaran, Kwara state in December, 2015 while the trainings for Zamfara and Sokoto states service providers held in Birnin Kebbi, Kebbi state in December, 2015. Areas of focus during the workshops included: delivery of core PHDP services which cut across condom services, risk reduction counseling, adherence counseling, partner HTC, STI assessment and provision of family planning services in a sustainable manner that will improve clients' retention on ART and care. The workshop was also used to build their capacity on basics of mainstreaming gender into comprehensive HIV and AIDS programming – gender norms, gender based violence, disaggregation of data into age, sex and location, etc. A total of 110 service providers comprising of 46 Males and 64 females participated in the trainings.

**Figure 2: Service providers trained on PHDP**



### PHDP services delivery and uptake

Within the quarter under review, a total of 11363 PLHIV comprising of 4173 males and 7190 female benefitted from PHDP services which cut across condom services, risk reduction counseling, adherence counseling, partner HTC, STI assessment and family planning services in a sustainable manner that will improve their retention on ART and care.

The table below illustrates the number of PLHIV who benefitted from PHDP services from across the 5 Pro-ACT supported states.

**Table 5: Number of PLHIV who benefitted from PHDP services from the 5 Pro-ACT-supported states**

S/No	States	Males	Females	Total
1	Niger	1,485	3,646	5,131
2	Kwara	707	1,780	2,487
3	Sokoto	1,503	587	2,090
4	Zamfara	470	1,120	1,590
5	Kebbi	8	57	65
<b>Grand Total</b>		<b>4,173</b>	<b>7,190</b>	<b>11,363</b>

### Startup Training for Grantee CSOs

In an effort to improve the quality of PHDP service delivery to PLHIV across all supported health facilities and communities in a manner that will improve their retention on ART and care, 5 community based organizations (one each from Niger, Kwara, Kebbi, Sokoto, and Zamfara states) were engaged to provide quality community PHDP services to PLHIV in their respective communities of coverage. Grants were provided to Bright Capacity Initiative for Community Enhancement to provide community PHDP services in Zamfara and Kebbi states, Royal Health Heritage Foundation in Kwara state, Hikima Community Development Initiative in Sokoto state and Physicians for Social Justice in Niger state. Technical capacities of 15 CSO staff (7 males and 8 females) were built on PHDP service provision, gender mainstreaming,

gender norms, gender based violence, referrals and linkages, ownership and sustainability, cost share, financial reporting, Monitoring and Evaluation, benchmark requirements, etc.

### **Gender Norms Intervention**

Within the quarter under review, Royal Health Heritage Foundation (RHHF), one of the newly engaged community based organizations, facilitated a small group discussion in Offa community, Kwara state. This intervention is an effort to address the increasing incidence of stigma and discrimination against people living with HIV by health facility service providers. This intervention was very participatory and lasted for a period of more than ten hours spreading across four days. A total of 13 health service providers, all males, participated in this intervention. This intervention was used as an avenue to address one of the harmful norms which contribute to the spread of HIV and AIDS in the community.

### **Gender Analysis**

To ensure that interventions and programs are gender sensitive and respond adequately to gender imbalances across the 5 MSH Pro-ACT supported states, it becomes imperative to promote gender mainstreaming into all work streams of the project. Thus, a gender assessment of the project technical staffs' capacity to adequately mainstream gender into all project interventions was conducted within the quarter. Two experienced female gender consultants were engaged to conduct separate assessments and analysis of current gender mainstreaming efforts within the project. The assessment was conducted through a participatory process of staff survey.

Pro-ACT technical staff at the headquarters and state offices were surveyed using face-to-face and telephone interviews with a standardized gender audit questionnaire. The goal of this gender assessment was to deduce what the project is currently doing in mainstreaming gender into comprehensive HIV and AIDS programming, identify the capacity gaps of technical staff in gender mainstreaming as to articulate and facilitate capacity building sessions for all staff. A total of 15 staff were interviewed at the Abuja office (8 females and 7 males) while a total of 5 staff were interviewed from the field (3 females and 2 males). Age range of respondents varied between 25 to 45 years.

Specific findings from the assessment include – Low knowledge of existing gender Policies and Laws among staff, no clear Gender Policy or Strategy for MSH Pro-ACT, Low knowledge of the PEPFAR gender strategy among staff, no clear focus and clear indicators on gender mainstreaming, no clear communication guidelines to promote gender neutrality and improve gendered language on projects' publications, though the project data is always disaggregated by sex, gender-specific information is not methodically collected and Gender Disaggregated data not taken beyond numbers. Gender indicators and impact are also not monitored, lack of institutional gender education and capacity building to enhance technical expertise, gender mainstreaming is not systematically translated into action as budget and work plans do not reflect any mainstreamed strategy on gender equality, low knowledge on how to practically integrate gender into HIV programming among staff. Thus, the assessment recommended the need to strengthen staff capacity to adequately mainstream gender into comprehensive HIV and AIDS programming.

### **International Day for Elimination of Violence Against Women**

MSH Pro-ACT project collaborated actively with other relevant stakeholders to mark 2015 as the International Day for the Elimination of Violence against Women tagged "Orange your Neighborhood". MSH Pro-ACT keyed into selected supported state governments' plans and activities to mark the day in Zamfara, Sokoto, and Kwara states. The events were used to raise awareness among all stakeholders (community members, youth groups, women groups, men groups, opinion leaders, policy makers, PLHIV, religious leaders, traditional leaders, etc.) on gender-based violence and harmful gender norms occurring in their respective communities as to harness efforts of all towards preventing, identifying and addressing such violence when they occur. Participants were sensitized on the need to educate other community members and mobilize them to join the crusade towards eliminating violence against women. Deliberations from the dialogue on elimination of violence against women were harnessed and harmonized into action points and collective effort will be channeled towards elimination of all forms of violence (physical, sexual, emotional) against women in the respective communities. Participants were sensitized to ensure the protection of gender rights and provide justice to victims of gender based violence.

In Zamfara state, activities to mark the day included community dialogue which cut across gender sensitive topics such as gender rights, strategies to eliminate gender based violence, violence against women and its implications, PMTCT and the importance of attending ANC and hospital delivery, stigma and discrimination and the importance of disclosure.

In Sokoto state, community dialogue focused on the topic "The Role of Education in Combatting Violence against Women" where the mere opportunity to go to school will empower the girl child, minimize early marriages, improve her health and that of her family were discussed to mark the day.

In Kwara state, the day was marked with community dialogue and deliberations on the negative effects and impact of rape, child molestation and defilement. CSOs used drama presentations to depict the negative impact of violence against women in the society.

Resource persons and moderators for marking the day across the states included Directors for Gender, Ministry of Women Affairs, PLHIV network coordinators, senior health service providers, MSH staff, CSO staff, Director for Child Development, Secretary of State Universal Basic Education, FOMWAN coordinators, Gender Desk Officers, traditional leaders, etc.

#### **PEPFAR Gender Assessment**

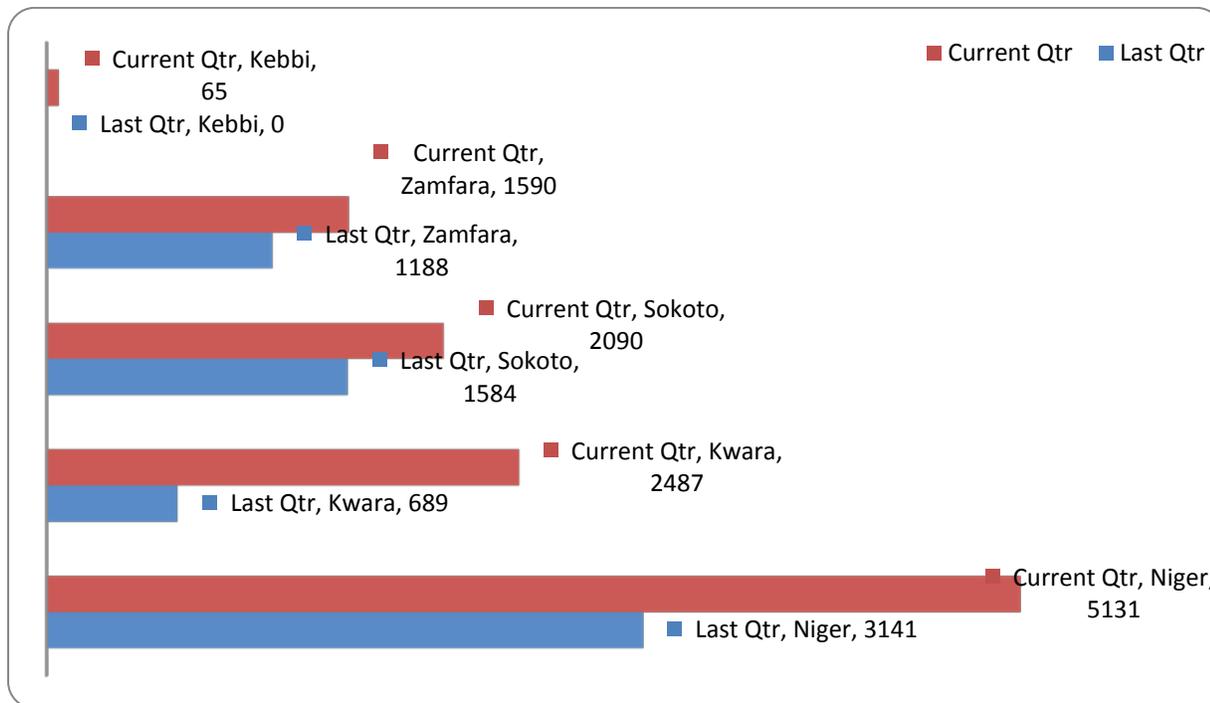
MSH Pro-ACT supported General Hospital Suleja among the health facilities where a gender assessment was conducted by PEPFAR gender consultants. A comprehensive report of the assessment findings will be distributed in the next quarter.

#### **Comparing previous quarters' achievements**

Within the quarter under review, a total of 11363 PLHIV comprising of 4173 males and 7190 female benefitted from PHDP services compared to a total of 6602 PLHIV comprising of 1737 males and 4865 female who benefitted from PHDP services in the last quarter. This represents an increase of 58 % in uptake of PHDP services by PLHIV when compared to the last quarter. This quarter recorded an increase of

42% in the number of males who accessed PHDP services when compared to last quarter. The chart below compares number of PLHIV who benefitted from comprehensive PHDP.

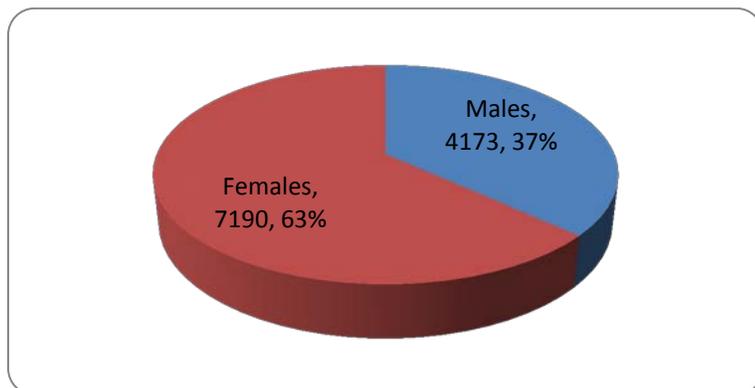
**Figure 3: Comparative analysis of PHDP services recipients**



**Gender Analysis – PHDP intervention**

The chart below illustrates the percentage of males and females who received comprehensive PHDP services from across Pro-ACT supported health facilities within the quarter under review.

**Figure 4: Sex disaggregation of PHDP service recipients**



With the increase in the number of PLHIV who receive PHDP services, it is expected that there will be an improvement in retention rate on ART and care when the next analysis is due.

## **Clinical Services**

The focus of clinical activities over the quarter was mainly on the transition of qualitative HIV services to various SMOH/Government within this final year of the project and in line with PEPFAR's strategic direction of increased government ownership and sustainability of PEPFAR investments in focus states. This has involved an integrated and collaborative approach with various state governments to ensure increased support and ownership of transitioned services. The key collaborative activities undertaken over the quarter include: State-led joint site supervisory visits, capacity building and training of health care workers (HCWs) with the use of state based facilitators, state funded quality improvement meetings in certain states, use of MoH seminar rooms/conference rooms for state based meeting/trainings, and the establishment of state HIV transition committees headed by permanent secretaries in all supported states. These activities remain crucial to promoting continued service delivery and program ownership as HIV Services are gradually transitioned to state government/ ministries of health.

Over the last quarter, a total of 428 health care workers of various cadre (male 279; female 149) were trained in the provision of a wide range of qualitative HIV services, including nutrition, which is a new program area that the project is now mandated to report on. Reporting on nutrition will commence fully in Q2 in all supported states following the completion of training of all relevant health workers in supported sites. In line with PEPFAR's sustainability drive, all training workshops were conducted in collaboration with the Centre for Health Professional Continuing Education (CHPCE)-an MSH initiative geared towards a more sustainable approach to capacity building of frontline healthcare workers at the sub-national level. Nationally, MSH also provided technical expertise to strategic meetings including the national M&E tool review and harmonization workshop, national PMTCT training/curriculum development workshop and the national PMTCT task team meeting; where the MSH innovative SPEEiD model was presented to all implementing partners (IPs) by the Nigeria Postal Service (NIPOST) manager for possible adoption for implementation and country wide scale-up.

In the last month of the quarter, a technical strategy review meeting was held in Suleja to review our achievements, challenges and implementation strategies in achieving project targets, in line with the directives of the PEPFAR Country Operation Plan (COP) 2015.

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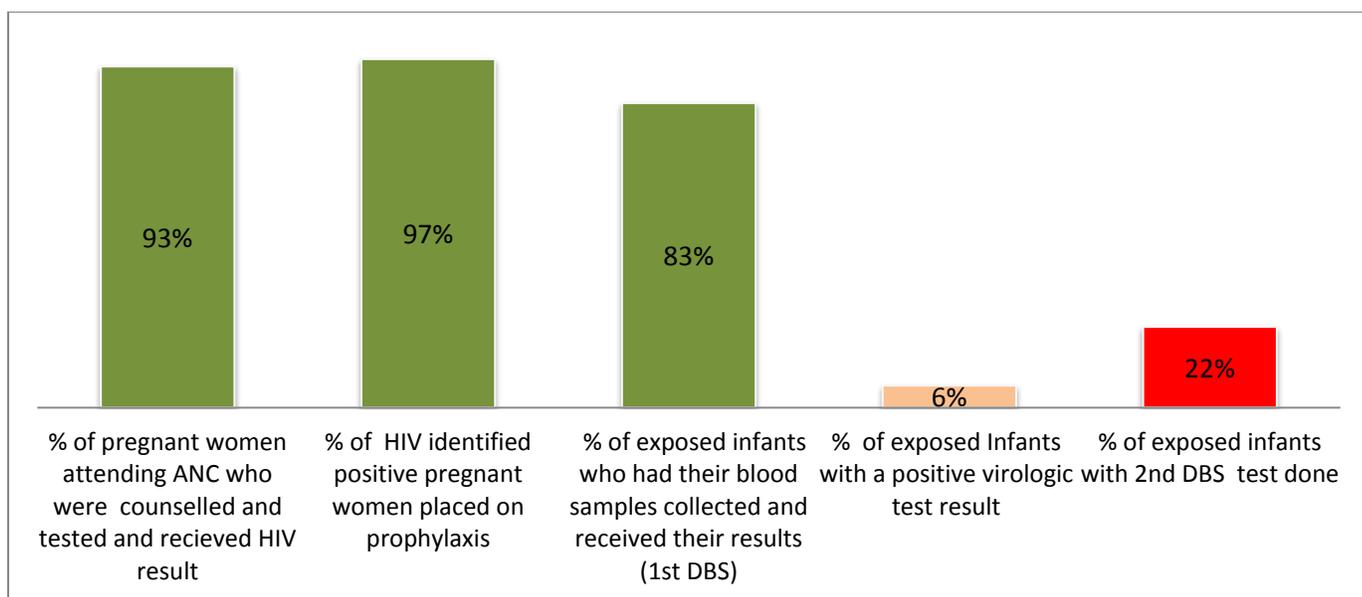
#### **PMTCT**

Following the transition of 37 very low yield PMTCT sites (0-4 positives identified) at the end of FY15, MSH's core activities in the last quarter remained focused in providing qualitative PMTCT services in the remaining 161PMTCT sites. The transition of these PMTCT sites remains within PEPFAR's directive, with another batch of low yield (5-11) PMTCT sites to be reviewed for further transition by the end of Quarter 2. This period was also used to evaluate the support provided to the transitioned PMTCT sites by their respective SMOH's /state governments to ensure continued delivery of qualitative services.

A review of key achievements in all 161 supported PMTCT sites, revealed that 93% (45,827 /48,818) of HIV pregnant women were provided with HIV counselling and testing (HCT) with their status known to them. This figure represents 148% of our quarterly target (30,608). This overachievement may be attributable to the overall reduction of our annual targets for women counselled and tested from 159,941 (FY15) to 122,435 (FY16). This occurs despite the concomitant reduction in the total number of supported PMTCT sites in FY 16 and is due to the marginal contributions from these transitioned PMTCT sites. It is expected that the number of women counselled and tested will reduce over the fiscal year as the provision of routine and provider initiated PITC is gradually transitioned to the various SMOH.

Also within the review period, 604 pregnant women received ARV prophylaxis representing 168% of our target for Q1 (359). A review of the PMTCT Cascade (see below) revealed that over 90% (604/621 or 97%) of HIV + pregnant women identified during the quarter commenced on ARV prophylaxis in keeping with the global goal for elimination of mother to child transmission of HIV.

**Figure 5: Overview of PMTCT cascade Q1 FY 16**



Our performance in early infant diagnosis (EID) also revealed that 354 exposed infants born to HIV-positive pregnant women received an HIV test within 12 months. This represents 98% of our Q1 target of 359. EID results were available for 83% (354/422) of samples for infants born to HIV-positive pregnant women who received an HIV test within 12 months. The performance would have been even better, but the delay in analysis of samples sent to PCR laboratory at Asokoro, Abuja due to the closure of the lab for the holidays (from the 18th of December) presented a challenge during the period.

As seen in the cascade, the uptake of second DBS test (on cessation of breastfeeding) remains low, due largely to gaps in retention of the mother-baby pair during the breastfeeding period. This is to be addressed over the next quarter with enhanced tracking of the mother-baby during breast feeding, deployment of Mentor Mothers in targeted facilities and increased focus on paediatric care for the exposed /HIV positive infants in all facilities

**Update on state support for transitioned PMTCT services**

Following the transitioning of 37 low yield PMTCT sites in Niger (23), Kwara (1), Zamfara(2), Kebbi (11) and the discontinuation of PITC in all supported PMTCT, MSH appraised the support provided in these facilities over the last quarter by the various state governments. Significant support was provided by the Kwara State Government to sustain transitioned PMTCT services, with funding and purchase of test kits/commodities (Determine, unigold; cotton wool and latex gloves) over the quarter. N 52,300,000.00 (\$261,500) was pledged by the 16 local government chairmen for HIV services (including PMTCT services) in this quarter.

**Table 6: Support for transitioned PMTCT services**

Facility type	PMTCT sites supported before 30 <sup>th</sup> September (COP 14)	PMTCT sites with service delivery transitioned to State MoH on 30 <sup>th</sup> September	PMTCT sites currently supported (COP 15 )
Public health facilities	166	31	135
Private health facilities	28	5	23
Faith Based Facilities	4	1	3
<b>Total</b>	<b>198</b>	<b>37</b>	<b>161</b>

The Zamfara State Government has also provided support with the purchase and distribution of test kits to the 2 transitioned low yield sites, with a total of 1200 test kits (Determine and Unigold) supplied. These efforts remain extremely commendable for the sustenance of transitioned PMTCT services, and are recommended for replication in all other MSH supported states, where support remains. Technical assistance through direct supervisory visits has remained minimal by State Governments in all transitioned sites.

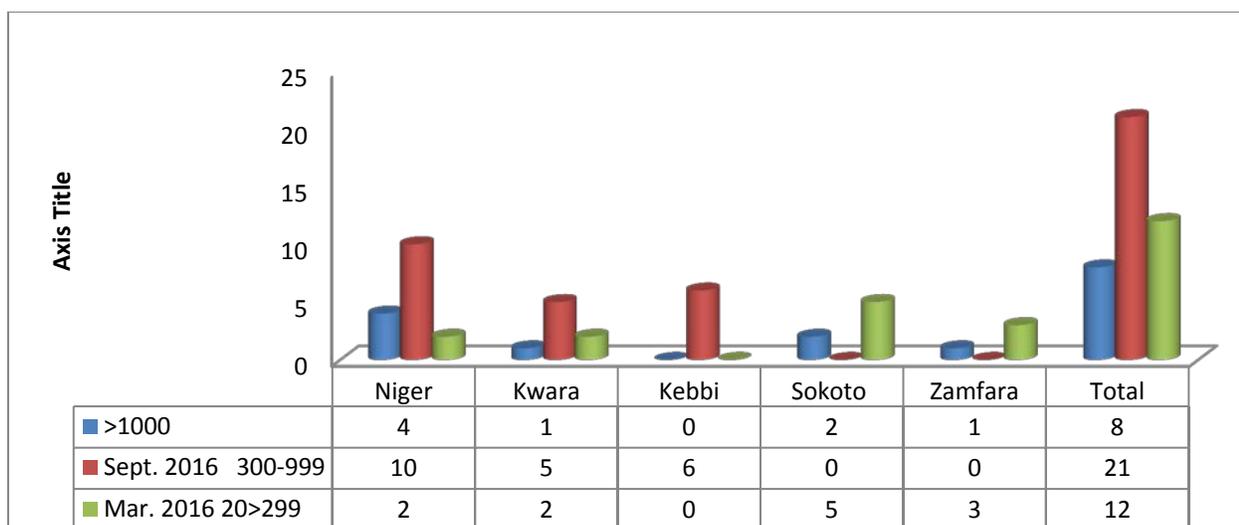
#### **ART**

In this first quarter of FY16 under review, Pro-ACT continued to implement sustainable HIV/AIDS interventions at the facility level to meet PEPFAR strategic treatment shift across the sustained response states. Key areas of focus included: improving ART program retention, mainstreaming of HIV/AIDS services, continued support, improvement in viral load (VL) accessibility and generating state specific comprehensive site transition plans. Within the quarter Pro-ACT conducted a robust ART, client retention and adherence training across all the CCTs to provide participants with up-to-date information on anti-retroviral therapy, streamline HIV/AIDS services in such a way as to enhance client retention and adherence to care, and ultimately improve service delivery to PLHIV across supported facilities. A total of 129 (47 females: 82 males) HCWs were trained to ensure the delivery of quality ART services.

#### **Transitioning of CCTS to state government**

In line with the new PEPFAR guidance MSH is working closely with key stakeholders to ensure seamless transition of low volume CCTs using a phased approach. By the end of March 2016, MSH will be transiting 29% (12 of 41) and 51% (21 of 41) by September guided by the facility ART volume as communicated by the USG. The table below provides a graphic illustration.

**Table 7: Breakdown of comprehensive care and treatment site by ART volume and state**



**Table 8: Names of specific facilities by ART and state to be transitioned**

State	>1000	Sept. 2016 300-999			Mar. 2016 20>299	
color code	GH Suleja	GH Lapal	GH Mokwa	FMC Bida	GH Kutigi	WCWC
Niger	GH Minna	IBBSH	GH Bussa	GH Gawu	GH Nasko	Maryam Abacha
Kwara	GH Bida	CHC Zungeru	GH Tunga	GH Kagara		HFCM Hosp.
Kebbi	GH S. Wuse	RH Kuta				GH Tambuwal
Sokoto	UITH	GH Offa	CISH Ilorin	CSH Ilorin	GH Lafiagi	GH Dongo Daji
Zamfara	Specialist Hosp.	GH Omuaran	SH Sobi		Adewole Cot. Hosp.	
	UDUTH	GH koko	GH Argungu	SYMH	GH Kauran Namoda	GH Shinkafi

### ART related training

Training on ART, adherence and client retention capacity-building-update was conducted simultaneously on the 26th - 31st October in 4 states (Niger, Kwara, Kebbi, the Sokoto, and Zamfara workshops were combined in Zamfara). The major objective was to improve the capacity of participants to lead the implementation of client retention initiatives across supported health facilities. A multi-disciplinary team of participants was selected from each of the facilities and comprised of doctors, nurses, pharmacists, a PLHIV and a member of the state technical working group (TWG). A total of 50 doctors, 37 nurses, 38 pharmacists, 2 adherence counsellors and 2 DOTS officers from across the 5 states benefitted from this training. To improve interactive engagement and sustainable training capacity transitioning, MSH introduced a new innovative approach to the training which includes:

- Out of station-inter facility/state, interactive and residential training package with daily experience sharing group work sections. This kind of training provides participants with the

opportunity to understand and learn how things are done in other states, concentrate and focus on the training.

- Multiple facilitators in a well-blended and instructor led training with impactful video films, friendly and interactive atmosphere.
- Facility walkthrough activities which enabled participants to proffer solutions to gaps observed in the visited facility. They also related and shared their group experiences from their own facility perspective in a plenary discussion.
- Certificates of participation were given immediately after the training to those that qualified.
- Training champions were appointed, one from each of the participating facilities whose duties include: championing the training stepdown, monitoring and relating the client retention implementation process in their facility to MSH state staff.

Participants expressed their appreciation and will inculcate this innovation in their future trainings post transition. Participants also had the opportunity to commend and critic events which led to training improvement.

Co-facilitators at the trainings were members of the Centre for Health Professional Continuing Education (CHPCE) established by MSH, and 4 of their staff were also trained in the ART, adherence and client retention training (Niger 3 and Kwara 1). There were 5 Joint Supervisory Visits (JSV) with the established TWG members to strengthen their capacity. CME, VL chart review with a view to optimize Viral load test, step down trainings are being conducted by TWG members in collaboration with MSH state staff. These are part of Pro-ACT's way of collaborating with the centers to improve sustainability as we move towards transitioning of facilities to the states.

### Treatment cascade

A review of key achievements in all 41 supported ART sites revealed that 1,792 new patients (Males = 658; Females = 1134) were enrolled into care. 29,134 (Males = 9137; Females = 19997) patients are currently on ART which represents 117% of the annual program target (Niger 13,975; Kwara 4,971; Zamfara 1,735; Sokoto 4,535; and Kebbi 3,345). Cumulatively, the number of HIV positive clients enrolled into care by the end of the quarter stands at 79,389 (Males = 27,557; Females = 51,829), (Niger 38,437; Kwara 13,725; Zamfara 5,464; Sokoto 11,474; and Kebbi 10,286).

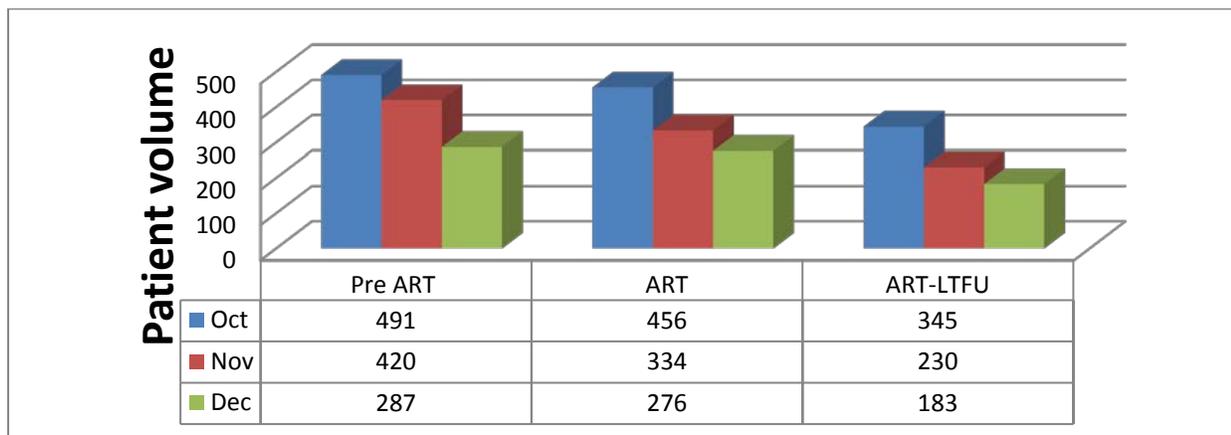
**Table 9: Pro-ACT ART performance**

Indicators	Annual target	Q1 Target	Q1 achieved	% achieved
Current on ART	24,992	24,992	29,134	117%
Newly enrolled (ART)	4,910	1,177	1,792	152%

Altogether, 54,036 clients are currently on care (Males = 18,192; Females = 35,844), (Niger 27,828; Kwara 9,708; Zamfara 3161; Sokoto 6,353; and Kebbi 6,986).

Following the ART adherence and client retention training workshops held early in this quarter, we have observed a 42% decline in the total number of clients (deaths +transfer out +loss to follow up) on care who dropped out of the program.

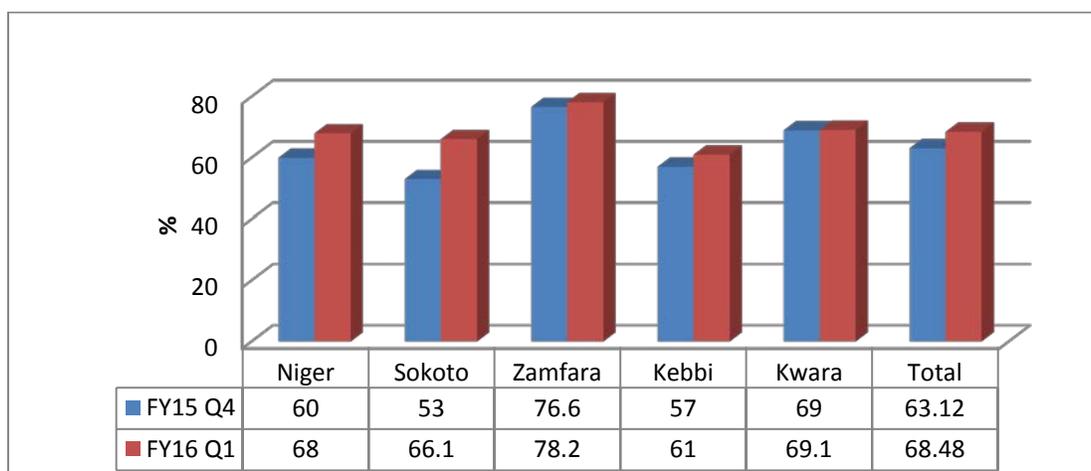
**Figure 6: Number of drop-outs recorded in FY 16 Q1**



**Retention**

Program ART retention across supported facilities remains a priority. Analysis of patient’s retention current on ART showed remarkable improvement with an average of **68.5% compared to 63.12% in the last quarter**. This increase could be attributed to enhanced adherence counselling, use of retention calendars and other retention tools which were achieved through ART and adherence training held for HCWs within the quarter.

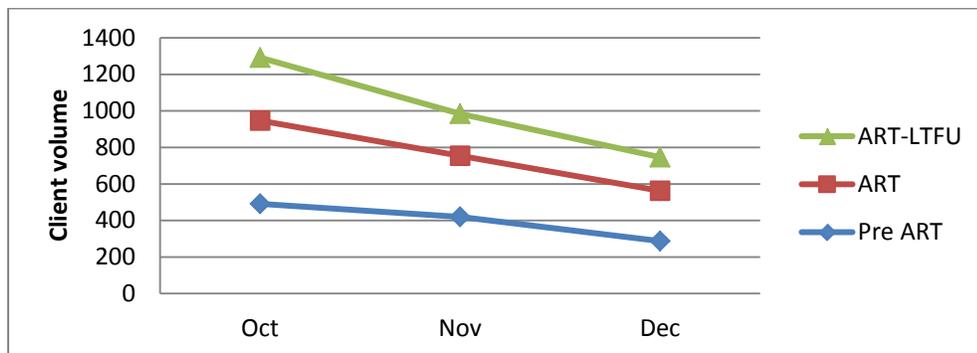
**Figure 7: Client retention rates across state facilities**



The retention rate in Sokoto was particularly poor in the previous quarter with 53.1% however; there is significant improvement as HCWs are getting more involved after the update training. As of the end of this

quarter following the training there is improvement in the number of LTFU and drop out as shown in the trend below.

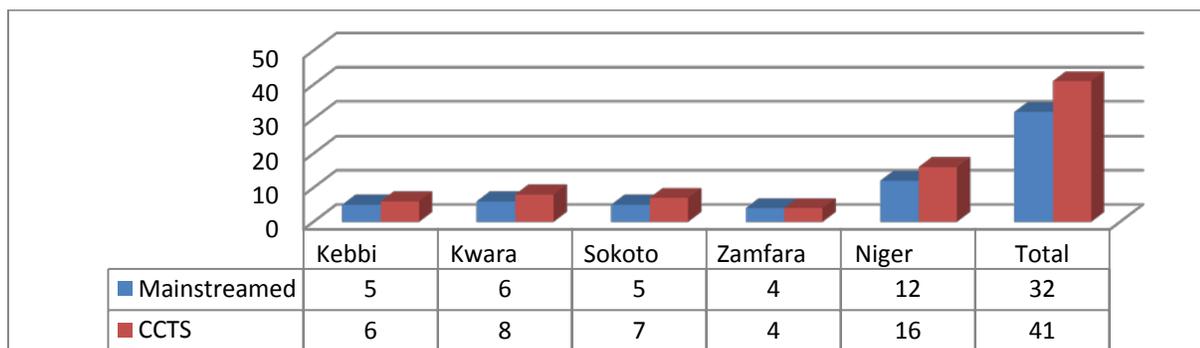
**Figure 8: Reduction in drop-outs after the ART update training**



**Integration of stand-alone HIV services into mainstream health services**

Mainstreaming of HIV services has holistically enabled some supported facilities to maintain their specialist HIV clinic days within the week and also allowed PLHIV to freely access care from the daily general outpatient department (GOPD). PLHIV with complicated presentation are referred to the specialist clinic, while any with minor complaints or requiring drug pickup is seen by any doctor at the GOPD. Currently mainstreaming of HIV services are fully implemented in 32 out of the 41 CCTS (78%). This is a sustainable approach to improving client retention and quality of care as clients have many clinic day options which will reduce stigmatization rather than being seen on a HIV clinic day in a separate building. The remaining has adopted multipronged approach but still have vertical/standalone HIV clinics with special clinic days. But we are looking into the possibility of having full integration in all supported facilities.

**Figure 9: Mainstreaming of HIV services across facilities**



**Viral Load**

Currently VL testing is done only in UDUTH Sokoto for clients in facilities within Sokoto state. Continuous technical support and on site mentoring were provided on routine viral load monitoring and diagnosis of treatment failure in UDUTH and other supported health facilities in the state. The establishment of a

switch committee and the availability of the PCR lab in UDUTH has helped in the optimization of VL testing and improvement in switching of drugs for clients. Analysis of viral load tests done in the quarter revealed that a total of 316 samples (Male= 106, Female= 210) were run (# of samples >1000copies/ml=117; # of samples < 20 copies/ml= 171 and # of samples within 20 – 1000 copies/ml = 28).

**Table 10: Analysis of VL test for FY16 Q1 in UDUTH PCR lab**

Q1 FY16 VL test result				
Facility	<20 copies/ml	>1000copies/ml	20-1000 copies/ml	Total per CCT
SHS	26	21	3	50
UDUTH	140	93	24	257
HFMCH	4	2	1	7
WCWH	1	1		2
Total	171	117	28	316

Clients with high viral load (>1000copies/ml) are reached with enhanced adherence counselling as their folders are tagged for easier identification although poor documentation of contact details for effective tracking remains a challenge. In UDUTH 18% (8 out of 45) tracked had completed their adherence counselling and now awaiting their repeat viral load test. 2 clients were correctly switched to second line based on persistent high viral load despite adherence to medication. This is an improvement in ART drug switching.

**Collaborative TB/HIV activities**

MSH conducted a series of capacity needs assessment across thematic units. The needs assessments focused on identifying knowledge and skills gaps in delivering quality comprehensive HIV/AIDS services. Additionally the assessment equally explored factors that affected FY15 targets achievement Findings revealed poor grasp of TB collaborative indicators, weak linkages between TB units and HIV care setting, staff attrition in some service point etcetera. To this end, collaborative TB/HIV training was conducted to bridge both capacity gaps as well as enhance needed skills for implementation and support of FY16 strategic direction. A total of 146 health care workers were trained in providing quality support and linkage of TB program to TB/HIV intervention at the state and facility level.

Deployed broad strategies in strengthening TB and collaborative TB/HIV intervention at the state and facility level include:

- Established new and strengthened existing network of referrals to facilities with GeneXpert capacity
- Strengthened coordination of TB and TB/HIV intervention through integration of local government TB supervisors into facility HIV services provision.
- Introduction and collaborated with supported facility health care workers to promote gap analysis and use of finding to improve program intervention

- Strengthen reporting linkages between TB units and HIV services provision through service data flow and indicator review
- Delineated programs to support periodic CMEs to address program gaps analysis
- Capacity building over 146 health care workers across all cadre on collaborative TB/HIV intervention
- Sustaining quality intervention through emphasis of measurable indicators for collaborative TB/HIV activities.
- Holistic screening intervention and follow through in supported facilities across project states

### **Intensified case-finding**

MSH continued to re-enforce intensified case finding through multiple point TB screening of PLHIV, support of visual aid TB screening diagnostic and emphasis on use of setting specific TB SOP for screening of PLHIV including linkages of suspect to diagnostic evaluation points. Additionally, in the quarter under review health care worker capacities were built and re-sensitized on incorporating Finding TB Actively Separating Safely and Treating Effectively (FAST) approach to TB identification, diagnosis and treatment including strengthening the use of cough officers. For this quarter across project states, deployed strategies have ensured TB screening rate range of between 60% and 91% across project states. The total number of PLHIV screened for the quarter was 15976. This figure is 5% less than the expected 90% (18624 of 20693) target on screening of PLHIV who accessed clinical care during the period. From the screened population, 318 suspects were identified while 129 PLHIV had co-infection with TB. Further, 57% (74) of co-infected patients were commenced on TB treatment. Additionally the technical team reached 88% of the target for new and relapsed TB cases with documented HIV positive status who are on ART during TB treatment in the reporting quarter.

### **GeneXpert technology**

For the quarter under review, deployed strategies culminated in the analysis of 1237 samples across project states with positivity rate of 18% (228) for co-infection including rifampicin resistant TB positive rate of 1.8% (22). This is an unmatched achievement since the deployment of GeneXpert technology in MSH-Pro-ACT supported facilities as it is almost thrice the achievement recorded in Q4 of FY115. Continued emphasis on GeneXpert use for evaluation of all PLHIV who are TB suspects was strengthened. Emphasis during the quarter was on increasing uptake through addressing the demand and supply end of service provision. On the demand end, an enhanced network of referrals for GeneXpert sample transport from peripheral hospital to comprehensive facilities with GeneXpert capacity was supported. Additionally, structured CMEs including trainings on GeneXpert technology and utilization were carried out. Furthermore TB local government supervisors were identified and mentored on seamless and efficient sample transport systems. On the supply end, access limitations and cartridge shortages were addressed through linking of GeneXpert sites to the national cartridge supply systems including funding of sample transport.

### **Isoniazide Preventive Therapy (IPT)**

PLHIV who are non-TB suspects continued to have unlimited access to INH 300mg for TB prevention in project supported states and facilities. The MSH IPT implementation strategy; which encompasses process and outcome evaluation ensures: inspiration health workforce through engagement and motivation to support quality of life interventions for PLHIV; Pre-packaging of INH 300mg into 6 month individual patient kits for seamless dispensing; Training of health workforce on IPT utilization and kit system dispensing; building capacity through short structured CMEs, mentoring and coaching programs with clinical mentors to emphasize service integration and synchronizing prescription with ART; Re-training through continual assessment for capacity gap in prescribing IPT and reporting was acknowledged as a best practice by USAID and during the National TB/HIV technical working group meeting held in 2<sup>nd</sup> week of December 2015 . Other USAID funded programs were directed to learn from MSH-Pro-ACT strategy design. Additionally, promoted strategies in the program were adopted nationally for scale-up among implementing partners as part of effort to improve accountability, reporting and streamlining of implementation.

This quarter, a process and outcome evaluation was conducted in Kebbi State from IPT program intervention inception to November 2015 in 6 supported facilities in the state. Findings from the evaluation include:

- 1653 PLHIV commenced IPT between June 2013 and October 2015 across 6 supported facilities
- Beneficiaries were predominantly adults of 16 years and above while under 15 and under 5 accounted for 17% and 0.1% of the population respectively
- 93% of the patient had TB screening intervention including ongoing screening during IPT course
- 69% of the patient have completed IPT
- 519 patients are still on IPT yet to complete 6 month course therapy
- TB disease developed in 1.1% (13) and .1% (1) in patients who completed IPT 11 months post completion and within the course IPT respectively.
- Interestingly 8 out of the 13 patients who developed TB disease have defaulted on their ART medicine

MSH-Pro-ACT periodic IPT process and outcome evaluation demonstrated the effectiveness of the intervention in preventing TB as well as revealed gaps in implementation such as low uptake of IPT among pediatric age group. Further evaluation will be conducted to establish literature documented cost saving in care of PLHIV while implementing IPT intervention.

In the course of the quarter, 1175 PLHIV were commenced on IPT. However, this achievement is 941 in excess of Q1 target of 234. Additionally, with this achievement the Project has achievement 71% of her annual target.

### **Infection Prevention Control**

Through capacity building of health care workers during the quarter, emphasis was laid on evidence based infection prevention and control approach at the facility level. Continued emphasis of robust facility infection control program, strengthening service integration through incorporation of TB local government

supervisors into existing infection prevention and control effort; institutionalizing annual rapid facility infection risk assessment, and development infection control and prevention policies and operational plan were strategies deployed to promote evidence based intervention. In the course of the quarter, 5 facility infection control policies and operational plans were reviewed to address gaps in infection control in these facilities. This followed established process of facility risk assessment and development of policies and operational plans. Facilities that benefited from this TA across projects include Usman Danfodio University Teaching hospital Sokoto, GH Minna, Niger, Civil Services Hospital Ilorin, Kwara, Sir Yahaya Memorial Hospital, Kebbi and FMC Gusau, Zamfara State.

Through deployed robust infection control strategies, service improvement was reported across supported project states. Rapid infection risk assessment conducted in Zamfara state led to the construction of a new TB unit in GH Kaura as the previously existing structure was found to be a potential source of spread of infection in the facility. Additionally, cough officers are increasingly used in supported facilities to fast track TB screening. Furthermore, TA provided on risk assessment in Sokoto served as a spring board for completion and deployment of infection control policies and operational plans in supported facilities in Sokoto state.

### **Quality Improvement**

In FY16 Q1, MSH continued to align its activities with PEPFAR’s mandate to strengthen the capacity of supported facilities to provide sustainable quality healthcare services to PLHIV. Three main activities formed the focus of Q1 efforts: assessment of quality healthcare service delivery at facility-level using the Site Improvement through Monitoring Systems (SIMS) Tool, the development and implementation of targeted specific interventions to address noted gaps in service delivery, and the continued provision of technical support for the implementation of facility-level Quality Improvement Projects and monthly Quality Improvement Meetings.

### **Assessment of quality of healthcare service delivery using the SIMS Tool**

In Q1 FY16, the Site Improvement through Monitoring Systems (SIMS) tool was applied as the standard tool for assessing the quality of healthcare services provided to PLHIV in MSH-supported facilities. At periodic site-support visits, the tool was applied to assess the quality of service provision and identify programmatic and service delivery gaps. In December 2015, USAID collaborated with MSH Kwara State staff to assess 5 facilities (1 tertiary, 2 primary and 2 private) in the state with marked improvements noted across all facilities.

The table below provides an overview from the administration of the SIMS tool at University of Ilorin Teaching Hospital (UITH), a tertiary facility located in Ilorin East LGA. Domains are color-coded to reflect the status of core essential elements (CEEs) which are prerequisites for quality healthcare service delivery at the facility level.

**Table 11: Overview of SIMS Facility Assessment Progress Report (University of Ilorin Teaching Hospital)**

**Color Coding:**

Domain requires urgent remediation

Domain needs improvement

Domain meets expectations

Domain surpasses expectations



First Visit/Baseline Visit						Second Visit with Improvement Plan in Place (Process Evaluation)		
S/No	Domain subsection	Color Code	Comments	Date(d/m/Y) WHEN	Team (Who)	Color Code	Date(d/m/Y) WHEN	Team (Who)
<b>Pediatric ART Monitoring</b>								
1	Pediatric ART Monitoring	Yellow	60% of reviewed folders had CD4 documentation	6/5/2015	ABUBAKAR, ELUJIDE, EDO	Green	9/12/2015	USAID, Drs. Abubakar, Elujide, Tosin
<b>PMTCT</b>								
5	ART in PMTCT Sites	Red	PMTCT ART register not found.	5/6/2015	Drs. Abubakar, Elujide & Edo	Green	9/12/2015	USAID, Drs. Abubakar, Elujide, Tosin
6	CTX for HIV-infected Pregnant and Breastfeeding Women	Red	Could not trace PMTCT folders as there are not filed separately from other folders.					
7	PITC for Maternity Ward Patients	Red	Register not in sight					
10	Enrollment of HIV-Infected Infants into ART services	Red	Child follow up register could not be traced					
11	CTX for HEIs	Red	Child follow up register could not be traced					
12	Tracking Mothers and Infants for PMTCT	Red	Not indicated in the tracking register					

In view of this report, MSH technical team has developed and deployed remediation plans which are currently being implemented and monitored in affected service domains.

**Implementation of facility Quality Improvement Projects**

Feedback to facilities following NigeriaQual data abstraction and analysis are used to identify programmatic gaps. These form the basis for the formation of Quality Improvement Projects which are time-bound and aim at improving poor-performing healthcare services delivery. In FY16 Q1, a total of 31 Q.I. Projects were implemented (75.6% of expected). These interventions contributed to achievements reported this quarter. For example projects that focused on TB screening contributed to improve TB screening reported in the program. Additionally Kebbi states reported marked progress in Early Infant Diagnosis (EID) which was a product of quality improvement project conducted in the state.

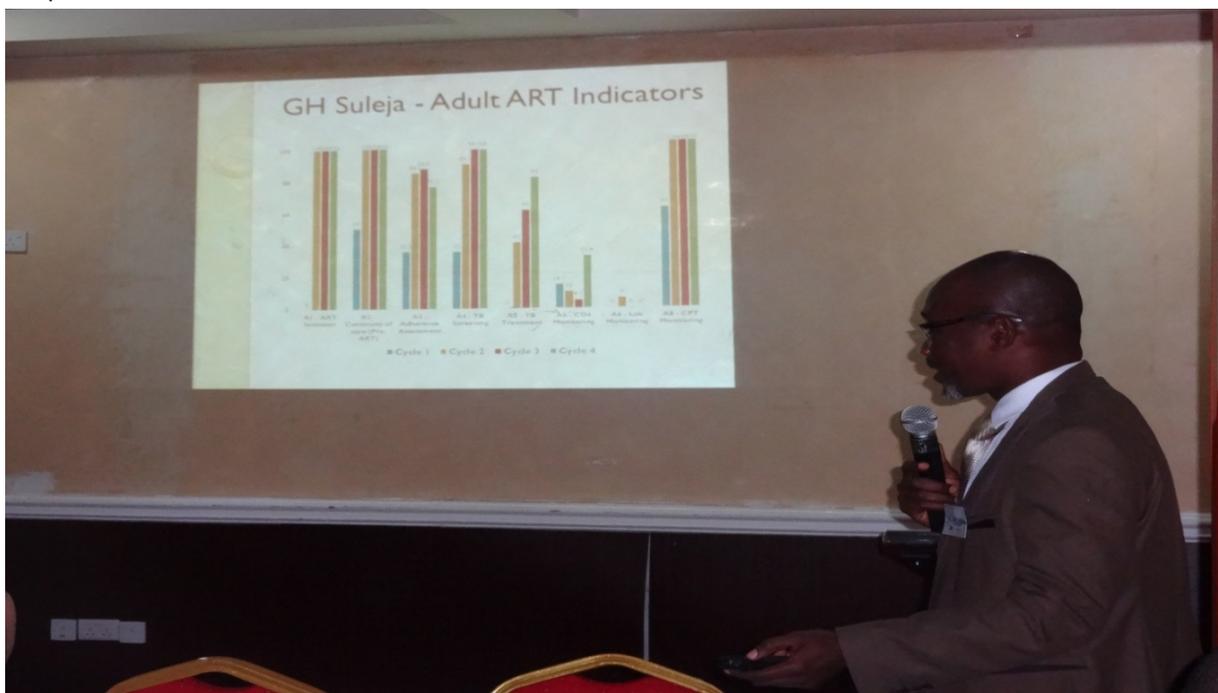
**Provision of technical support of monthly facility Quality Improvement (QI) Team Meetings**

Pro-ACT supports the conduct of monthly facility-led Quality Improvement meetings. Meetings enable discussions on implementation challenges to the provision of quality healthcare services to PLHIV and

development of resolutions aimed at mitigating noted challenges. In FY16 Q1, Pro-ACT supported a total of 66 monthly QI meetings (53.6% of expected). As part of sustainability initiatives, MSH continued to advocate for facilities to self-support monthly Quality Improvement Meetings with success evidenced by 4 facilities in Kebbi State currently self-supporting monthly QI meetings: GH Koko, GH Jega, GH Yauri and GH Argungu.

**Presentation at the Clinical Governance Meeting convened by Nigerian Alliance for Health Systems Strengthening (NAHSS)**

MSH in collaboration with the CDC funded Nigerian Alliance for Health Systems Strengthening (NAHSS) is implementing the NigQUAL initiative-a facility based quality improvement project. General Hospital Suleja Niger state was selected as one of the best facilities in which the NigQUAL initiative has been successfully implemented and the Chief Medical Director Dr. Adebayo Adedokun was supported by MSH country office technical team to deliver a presentation entitled “the Role of Leadership and Management in Improving Quality of HIV Care at secondary–Level care Hospitals” at a clinical governance meeting convened by CDC/Nigerian Alliance for Health Systems Strengthening (NAHSS), in Oct 2015. The CMD attributed the successes achieved in GH Suleja to the strong support from facility leadership, continuous technical support from MSH and the conduct of monthly Quality Improvement team meetings funded by the hospital.



*Photo: Analysis of VL test for FY16 Q1 in UDUTH PCR lab*



*HIV services resource mobilization meeting with LGSC and 16 LGAs chairmen, Omu-aran Kwara State; SCMS Advisor, Melis, MSH making presentation*

**Supply Chain Management System Supply Chain Management System:** The activities carried out during the quarter were geared mainly towards ensuring adequate availability of health commodities at the service delivery points for smooth services. Through the state SCMS Specialists technical assistance was provided in conjunction with the state Logistics Management Coordinating unit in the area of data entries / collation / validation and analysis of September-October 2015 and November-December 2015 bimonthly LMIS reports from all CCT laboratory, pharmacy and PMTCT sites. Facilitation of resupplies of ARVs, OIs medications, laboratory reagents and consumables to health facilities of November 2015 re-supply and provision of mentoring/supportive supervision to facility staff. The SCMS Specialists are currently providing support to the states JSI/SCMS and LTWGs/LMCU in the preparation of LMDs for January 2016 re-supplies.

During the quarter, N52.3 M (\$261,500) was pledged by 16 LGA chairmen in Kwara State, for supporting HIV services in the LGAs. This was as a result a two-day MSH organized strategic engagement meeting with the Local Government Service Commission (LGSC) and its Chairmen.

This is also a follow up on the initial N100, 000.00 for SCMS activities by the LGSC in September 2015. The meeting was organized with support from the Kwara State Local government service commission (LGSC).

During the meeting a generic work plan was developed to lay out the areas on which these funds will be spent. Areas include: Supply Chain Management Systems (SCMS), monitoring & evaluation, MTCT /HTC (those components that require relative low funding), prevention care and support and capacity-building coordination. At the end of the meeting the Chairmen committed that these funds would be released starting in the first quarter of 2016.

#### **Fund approval and release for bimonthly report collation and transmission in Kwara State**

As part of the outcome of various advocacy visits by Kwara state LTWG to Local government Service Commission (LGSC), the commission has institutionalized the release of N 25,000.00 (\$125) for the Ilorin West LACA manager to support bi-monthly LMIS report collection and validation for 7 transitioned PMTCT

sites. The second quarter release was in December, 2015. This includes the cost of internet data bundle for the transmission of bimonthly LMIS report to LMCU.

ZAMSACA continued to procure and supply haematology and chemistry reagents to support health facilities to offer free laboratory investigations to HIV positive clients, as part of state ownership and sustainability of HIV/AIDS services. HIV+ clients have continued to benefit from the free clinical chemistry and hematology investigations. This has gone a long way in demonstrating HIV and AIDS program ownership and sustainability by the state government.

The Project collaborated with JSI/SCMS to make available loose regimens for clients in Sokoto and Kwara who had earlier adversely reacted to stream lined regimen in the first two quarters. This has led to appropriate management of the clients. Five booklets of ADR forms were collected from NAFDAC offices and have been distributed to the MSH field offices for onward distribution to facilities for monitoring and reporting.

Kwara State MoH/KWASACA is sustaining the transitioned PMTCT site with funds amounting to a total of N 63,255.00 (\$316) for test kits, cotton wool and latex gloves. N 309,750 (\$1548) was budgeted for the procurement of RTKs to support 5 PMTCT sites and 2 CC&T sites to bridge any anticipated gaps and avoid commodity stock out.

#### **Distribution of laboratory consumables**

To sustain clinical services, MSH procured health commodities such as 40 BD vacutainer EDTA tubes (7.5ml) x100, 6 clinical lamps, 6 washing basins, 2 weighing scales, 3 Littman Stethoscope (adult and pediatric), 3 clinical diagnostic sets, 5 rolls masking tape, and 30 vacutainer SST. These were distributed to comprehensive HIV treatment sites with ART patient load of more than 400. In the quarter also there was the redistribution of commodities between the facilities to prevent expiration and also forestall stock outs.

During the quarter, September-October 2015 & November-December 2015 bimonthly reports collected from the health facilities with the support from the state LMCU, JSI/SCMS staff and MSH state SCM Specialists were collated and orders for resupplies of drugs and other commodities generated. The Last Mile Deliveries (LMD) generated by JSI staff, were reviewed in all the supported states at the end of report collection exercise. This was aimed at avoiding under/over supplies. ARVs and OI drugs for November-December 2015 LMIS reports, are yet to be re-supplied- as report collection is still ongoing- however stock levels across the facilities are still above the minimum level.

Through the state SCMS Specialists, many facilities (29 CC&T and 15 PMTCT) pharmacists (48) and laboratory (44) staff were mentored on best practices and proper management of health commodities. Some were supported on proper production of LMIS reports during the report collection visits to their health facilities. The Niger State Ministry of Health approved joint supportive supervisory visits to facilities by the state hospital management board in collaboration with MSH. This was to address the challenges and issues observed within the year and plan for greater achievements in 2016. The joint supportive supervisory team was led by the Director Pharmaceutical Services, Pharm. Yakubu Maji. The SCMS

specialist also administered the PEPFAR SIMS facility tool on Supply Chain Management reliability of the HIV/AIDS program and also conducted stock verification of ARVs in the facilities- they are GH Kutigi, GH Mokwa, GH New Bussa, GH Bida, GH Agaie, GH Lapai, GH Kotangora, GH Auna, GH Kagara, GH Wushishi, Nasko, GH Kuta, GH Sabon wuse, GH Suleja and GH Kaffin koro). All together 15 CC&T sites were visited.

During the visit to facilities some observations made were;

- Poor inventory management systems exist in most of the facilities
- Inability to generate drug bulletins for the clinicians
- Current drug price list not pasted for patients consumption
- Poor storage management in most of the facilities
- Facility staffs Inability to determine Max-Min inventory management system of commodities
- The need to review HMB DRFs reporting template
- Monthly progress report of facilities not submitted
- DTC not functional
- ART/ QI team meetings not functional
- Lack of professional dressing code
- Poor management of staff and maintenance of the pharmacy unit

However, it is interesting to note that there had been good management of ARVs as there had not been any stock out of any commodity for the past three months.

#### **Good pharmacy and laboratory practices**

Following completion of LMIS reports (CRRIRF and PPR) from all the supported CC&T and PMTCT sites in the project states, the data were subject to analysis to generate pharmacy commodities utilization data, Laboratory commodities utilization data, Laboratory order and regimen analysis etc. These templates were populated and information reviewed will guide logistic decision making.

#### **IRPSM TWG & LTWG Quarterly meetings**

During the quarter all 5 states had their quarterly logistics technical working group (LTWG) meeting. These were fully sponsored by the state government indicating their ownership and participation in the program. Also the quarterly Integrated Regional Procurement and Supply Management Technical Working Group (iRPSM TWG) meeting for the South- West region was held in Ekiti. Some of the highlights and action points to improve performance of logistics activities in the states include:

- Integration of all public health commodities in the LMCU is now a key area of focus.
- Lagos State to make advocacy to the FMoH to sustain regional PSMTWG meetings.
- Drawing from lessons of the Kwara LTWG sustainability efforts- all the states are to work closely with their various stakeholders to drive the sustainability agenda.

## **Waste management**

During this quarter, facility staff were guided to ensure all expired and damaged commodities are withdrawn from the shelves, properly documented in the expired and damaged commodities log-book and the package properly labelled and quarantined for the next cycle of waste drive in 2016.

## **Laboratory Services**

Activities conducted in the quarter under review include:

**National HIV Procurement and Supply Management TWG Meeting** Pro-ACT participated in the review of the procurement and supply management of HIV/AIDS program commodities in the country - a joint FMOH-PEPFAR Nigeria meeting as PEPFAR gradually transitions some of interventions to the Government of Nigeria which held on the 13th of October 2015 at the National Agency for the Control of AIDS headquarters in Abuja. Some of the key resolutions with programmatic implications include: consideration for alternative methods of sample transportation for viral load testing due to the obvious cost implications for cold-chain transportation of samples; Access to Viral load services to be increased since commodities are available; The National Laboratory TWG to meet quarterly with support from SCMS and NACA for efficient procurement and supply management of laboratory commodities considering the numerous commodities associated with laboratory investigations.

## **National TB and Leprosy Control Programme (NTBLCP) - Country GeneXpert Advisory Team (CGAT) Review Meeting**

The review meeting featured harmonization and streamlining of Xpert cartridge distribution from the national program to the partners as well as updated the national database on available GeneXpert in-country. Key resolutions during this meeting include:

- NTBLCP to strengthen coordination and optimization of Xpert platforms in the country;
- KNCV to revisit and address terms on the maintenance of the GeneXpert, post-warranty initiative which is unacceptable for the country;
- Institute of Human Virology Nigeria (IHVN) and Supply Chain Management Systems (SCMS) project to take charge of cartridge procurement till 2017;
- Implementing partners to communicate sustainability plans for GeneXpert machines' maintenance at the time of exit.
- MSH Pro-ACT currently oversees fifteen (15) GeneXpert machines across the five supported states.

## **Train-the-Trainer on HIV rapid test quality Improvement Initiative**

Pro-ACT participated in the train-the-trainer workshop which held from September 28 to October 9 2015 at the 445 Nigerian Air force Medical center Ikeja, Lagos State with focus to strengthen quality management systems for HIV rapid testing. The following were immediate consensus reached at the workshop:

- Government and partners to deploy a harmonized SOP, and deploy the use of Dry Tube Specimen (DTS) for proficiency testing in view of its stability at room temperature and administer 3 times a year starting January 2016;

- HIV Rapid Test quality control to be done at least once a week after every shipment and on every lot;
- DTS to be used as routine QC material;
- All personnel performing HIV rapid test should be trained and followed up by a documented competency assessment report and repeated yearly;
- Due to discrepancies in available data capturing tools, country level harmonization and document review was recommended for the SMOH.
- As an IP supporting sustained response states, Pro-ACT has already made plans to integrate the above recommendations into the existing program.

### **Strengthened Operational Efficiency for the Molecular Diagnostic Laboratory in Sokoto**

With the switch from the manual to the automated platform at the molecular diagnostic laboratory in Sokoto, equipment-specific SOPs for EID, viral load estimation and quality assurance associated with PCR laboratories were developed with the staff. Some essential consumables needed to support services at the PCR laboratory that were low in stock were identified and a request was sent to SCMS for re-supply. Pro-ACT also initiated efforts to link the laboratory with the CDC Atlanta external proficiency testing scheme which was suspended at some point due to the rationalization. A PCR laboratory-specific internal audit was conducted using the both Horizontal and Vertical Audit Checklist for PCR labs. Corrective actions plans were immediately initiated for areas of non-compliance identified during the audit. The audit compliance report, gaps and recommendations for remediation was also shared with the PCR Laboratory Manager for further actions.

### **State Laboratory Quality Management Task Teams' inauguration, orientation and work plan development**

In a continued effort to ensure ownership, sustainability of laboratory programs in supported states, the State Laboratory Quality Management Task Teams (SLQMTT) were inaugurated in 3 States of Kwara, Zamfara and Kebbi in the quarter under review. The objective is to create a platform to drive laboratory programs in the State as we work to transition certain services to the State government. To ensure that the teams are well abreast of their terms of references and mandate of existence, an orientation program which included capacity building on Leadership, supervision, laboratory quality management, and good laboratory practices was mainstreamed into their orientation. Pro-ACT facilitated a one year workplan development for the teams to help align them with their state-specific vision and mission statements and to focus their activities towards Laboratory systems improvement.

### **CD4 Equipment Platforms**

Following approval from USAID, the project initiated and delivered newly procured BD FACSCount platforms. These machines have been allocated to the states as follows and are intended to serve as a replacement for the old, worn –out platforms that have been in use for 7 to 8 years.

**Table 12: CD4 equipment platform allocations by state**

S/N	NAME OF FACILITY	FACILITY TYPE	STATE	LGA
1	Lafiagi General Hosital	Secondary	Kwara	Edu
2	University of Ilorin Teaching Hospital, Ilorin	Tertiary	Kwara	Ilorin West
3	Civil service Hospital, Ilorin	Secondary	Kwara	Ilorin South
4	General Hospital Koko	Secondary	Kebbi	Koko
5	Sir Yahaya Memorial Hospital Birnin-Kebbi	Secondary	Kebbi	Birnin-Kebbi
6	General Hospital Yauri	Secondary	Kebbi	Yauri
7	Federal Medical Center, Birnin Kebbi	Tertiary	Kebbi	Birnin-Kebbi
8	General Hospital, Lapai	Secondary	Niger	Lapai
9	General Hospital Kagara	Secondary	Niger	Rafi
10	General Hospital Tunga Magajiya	Secondary	Niger	Rijau
11	General Hospital New Bussa	Secondary	Niger	Borgu
12	General Hospital Mokwa	Secondary	Niger	Mokwa
13	Federal Medical Centre, Bida	Tertiary	Niger	Bida
14	General Hospital Minna	Secondary	Niger	Chanchaga
15	General Hospital Dogon Daji	Secondary	Sokoto	Tambuwal
16	Specialist Hospital Sokoto	Tertiary	Sokoto	Sokoto South
17	General Hospital Kaura-Namoda	Secondary	Zamfara	Kauran Namoda
18	General Hospital Offa	Secondary	Kwara	Offa

The summary of the distribution is as follows; Kwara - 4; Niger – 7; Kebbi – 4; Sokoto – 2 and Zamfara – 1. The distribution was based on age of the machines, frequency of breakdown, client load at facilities, and location to support efficient sample logging.

#### **Laboratory Quality Management System Train-the Trainer Workshop**

To drive accreditation preparedness by State teams, a train-the-trainer workshop was conducted to equip the States' Laboratory Quality Management Task teams through the Centers for Health Continuing

Professional Education (CHCPE) to bring together laboratory directors and quality managers across 5 Pro-ACT supported states to build capacity to train, deliver and monitor quality laboratory services as well as accreditation preparedness effort towards certification and accreditation by national and international accreditation bodies. A total of 31 participants attended the workshop which held between November 30 to December 5th 2015, with 6 from each state. These state teams developed work plans that will guide their implementation of QMS in their respective states.

### **Health System Strengthening**

During this reporting period, activities focused on the provision of technical assistance to supported health facilities, State Agency for Control of AIDS (SACA) and SMOH in conducting strategic activities aimed at improving coordination and government stewardship. The section below documents the progress made by the HSS unit project during the period of October - December 2015.

### **Strengthening health service delivery through development of facility operational plans for pilot health facilities**

As part of the continued effort of the Pro-ACT project to address the challenges of inadequate funding, shortage in human resources for health, medicines, vaccines and technologies, and in a bid to strengthen the health systems at the health facility level, the HSS unit worked with the Hospital Services Management Board/Ministry of Health in the conceptualization and development of facility-specific operational plans that accurately reflects a shared vision of the hospital's senior management team to coordinate the hospital's resources (human, financial and physical) and systematically mobilize resources from identified philanthropists and organized private sector to bridge the gap in resources and complement government efforts.

The process was conducted in Kwara (GH Offa and Civil Service Hospital Ilorin), Niger (GH Minna and GH Bida) and Sokoto (GH Tambuwal and GH Illela) states. The following draft documents were developed for each facility:

- Operational plan narrative
- Costed operational plan
- Resource map
- Stakeholder analysis

These documents will be finalized through a joint review and disseminated to the Hospital Services Management Board and the State Ministries of Health in the respective states in the next quarter.

Continuous technical support to ensure that the operational plans developed are implemented will be provided by the respective MSH state teams.

### **Increasing the Fiscal space for HIV/AIDS**

As part of the project's plan to improve domestic financing for HIV/AIDS, the project carried out the following activities in its supported states:

- *Pursuing funds release from the 2015 budget through development of memos*

In Kwara, Kebbi, Sokoto and Zamfara States, Pro-ACT provided technical support to the respective State Ministries of Health in the development of compelling memos for funds draw down. Memos for NGN 30 million (\$150,000), NGN 49 million (\$225,000), NGN 46 million (\$230,000) and NGN 80 million (\$400,000) have been developed and submitted to the executive council of Kebbi, Sokoto, Zamfara and Kwara states respectively.

- *Pursuing budget inclusion for 2016 through appropriate costing of needs*

For all the project supported states, the projected PEPFAR transition needs for 2016 were articulated and reviewed with the states based on their peculiarities. For each state, the projected fund needs are as follows: Kwara - N204,536,463.20; Zamfara- N104,757,520; Kebbi -N167,889,372.76; Sokoto - N132,645,671.00 and Niger - N306,724,343.72. The intention is to add these amounts to the other state specific needs for HIV/AIDS activities and presented during budget calls as a budget line item for HIV/AIDS.

- *Development of State Specific Resource Mobilization Strategy and Implementation plans*

In Kwara state, the USAID Health Finance and Governance (HFG) Project has presented to the SACA the finalized resource mobilization documents which include the Implementation plan, the Resource map and the Resource Mobilization Strategy document. Pro-ACT has already supported 3 other states (Niger, Kebbi and Zamfara) to produce their resource mobilization strategies and plans. This brings to four the total number of comprehensive resource mobilization strategy and implementation plans developed for the supported states. The Resource mobilization strategy and implementation plan for Sokoto will be finalized by Pro-ACT in the next quarter (Q2 COP15) by Pro-ACT.

- *Advocacy Visit to the State Government Leadership*

With increased understanding that our challenges in the area of government funds release are largely political rather than technical, the MSH Pro-ACT leadership led by the Project Director paid advocacy visits to the Secretary to the State Government of Zamfara state and the Permanent Secretary; Ministry of Health in Kebbi state. This provided an opportunity for the MSH Pro-ACT project to request that the State Government back up its commitment with financial release so as to sustain the gains made in the state HIV/AIDS response.

Also, Advocacy briefs have been developed for the USAID Nigeria mission to seek audience with the political leadership in all the Pro-ACT supported states.

Across the states, the HSS unit continues to give technical support to the Advocacy, Policy and Resource Mobilization TWGs for the operationalization of the resource mobilization implementation plan.

### **Strengthening organizational & technical capacity of CSOs to deliver and monitor quality community-based PHDP and VC services**

As part of the project's efforts towards improving the quality and coverage of vulnerable children and promoting PHDP services across communities of intervention and supported health facilities, 9 CSOs were selected for provision of VC and 5 for PHDP services across project states. The aim of the grant is to strengthen the capacity of the CSOs in HIV/AIDS response as well as improve the quality of lives of vulnerable children under the Pro-ACT project and increase the project clients' retention on care and treatment through the grants platform.

In this quarter, the grant award process was continued with Scope of Work Development Workshop, target setting; grant agreement development for the 14 CSOs and subsequent signing of the agreement between Pro-ACT and the Grantee CSOs for provision of VC and PHDP services. The quarter also witnessed the start-up training for CSOs partners, VC desk officers of the Ministry of Women Affairs and Social Development and SACA Community Mobilization Officers in project supported states. The startup training focused on improving the quality services provided to Vulnerable Children, PLHIVs and their household. It is expected that this grant will graduate 30% of the 19,907 Pro-ACT enrolled VC and provide a range of community PHDP services to over 8,801 clients.

### **Strengthening Human Resources for Health through development and deployment of an Open Source State Health Workforce Registry**

In line with the Nigerian national policy on Human Resources for Health, each state of the federation is to make available and deploy an open source State Health Workforce Registry through a functional Human Resource Information System (HRIS) application.

Pro-ACT supported Kwara state in this regard to develop and customize a state specific Health Workforce Registry using the iHRIS platform in a manner that is aligned with the National Health Workforce Registry.

### **Improving readiness of Pro-ACT supported tertiary facilities for increased ownership of HIV/AIDS services**

The unit organized a round table meeting centrally with the key leadership of Pro-ACT supported tertiary health facilities, the GoN and USAID on December 16, 2015 to discuss approaches aimed at achieving sustainability of the gradually transitioned PEPFAR HIV/AIDS services.

This meeting was well attended and highly participatory. The key output was facility specific action plans to realize ownership of the handed-over HIV/AIDS services.

### **Monitoring and Evaluation**

During the quarter under review, the M&E team continued to support activities that foster ownership and sustainability, through collaboration with stakeholders in the state and service providers at health facility level to strengthen capacity of health facilities to generate, analyze and use HMIS information for hospital systems improvement and decision making. During the first quarter in FY 2016, the M&E team was involved in program planning and implementation of some strategic activities such as capacity building on EMR. The team also continued to strengthen data documentation, reporting, and quality checks with the overall goal to improve the M&E system and enhance quality of service delivery in all supported health facilities.

The implementation of the electronic medical record (EMR) system reached an advanced stage this quarter with the commencement of retrospective data entry into the platform. In order to provide quality HIV/AIDS care and treatment to clients through improved and better data documentation and reporting, MSH supported the deployment of electronic medical record systems in 3 health facilities - University of Ilorin Teaching Hospital (UIITH), Usman Danfodio University Teaching Hospital (UDUTH) and General Hospital Minna. In the quarter under review, EMR was fully deployed in all 3 health facilities. Following the full deployment of EMR in the 3 facilities, data entry clerks were engaged and trained to transfer all

patients' information from their paper-based records to the electronic platform. The 12 data entry clerks engaged in each health facility (HF) to enter retrospective data were required to enter about 10,000 folders in the same period. The retrospective data entry is expected to be completed in the second quarter. Also, the full deployment of EMR in the 16 scale up health facilities will be completed in the second quarter. All hardware required has been procured; sketching of HFs has been completed. We are working on engaging consultants that will help with the networking of the hospitals.

#### **Support the State government to collect, collate, analyze and use data for decision making**

Significant achievements have been made in the collection and collation of data, however not much has been achieved in the areas of analysis and data use which are very critical. As a result, in the month of December, the project conducted refresher training for health facility M&E officers in Niger state which will help to strengthen the M&E system.

To deliver on the above result, Pro-ACT has continued to transfer skills through regular site visits and hand-on mentoring. The project has continued to support the states to generate quality data through the use of national tools, capacity building and mentoring of state government employed staff. Across the five project states, they have continued to support the strengthening of data documentation and reporting.

#### **Participation in GON organized activities**

As part of systems strengthening interventions and in an effort to reposition Nigeria HIV/AIDS health sector accurate and consistent data reporting, the Federal Ministry of Health collaborated with stakeholders- WHO, PEPFAR, Global Fund, and implementing partners to review the national data reporting tools in Lagos within the quarter. MSH participated in the meeting to bring in hands on experience based on our work in the 5 states of Nigeria. The exercise aims to: harmonize country HIV/AIDS indicators with the global HIV/AIDS indicators for seamless reporting of HIV interventions at the global level; standardize data reporting across all fronts PEPFAR and Global Fund and ensure current tools meets data reporting needs of funders as well as limit tool proliferation among partners supporting projects and programs in the country; Ensure that obsolete indicators are abandoned and as well ensure that reporting tools are made user friendly considering capacity and capability of HRH at the user end; Develop indicator reference and user guide for the new tools developed and finally draw a roadmap and rollout implementation plan.

Existing tools were made more robust and user friendly while tracked indicators were reviewed and aligned with the global and MER indicators. Additionally, difficult to report indicators like TB screen and current in care were further discussed with proposal of bi-annual reporting of the indicators including nutritional intervention. This is being proposed because at mid-year, implementing partners conduct patient review using the RADET tools which allow accurate determination of currently funded patients in the program. MSH was fully involved in this activity aimed at strengthening the national M&E system.

## Implementation Status by State

Pro-ACT supported states during the reporting quarter continued to demonstrate Pro-ACT's commitment to strengthen 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 services to the state governments.

### Kebbi State

#### PROGRAM DESCRIPTION/INTRODUCTION

##### Overview

Within this period, the project has supported the state to increase access and provide qualitative HIV&AIDS/TB services as well as strengthened health systems in support of these services. Support includes laboratory equipment, drugs and other consumables to the State Ministry of Health for HIV/AIDS care, treatment and support services in 21 health facilities (General Hospitals and primary health centres) as well as PMTCT services across 13 LGAs of the State.

The project continued to provide site level and above site level support for sustainable transition of HIV/AIDS program to the Kebbi State Government. Our successes and achievements in Q1 of FY 16 (October-December 2015) include the following among others: we developed FY 15 retention calendar (patients who commenced ART from October 1 2014 -September 30, 2015) for 2 supported sites (GH Koko and GH Yauri) in line with the USAID programmatic shift towards 90% retention of clients in care; 180 DBS samples in Kebbi SPEEiD model (Strengthening the processes and effectiveness of Early infant Diagnosis ) were reviewed for improved quality DBS services.

The laboratory systems activities focused more on sustainability and strengthening the already existing laboratory activities across the sites as well as increasing the quality of service delivery. In this quarter, the State Laboratory Quality Management Task Team (SLQMTT) was also inaugurated by the Permanent Secretary, State Ministry of Health, Kebbi State. The Permanent Secretary advised the members on the importance of the SLQMTT of ensuring quality of laboratory services delivery in the State. He also mentioned that the success of this program depends on the accuracy of our work, hardworking and committed to our responsibilities.

MSH Pro-ACT is currently introducing Electronic Medical Record in some selected health facilities across 5 MSH supported states. In Kebbi State, Federal Medical Centre, Sir Yahaya Memorial Hospital and General Hospital Yauri were selected to kick start the EMR system. In preparation for this, a stakeholder's engagement with leadership and management of selected health facilities, State Ministry of Health and SACA to get their buy-in was conducted.

## **ACTIVITY IMPLEMENTATION STATUS**

### **Clinical Services**

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

12 of 18 QI meetings in the last quarter were funded and hosted by the facility management without MSH financial support. The facilities where QI were transitioned were GH Jega, Argungu, Koko and Yauri Kebbi State QI projects (Quarter 1, FY 16)

By the end of 6 months from June- December 2015, the TWG hopes to improve access to CD4 for adult and pediatric PLHIV from 53.5% to 90% in Kebbi state

By the end of 6 months from June-December 2015, the TWG hopes to improve access to DBS collection for exposed infants from 32.1% to 90% in Kebbi State

By the end of 3 months from June-December 2015, the TWG hopes to improve access rapid test for exposed children who turn 18months from 34% to 90%

#### **Outcome/Results December 2015**

- Access to DBS collection for exposed infants improved from a state average of 32.1% in June 2015 to 90% in December 2015
- Access to CD4 testing for adult and pediatric PLHIV improved from a state average of 53.5% in June 2015 to 86% in December 2015
- Kebbi State average for rapid testing at 18 months improved from 34% in June 2015 to 38% in December 2015

#### **Continuous Medical Education (CME)**

Three continuous medical education (CMEs) sessions were held in GH Jega(8/10/2015), Sir Yahaya Memorial Hospital (SYM,15/10/2015) and Federal Medical Center Birnin Kebbi (15/10/2015). Based on gaps in the SIMS tool identified earlier in the areas of documentation, TB/HIV collaboration, linkages of care, retention, adherence of PMTCT, the capacity of 89 healthcare workers was built in this facility. The 81 included 11 doctors, 28 nurses, 8 laboratory technicians, 5 pharmacists and 33 other cadres of health workers. The CMEs in SYMH and FMC Birnin Kebbi were incorporated into the monthly QI meeting as part of cost saving in these two facilities yet to take ownership of QI funding.

**Table 13: ART and retention in care**

INDICATOR	Koko	Jega	Yauri	Argungu	SYMH	FMC	Total December	Total Q1(FY16)	Total Q4(FY15)	FY 16 Q1 target	% achieved
HIV +ve	22	16	21	5	17	34	115	332			
Enrolled into care	18	11	22	4	15	11	81	278			278/332 =84%
Initiated on ART	19	8	25	4	8	8	72	224	266	881	30%

We achieved 84% enrolment rate of newly diagnosed HIV +ves in the quarter (278 out of 332). Only 30% of the quarterly target for initiated on ART was achieved. This was partly due to the festive season in which many facility staff travelled. In addition, only 41 out of the 80 (51.2%) individuals identified as HIV positive in the from FMC general laboratory and blood bank were enrolled. We have taken steps through advocacy visits to Head of Department, laboratory of FMC. Together with the facility management, we have resolved that escort services will be provided from the general laboratory and blood bank to the enrolment points. We also plan CMEs on this gap across affected facilities. Also going forward blood donations will not be done at night and will be restricted only to working day hours to reduce drop outs.

Retention calendars were developed for GH Yauri and GH Koko in the last TWG Joint Site Supervisory Visit(November 2015) to help confirm the status of patients from the FY15 cohort that started ART between October 1,2014 to September 30,2015 and were, after analysis, categorized under LTFU, defaulted, active, dead or transfer out. Final printing of the calendar will be done in Q2 of FY 16 and the calendars will be given to trackers for their use.

#### **PMTCT/pediatrics**

12 PMTCT sites were transitioned in Kebbi. Though these continue to receive supply of ARVs and OIs from JSI/SCMS, Pro-ACT continued to work with SMOH to conduct quarterly JSV in these sites and also encourage government to take over their pharmaceutical, laboratory reagent and test kit supply. Pro-ACT met 100% of the PMTCT state target in the quarter with the exception of the number of positive identified in PMTCT and the number placed on prophylaxis where 70% of the quarterly target was achieved. However all positives identified at ANC and labor were placed on prophylaxis. The gap in positive ANC was largely due to a high number of home deliveries for fear of stigma. Capacity of healthcare workers has been built on communication on benefits of hospital delivery. We exceeded the quarterly target for exposed babies put on Nevirapine, achieving 147% of the quarter's target.

**Table 14: PMTCT state target achievement**

Indicator	GH Koko	GH Jega	GH Yauri	GH Argungu	SYMH	FMC	Total Dec	Total Q1(FY16) Oct-Dec 2015	Total Q4(FY15)	FY 16 TARGET	% ACHIEVED
New ANC	68	104	94	129	296	64	755	2,960	3,647		
C&T	67	104	94	129	296	64	754	2,880	3,624		
Positive	1	1	1	2	1	0	6	31	25	47	70%
Prophylaxis	1	1	1	2	1	0	6	31	25	44	70%
Exposed baby	3	2	10	5	7	4	31	69	20	47	147%
Nevirapine	3	2	10	0	3	4	26	58	20		
DBS collected	3	1	13	0	7	1	25	55	53		
Results received	0	0	6(-ve)	0	3	0	9	59			

**TB/HIV collaborative activities (3 Is)**

A total of 386 sputum samples were sent in Q1 (Oct-Dec 2015) as opposed to 273 samples in Q4 of FY15 for a 29% improved utilization of Genexpert machine. Forty-nine TB positive (4 of which were rifampicin positive) cases were detected in Q1 FY16 as opposed to 24 in Q4 of FY15 - a 49% improvement in TB case detection. In addition error rate for Genexpert samples reduced from 74 in Q4 of FY 15 to 21 in Q1 of FY 16. Biannual IPT outcome evaluation was conducted in Q1 where 1,836 patients outcome were reviewed and interventions put in place to block IPT gaps, scale up IPT uptake, and minimize missed opportunities.

**Table 15: GeneXpert data, Dec 2015**

FACILITY	SAMPLES SENT	POSITIVE	NEG	ERROR	TB/HIB CO-INFECTED	UNKNOWN HIV STATUS
GH KOKO	27	1	25	1	13	12
GH YAURI	50	4 (1RIF)	41	5 (1 INVALID)	35	1
GH JEGA	23	3 (1RIF)	19	1	8	2
SYMH	18	2	16	0	2	11
FMCBK	29	3	23	3	5	14
GH ARGUNGU	13	4 (1RIF)	9	0	0	6

**Table 16: GeneXpert data Oct – Dec 2015**

FACILITY	NO SENT	TB POS	TB NEG	ERROR
GH ARGUNGU	23	8 (1 RIF)	15	0
GH JEGA	59	9 (1RIF)	49	2 (1 INVALID)
GH YAURI	132	9 (1RIF)	107	12 (1 INVALID)

GH KOKO	44	4	39	1
FMC	74	10 (1RIF)	61	5
SYMH	54	7	47	0
TOTAL Q1 (FY16)	386	47	318	21
TOTAL Q4 (FY15)	273	24	175	74
<b>% Improvement</b>	<b>29.2</b>	<b>49</b>	<b>45</b>	<b>252</b>

**Table 17: IPT data for the quarter Oct – Dec 2015**

FACILITY	NO STARTED IPT	NO COMPLETED IPT	NO STARTED SINCE INCEPTION	NO COMPLETED SINCE INCEPTION	STOCK BALANCE IN KITS
GH KOKO	NA	NA	NA	NA	NA
GH JEGA	6	10	547	254	116 KITS
GH YAURI	NA	NA	NA	NA	NA
GH ARGUNGU	17	4	521	425	32,256
SYMH	36	12	550	440	21,380
FMC	8	25	306	220	26 KITS
TOTAL Q1(FY16)	NA	NA	NA	NA	NA
TOTAL Q4(FY15)	NA	NA	NA	NA	NA

**Table 18: Biannual Isoniazid outcome evaluation of 1,836 patients across Kebbi State CCTs (OCT – NOV 2015)**

FACILITY	GH KOKO	GH JEGA	GH ARGUNGU	SYMH	FMCBK	GH YAURI
NO OF FOLDERS REVIEWED	351	187	279	367	226	426

#### **INFECTION PREVENTION AND CONTROL IPT AND TB SCREENING NARRATIVE**

Infection control: Action plans developed by participants at the last TB/HIV collaborative activities held in December 2015 ensured that cough officers were nominated and activities monitored and supervised by TB LG supervisors and/or DOTs focal person in respective hospitals. Post-training action plans developed by facility staffs are now 70% implemented in most facilities. The impact of the training has also been reflected in documentation of IPT and TB status in care cards of patients and hence better and more accurate prescription of IPT and TB drugs.

#### **NUTRITIONAL INTERVENTION**

Nutritional intervention began in 5 of the 6 hospitals in Kebbi State in the last week of November 2015. HIV testing and counselling is ongoing in pediatrics. However, equipment for nutrition like MUAC tape,

service tools like registers, etc., have hampered full launch of this intervention. Meeting target for Plumpy Nut/therapeutic food has been difficult as the state could not leverage these from other partners like UNICEF. Nutritional interventions (assessment, testing, and counselling) is ongoing in 5 of the 6 supported CCTs except FMC where the focal point is on leave. The full-scale intervention is still hampered by yet-to-be mobilized equipment. Kebbi State office has now received the full nutrition items and equipment in the third week January 2016 and plans to mobilize them to CCTs in the last week January 2016 for full launch of nutrition interventions.

FACILITY	GH KOKO	YAURI	JEGA	ARGUNGU	SYMH	FMCBK	FY 16 TARGET
Nutritionally assessed using anthropometry (Q1)	8	7	15	10	7	NOT YET	2301
Placed on therapeutic and or supplementary food (Q1)	NA	NA	NA	NA	NA	NA	58
HIV positive(Q1)	2	NA	1	0	NA	NOT YET	

### Laboratory Services

#### Laboratory Revolving Fund Activities/Update

Strengthening laboratory revolving funds is an ongoing activity in Kebbi State. Clients in Federal Medical Center Birnin Kebbi have stopped paying for chemistry/hematology for the past two months after receiving reagents from Kebbi SACA as part of their revolving fund. This was achieved after conducting an advocacy visit to Kebbi SACA on the importance of including FMC among the beneficiaries of the procured chemistry/hematology reagents in the state. FMC Birnin Kebbi, Sir Yahaya, and GH Yauri have taken ownership of their laboratory equipment through support for repairs of their Hematology Sysmex Analyzer by contacting one of the engineers the project shared with them.

#### IQA Activities

An IQA review meeting was conducted during the quarter. The review meeting focused on the way forward in the improvement of quality intervention in all supported facilities. A total of 27 health facilities, comprising 60 HTC points are listed in the IQA HIV serology panel testing program in the state. All the 60 testing points received the panels during this quarter; all 60 testing points returned the results. A 100% return rate was matched with a 100% concordant result and this is commendable compared to previous testing program.

A comprehensive report with cost implications of the IQA program in the state will be used as an advocacy tool to the SMOH, hospital management committees, and Kebbi SACA as a strategy to transit the program to the state government.

### **Laboratory Quality Management Systems and Accreditation Preparedness**

A six-member implementation committee has been formed by the Hospital Management Committee to bridge the gaps identified after administering the National Laboratory Audit Checklist in Sir Yahaya Memorial Hospital Birnin Kebbi. This was achieved after holding a meeting with the hospital management on the outcomes of the audit conducted which serves as a baseline audit.

### **Routine Laboratory Activities (sample logging, equipment maintenance, commodity logistics, etc.)**

CD4 sample logging from GH Argungu to Sir Yahaya Memorial Hospital is used as an immediate result to cushion the effect of the faulty BD FACSCount Machine in the facility. We also transferred 500 tests of Determine to GH Koko, 100 safety boxes has been transferred from Kebbi SACA to Sir Yahaya Memorial Hospital Birnin Kebbi to cushion the already existing stock-out of this commodity in the facility.

### **Capacity-Building**

A step-down training on quality management systems was conducted on December 10, 2015, at the Federal Medical Center Birnin Kebbi, with the support of the laboratory management team. The topics covered during the training include: introduction to quality management systems, customer service, and safety, which are among the 12 quality management elements. The aim of this training is to create awareness to all the laboratory staff on the importance of all the 12 elements of the quality management systems.

### **Supply Chain Management System**

#### **SUPPORTIVE SUPERVISION TO COMPREHENSIVE SITES**

In the reporting quarter the team carried out audit of commodities in laboratory and pharmacy unit of the following comprehensive sites: General hospitals Argungu, Jega, Yauri, and Koko; Sir Yahaya Memorial Hospital, Birnin Kebbi; and Federal Medical Center Birnin Kebbi, to assess stocks of HIV/AIDS commodities and mentor focal persons on First to Expire First Out (FEFO) on commodities found to be approaching expiration.

It was also explored to assess stock-keeping records and reconcile any variance between physical stock and recorded data. During the visits, Isoniazid 300mg tablets used in IPT of TB was also assessed in terms of stock on hand, consumption data, and number of newly enrolled clients on IPT.

#### **COMMODITY MANAGEMENT**

During the familiarization tour, several commodities were found to be expired; these were appropriately documented and quarantined in preparation for waste drive exercise to be undertaken by JSI/SCMS. The affected facilities were: General hospitals Argungu, Yauri, and Jega.

A report reaching MSH revealed that there was a stock-out of Isoniazid 300mg tablets in General Hospital Yauri. To solve the situation, 75 kits (13,440 tabs) were transferred from General Hospital Argungu to General Hospital Yauri.

## **NOVEMBER-DECEMBER, 2015 REPORT COLLECTION**

To prepare for the November-December 2015 HIV/AIDS reporting cycle, all facility focal persons were contacted by phone and advised to start preparing for the report collection ahead of time. Sites that indicated lack of reporting tools were appropriately supplied in order to receive the reports in good time. Planning of the report collection was made in conjunction with the arm of Procurement and Supply Chain Management Technical Working Group (PSM TWG) - the Logistics Management Coordinating Unit (LMCU).

### **Health System Strengthening**

#### **FACILITY ANNUAL OPERATIONAL PLAN IMPLEMENTATION**

After the development of the facility annual operational plan for two selected health facilities in the state, several advocacy visits and follow-up on the implementation was conducted. Letters of notifications have been sent to the State Ministry of Health by the health facilities leadership informing the ministry on their plans for resource mobilization and operational plan implementation. The following were key achievements recorded in the reporting quarter:

**Argungu General Hospital:** An advocacy visit was made to the chief medical officer of the hospital by the state team on the replacement of the roofing sheet of the proposed laboratory for the installation of the GENE-Expert machine. As a result the CMO spent over 100,000.00 naira for the entire replacement of the roof. The laboratory unit of the hospital made a procurement of a chemistry analyser as a back-up to sustain the program at the cost of 700,000.00 naira.

The hospital has been marked for general renovation in the first phase hospital renovation project by the state government following the advocacy visit to the wife of Executive Governor Kebbi State, Dr. Zainab Atuku Bagudu, by the Hospital Management Committee.

**General Hospital Yauri:** The HMC has reviewed the cost of folders and hand cards as a means of resource mobilization. Minor renovations have been done in the accident and emergency wards which cost over 50,000.00 naira.

#### **MSH Pro-ACT Transition Process**

MSH hosted a roundtable meeting on December, 16, 2015, with the leadership from the five supported tertiary facilities and FMC Birnin Kebbi participated. In attendance were the medical director, director of finance, head of lab services, and ART coordinator. The aim was to address sustainability of the HIV/AIDS response at the tertiary facilities and federal level in the face of PEPFAR transition.

During the meeting a resource gap created by the PEPFAR transitioning of support so far was identified. The FMC Birnin Kebbi team at the meeting strategized to mobilize resources from the state ministry of health, KEBBISACA, philanthropists and also internally generated support in which ever area their funding can take them, with a sure statement that services must continue regardless of PEPFAR reducing support.

## **Monitoring and Evaluation**

### **Support SACA to conduct monthly data collection and quarterly DQA**

Coaching and mentoring of HFs and SMT on data use for decision-making: To enhance documentation skills, onsite mentoring of service delivery point focal persons on data documentation and entries was routinely carried out at all supported facilities. This is also aimed at strengthening data dissemination from various thematic areas/service delivery points to health facility management boards and the states for evidence-based decision-makings.

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

Continuous technical assistance has been provided during submission and collation of service delivery data by LGA LACAs during monthly SACAs data review and quarterly data validations meetings in the state. To ensure data uniformity and promote a sustainable M&E system in the state, the use of NHMIS tools have been strongly encouraged and have been distributed across MSH supported facilities in the state. A HMIS tools review sub-committee was formed and inaugurated during this quarter's TWG meeting to review and identify available and unavailable data documentation tools for HIV/AIDs programs in the state.

### **Data reporting to GON and USAID**

Data validation exercise for the reporting periods of October to November 2015 was carried during the quarter to ensure data captured accurately represent facilities and services provided. The M&E team has also ensured timely compilation of data collection, entries and narrative reporting into USAID DHIS and DATIM by the stipulated dates.

## Kwara State

### **Program Description/Introduction**

The state team worked with government actors to strengthen the health system in the state. Regular mentoring and supervisory visits were conducted across all the supported health facilities. Regular advocacy visits to government showed government's commitment to own the HIV/AIDS activities in the state. However, government could not release approved HIV/AIDS budgeted funding within the period due to its precarious financial position. To diversify means of strengthening ownership and sustainability by government, efforts were equally made to diversify sources of funding from government by meeting with the local government service commission and all the 16 LGAs in the state in a two-day meeting which yielded a commitment of over 52 million naira in pledges to sustain HIV/AIDS work by the LGA chairmen.

### **Activity Implementation Progress/Implementation Status**

#### **Community Activities**

##### **Activities/Achievements**

In the quarter under review, the project prioritized the implementation of a grant by two civil society organizations (CSOs) in Kwara State. One of the CSOs, Hope for Family Development Initiative (HFDI), is implementing OVC programming to improve the quality of lives of VC in 7 CCTs within 5 LGAs while, the Royal Health Heritage Foundation (RHHF) works in 5 CCTs within 4 LGAs to increase retention of clients in care and treatment using PHDP strategy. The two grantee CSOs have been introduced to the management of all the MSH supported CCT sites in the state with official letters to solidify the partnership.

Since the conclusion of the OVC start-up training in Minna, Niger State, in November, 61 community volunteers (M=20, F=41) have been identified and trained by HFDI. These community volunteers are currently re-assessing the households in 5 communities under Offa LGAs. The partner (RHHF) implementing PHDP has conducted small group discussions (SGDs) with service providers and support group members in SH Offa and currently analysing the findings with the mind of replicating the same in other supported sites. More so, to meet one of their deliverables for this quarter, the organization has conducted step-down training for 12 volunteers (M=2, F=10) in Ilorin to increase retention in 3 CCT sites and plans to train volunteers from Offa and Omuaran in the coming week.

In order to build capacity for sustained responses to HIV/AIDS, attention was focused on testing paediatrics and women attending ANC in the 8 CCTs and 18 PMTCT sites across the state. At the end of the quarter, 1,191 paediatrics tests were done with 41 positive cases. A total of 6,825 women attending ANC knew their status and there were 132 known positives. When compared with last quarter, a decrease of 10.5% was seen in paediatrics testing and 35.2% in women at ANC respectively. In the same vein, and to increase retention in the supported sites, 1,588 clients received PHDP messages in this quarter while 2,487 were counselled on adherence.

As a way of building the capacity of support group leadership, MSH conducted a savings and loans association (SLA) training for support group leaders in selected 2 LGAs from Kwara State in November

2014. One year later, in November 2015, one of the SLAs formed “Alafia Tayo” and contributed the sum of 150,000 naira (\$750) using a secured metal box and empowered 13 members with 10,000 naira each (\$51) adding up to 130,000 naira (\$660). Some of the members, who started accessing the loan in July 2015 are engaged in income-generating activities such as selling shoes, tailoring materials, pure water business, patient medicine, among others. At the end of this reporting quarter, all the 13 members have commenced repayment and it is expected that some will complete refund by March 2016.

## **Clinical Activities**

### **Activities/Achievements**

#### **ANTIRETROVIRAL THERAPY (ART)**

##### **PRE-ART**

During Q1 of FY16, 284 clients were enrolled into care between October and December 2015 out of the 235 target for the quarter. This shows 120.8% achievement. In the same period (October and November 2015) 207 clients were initiated on life-saving highly active ART as against 188 that is the target for the quarter, which shows a 110% achievement. These show that there is more access for clients into the program during the reporting period.

##### **ART ACCESS**

During Q1 of FY16 there was a significant improvement in clients’ access to ART. Of the 215 newly enrolled clients between October and November 2015, 207 (96.28%) were commenced on ART. This shows an improvement over the 90% achievement reported in the last quarter. This feat was achieved by continuous mentoring, provision of technical assistance, and support for facilities’ QI teams meeting.

##### **CD4 COUNT ACCESS**

There was continuous access to CD4 counts across the facilities. Six facilities have their CD4 machines functioning optimally with samples logging taking place in the remaining two. The state took delivery of four new BD FASCcount CD4 machines from the country office which will improve access to this service going forward. Between October and November 2015, a total of 1,616 clients had their CD4 counts accessed out of which there were 1,016 female and 600 male. This is a 64.6% improvement over the same period in the last FY15 where we had 982 clients who had their CD4 counts accessed.

##### **RETENTION**

The ART, adherence, and client retention training in the state during the month provided an opportunity to present the outcome of FY15 cohort analysis to the different facilities. The analysis from the retention calendar (69.5%) was also presented concurrently, this mirrored the cohort analysis (69% retention). The importance of the retention calendar for monthly and quarterly assessment of facilities specific retention was discussed by all participants from all CCT sites in the state. It was an opportunity to relate with other facilities to learn what worked in their facilities. Each facility worked out strategies to improve on their retention in this FY16. Some retention strategies are given below:

- Increase manpower
- Integrating HIV services

- There should be close proximity b/w consulting room, adherence room, and pharmacy
- Encourage referral of patients coming from far distance to close facilities
- Encourage support groups
- Training/retraining of health care workers
- Government commitment to providing manpower, accessibility, and improved infrastructure
- Improving operational system
- Improve tracking
- Decentralization of HIV services
- Proper documentation, such as appointment diary, tracer card
- Monitor ADR
- Effective logistic management systems
- Health workers, especially doctors, should follow up appointment cards, tracer cards, and tracking registers
- Reduce waiting time
- Address patient misconceptions about treatment
- Health insurance scheme to cover HIV

Facilities agreed to work to attain 85% clients' retention in FY16, to achieve this within the two months of completion of the training three facilities (civil service, SH Offa, Adewole Cottage) have fully decentralized their ART clinic days and other except UITH are at different level of service integration. We strongly believe that this will help in improving the state retention rate. GH Omuaran already has integrated services delivery model even before the training.

#### **ADHERENCE**

The number of clients that had adherence counselling between October and November 2015 in the quarter were 3,350 with correspondent 344 defaulters. This values will be adequately reviewed when the data for December 2015 is available to know the impact of the increase in adherence assessment on the number of defaulters in the quarter. In the same vein we look forward to seeing the impact of the ART/adherence/retention training on the adherence assessment and documentation across all the facilities after the Nigeria Qual data abstraction in this Q2 of FY16.

#### **QUALITY IMPROVEMENT PROGRAM**

**Ongoing QI projects based on performance data and review/impact of QI meetings:** All seven CCT sites except UITH had QI projects during the course of FY15. All QI projects that did not have an end date of December 31, 2015, have been streamlined to end by December 31, 2015, so that performance data that will be collected for the July-December 2015 review period in January 2015 could be used to assess the performance of the QI projects. This makes for a more effective way of assessing the QI projects and giving feedback to the facilities at about the same time and setting up of new QI projects at about the same time. A total of 11 QI team meetings as against 12 in the last quarter of FY15 were held across the 8 supported CCT sites in the state. The QI meetings provided avenue for NIGERIAQUAL feedback, SIMS

feedback and development of remediation plans. QI meetings over the course of the quarter have helped to improve performance indicators being monitored on the NIGERIAQUAL program. For example, in GH Omuaran, the indicator ‘percentage of patients with at least one clinical visit within the last 6 months who have a CD4 test result’ increased from 79.9% baseline to 88.1% during mid-term review. QI meetings provided avenues for CMEs on topics like IPT at GH Lafiagi where 16 new clients were placed on INH compared to 6 in last quarter of FY15 (July-Sept 2015).

### Site Improvement through Monitoring Systems (SIMS)

Five facilities (1 CCT site and 4 PMTCT sites) were visited by USAID for SIMS assessment during the quarter. The state team had conducted SIMS visits to different facilities during the quarter as well. These facilities include Okelele PHC, Pakata PHC, SH Offa, CSH Ilorin, civil service hospital. SIMS visit continued to provide opportunity for assessing quality of service and feedback to facilities.

## TUBERCULOSIS AND HIV

### IPT

The three CCT sites of Adewole Cottage Hospital, Civil Service Hospital, and GH Lafiagi had low initiation on INH in the July-Dec 2015 reporting period. Following measures taken to address the gaps responsible for the low or no initiation, improvements have been observed in 2 of the 3 CCT sites this quarter. At GH Lafiagi 16 patients started INH this quarter as against 6 in the previous quarter while a total of 42 patients started INH at Adewole Cottage Hospital compared to zero in the quarter before. The situation in Civil Service Hospital has not changed as no patients were again placed on INH despite a CME and talking to at least two clinicians on INH initiation. This disturbing situation will be discussed with the hospital head. During the quarter, 28 and 40 patient kits of INH were redistributed to Adewole Cottage Hospital and GH Omuaran respectively. The project continues to monitor (collating and reviewing data on number of kits available at the facility at any point in time, number started on IPT on a monthly basis, number completing IPT course, and stock balance of INH at the facility) IPT implementation across sites and addresses challenges in implementation in an ongoing manner.

**Table 19: Summary of IPT program across supported CCT sites during the quarter**

FACILITY	Patient kits of INH supplied this quarter	# that started IPT this quarter (Oct-Dec 2015)	# that started IPT since inception till Dec 2015	# that completed 6 months IPT this quarter (Oct-Dec 2015)	# that completed IPT from inception till Dec 2015)	INH patient kits left
GH OMUARAN	40	96	299	5	77	0
SH OFFA	0	34	787	39	521	108
CSH ILORIN	0	27	321	1	194	26
GH LAFIAGI	0	16	116	2	83	27
SSH SOBI	0	35	509	9	192	66
ADEWOLE COTTAGE HOSPITAL	28	42	75	0	15	18
CIVIL SERVICE	0	0	319	0	261	226

<b>HOSPITAL</b>						
<b>UITH (NOT IMPLEMENTING IPT)</b>	-	-	-	-	-	-
<b>TOTAL</b>	<b>68</b>	<b>250</b>	<b>2426</b>	<b>56</b>	<b>1343</b>	<b>471</b>

With 250 clients newly started on INH this quarter, the state is on course to achieving its target of 273 patients to be placed on INH this FY16.

### **Infection prevention and control**

During the quarter the opportunity of TB/HIV collaboration training was used to emphasize the importance of a biannual facility infection risk assessment with a practicum. Participants were also taken through the process of development of a facility infection prevention and control policy (IPCP) and were to see that they liaise with their respective hospital management to develop an IPCP if existed.

**Table 20: Intensified case-finding**

#### **a. Clinical TB screening**

<b>Standard Indicators</b>	<b>Annual target (Oct-Dec 2015)</b>	<b>Qtly target</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Cumulative performance achieved to the end of reporting period (November 2015)</b>
<b>TB/HIV: (Denominator) Number of HIV-positive patients who were screened for TB in an HIV care or treatment settings</b>	5,035	1,259	3,270	-	-	-	64.9%

The target for clinical TB screening is on course to been achieved with 64.9% of the annual target already achieved within the first two months of COP15 only.

### **Gene Xpert technology use**

This continues to be hampered by the faulty GeneXpert machine at Sobi which is further complicated by prolonged power outage at the laboratory. The inverter installed is also not working at the moment. UITH at the moment has still not allowed MSH access to the GeneXpert laboratory hence we are unable to collect data. This is despite the meeting that had been held with Professor Salami by MSH with commitment to ensuring maintenance servicing of the machine and providing cartridges to the laboratory. A meeting is being planned with the hospital to address the issue.

## **PREVENTION OF MOTHER TO CHILD TRANSMISSION**

**PMTCT cascade for Q1 COP15 (CCT sites)**

October and November data are as shown in the table below. December data is not yet available from the M&E unit.

**Table 21: PMTCT cascade**

S/NO	INDICATOR	CSH	G.H.LAFIAGI	G.H OFFA	G.H OMUARAN	CIVIL SERVICE	ACH
1.	Total ANC	1	357	260	150	656	439
2.	No Counselling and tested	1	363 (3 from L&D)	258 (1 L&D)	179 (15 L&D)	601	398
3.	No HIV positive	1	8	10	0	7	7
4.	No on PMTCT ARV	1	3	8	0	4	5
5.	No of positive delivery in facility	5	3	8	1	8	5
6.	No of exposed infant who got NVP	5	3	10	3	8	6

From the table above, two babies were delivered outside the facility in Offa. They presented within 72 hours in the facility to receive NVP. Likewise, UITH 4 babies were delivered outside but presented in the facility to receive NVP prophylaxis.

## **DBS**

### **In the reporting quarter October-December 2015**

No of DBS samples sent – 42 (11 in Oct, 27 in Nov, and 4 in Dec)

No of DBS result received – 64 (46 in Oct, 18 Nov)

No of Positive DBS result – 2 (From G.H Offa and Lafiagi)

No of Negative DBS result – 54

No of DBS samples for repeat – 8

Minimum TAT – 7 weeks (sent 28/09/2015 and received 18/11/2015)

Maximum TAT – 4 months 2 weeks (sent 30/06/2015 and received 18/11/2015)

There was one positive result, from G.H Lafiagi, but unfortunately child died few weeks before the DBS result reached the facility.

## **Laboratory Services Activities/Achievements**

### **STATE LABORATORY QUALITY MANAGEMENT TASK TEAM (SLQMTT)**

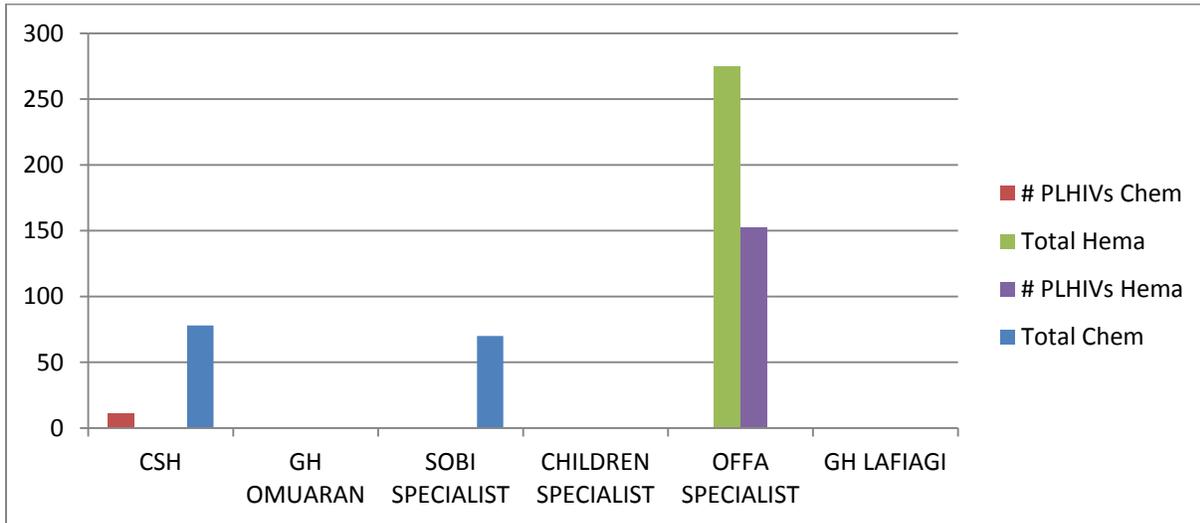
The working committee held its inaugural meeting where it focused on completion of one year annual work plan formulation early in the next quarter. Members' capacities were also built by the MSH team on leadership and management, effective laboratory supervision and monitoring, work plan development, and QMS. Members are now able to effectively conduct themselves as good managers, leaders, and supervisors as evidenced by pre- and post-test analysis. During the inauguration by the permanent secretary, he said: "MSH through USAID brought money, material, knowledge and services to assist PLWHs in the state. The SG appreciates the role of MSH which cannot be overemphasized both as an individual, organization or group."

### **LABORATORY REVOLVING FUND ACTIVITIES/UPDATE**

Following a request from personnel of the SMoH, technical assistance was given by MSH on costing and budgeting of laboratory commodities, expansion of test menu with the objective of service integration which has resulted in the provision of laboratory investigations using USAID donated equipment to both HIV positive and non-HIV positive clients.

Sequel to the seed stock donation of chemistry and haematology reagents by MSH to the LRF, the following represents impact of the LRF in the following sites: with a total income of 91,820.00 naira (\$459) accrued by the state laboratory revolving fund from July to December 2015 .

**Figure 10: Illustrating the impact of lab revolving fund across sites**



**IQA AND EQA Activities**

MSH provided oversight on transitioned HIV serology IQA activity to SMOH. In this activity hub IQA focal persons distribute the dry tube panels to assigned spokes and collected results for final reporting by the State IQA officer. A total of 10 facilities with 15 test points participated in this quarter IQA with 100% concordance, demonstrating competence of HIV testers with the HIV national algorithm and guidelines. Seven CCT sites also participated in the CD4 EQA activity conducted by the National External Quality Assessment Laboratory, Zaria. Feedback was given which has shown improvement on specificity and accuracy of test results as compared to last quarter results

**LABORATORY QUALITY MANAGEMENT SYSTEMS (LQMS)**

The constituted QMS committee at Sobi S.H with technical assistance from MSH working to develop a work plan to address identified gaps and challenges using the NLA and ISO 15189. Efforts are on-going to adapt similar committees in all supported sites to ensure implementation of 12 quality elements as part of processes towards accreditation

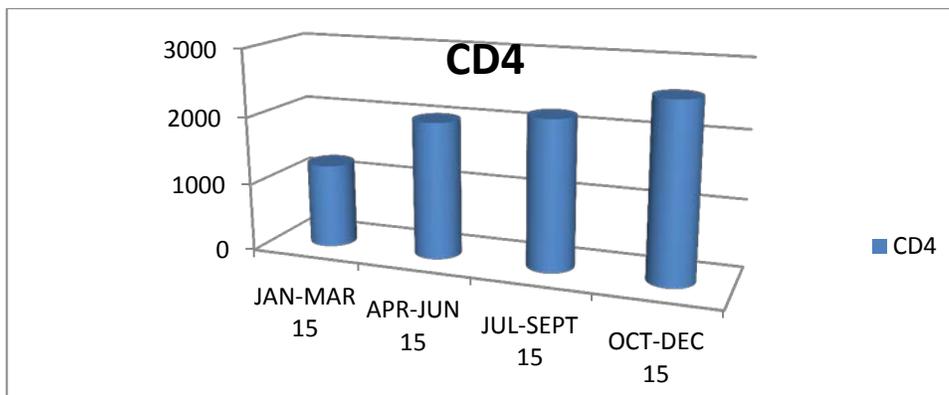
**BLOOD SAFETY, HEALTHCARE WASTE MANAGEMENT**

Technical assistance to laboratory staff on the use of the national blood bank policy with the objective of adherence to national blood transfusion guidelines for safe blood transfusion service across sites is ongoing. In the review, the facilities recorded 98% improvement on dependence of voluntary blood donors as against commercial donors. One hundred percent of all units of blood transfused were screened for TTIs including; VDRL, HBsAg, HCV & HIV. All supported facilities have shown 90% awareness and ability in waste management including segregation and final disposal of hospital generated waste.

### ROUTINE LABORATORY ACTIVITIES:

Within this reporting period, MSH ensured that sample logging among facilities is continuous, especially in facilities with no equipment, reagent stock-out or sudden equipment breakdown. This has led to an increased uptake of CD4 investigations across CCT & PMTCT sites. Analysis shows a total of 2588 CD4 sample done within the quarter.

**Figure 11: Comparative analysis of 1st, 2nd, 3<sup>rd</sup>, and 4TH quarter CD4 investigations**



### DBS/ SPEEiD MODEL STRENGTHENING

MSH attended the Nigeria postal service customers' forum held on October 9, 2015, and used the forum to enlighten the stakeholders on the collaboration of MSH and NIPOST on transportation of DBS and VL samples to PCR laboratory as part of PMTCT services and regimen monitoring/switching. One of the advocacy visits resulted in NIPOST management's commitment to pick all DBS samples free of charge from health facilities in Ilorin metropolis to hubs in Ilorin. Team also provided on-site training to laboratory personnel, nurses, and clinicians across supported CCT & PMTCT sites on the recent method of DBS sample collection technique which is technically different from previous methods. This was one of the strategies used to minimize DBS sample rejections rates at referral laboratory resulting to repeat sample collection and prolong turnaround time. This has resulted in 90% reduction in the number of DBS sample rejections rates at the DBS-PCR referral laboratory, and also led to the 95% reduction in sample re-collection.

### "Before and after" assessment of Redox laboratory

The project conducted a pre- and post-assessment model at Redox diagnostic laboratory, a private beneficiary of MSH's in-kind grant on laboratory equipment and items. The study recorded remarkable impact on service delivery following the intervention which includes:

1. Reduced patient waiting time to 5%
2. Increased confidence-level at workplace, including improved HIV counselling and testing as evidenced by detection of 12 HIV-positive cases (7 males, 5 females) out of 365 total counselled and tested and have been referred to either care, support, or treatment at nearest CCT site
3. Increased client load, from 60 patients/month prior to donation to 100 clients/month following donation (66.67% increases)

4. Expanded test menu to accommodate more tests not previously done due to lack of equipment due to machine provided by MSH through USAID
5. Improved TAT to 100% due to guaranteed constant power from the USAID donated inverter
6. Improved inventory management systems as evidenced by updated tally cards and absence of reagent/commodity stock-outs

### **Laboratory logistics**

In collaboration with the state logistics specialist, ensured non-stock out of reagents and consumables at sites through direct supply from MSH or leveraging from other supported facilities. This has resulted in 100% availability of laboratory reagents/items across sites throughout the reporting period.

### **Supply Chain Management System**

#### **Activities/Achievements**

#### **ACTIVITIES**

Supportive supervision was conducted to all CC&T sites in Kwara State. The supportive supervision ensured an uninterrupted supply of ARVs, OIs, RTKs, Lab reagents and other Lab commodities across all supported sites, build the capacity of the state LTWG and LMCU on the use of logistics data for service. Places visited include Civil Service Hospital, Kwara State Local Government Service Commission, Sobi Specialist Hospital, University of Ilorin Teaching Hospital (UITH), HYGEIA, Children Specialist Hospital, Adewole Cottage Hospital, Ilorin West LGA, KWASACA, NAFDAC, State Ministry of Health, PSN. The project visited the Permanent Secretary LG service Commission alongside Dr. Melis (senior technical advisor) to follow up on the approved fund for the support of CRRIRF collection in some PMTCT sites. The visit was aimed at ensuring sustainability and also involving chairmen of all the LGA within the state in supporting HIV/AIDS activities in the State.

The project accompanied a SIMS visit to UITH, Okelele PHC, Ore-ofe Hospital, Olanrewaju Hospital and BHC Otte-oja with the USAID team from Abuja (Dolapo Ogundeyi and Betty Pius) and some MSH team members in Kwara State:

- Received laboratory consumables and other commodities from the Country Office and distributed to facilities according to their requests from the previous CRRIRF. The project also visited the EDP Project manager who was unavoidably absent to discuss the issue of HIV positive patients been made to pay for Chemistry and Hematology test in Sobi Specialist Hospital distributed EFV 200mg (expiring in Feb 2016) to UITH and 60 packs of NVP 200mg (expiring Jan 2016) to Usman Danfodio University Teaching Hospital Sokoto to avoid expiry. Followed up with all CC&T and PMTCT sites to ensure that the last LMD got to the facilities. Supported and participated in the 11<sup>th</sup> LTWG meeting conducted by the State. Successfully conducted a two-day Logistics meeting with Kwara State Local Government Chairmen in Omu-Aran; the meeting was attended by the Permanent Secretary of the state LGSC, other directors of the commission, MSH HSS Director, SCMS Senior Technical Advisor, MSH Kwara STL, Dr Abubakar (Clinical Care Senior Technical Advisor) and SCMS Specialist. The purpose of the meeting was to have the Chairmen

support bimonthly report collection and other HIV/AIDS related activities in each of their LGA. This meeting was very successful because pledges were made by the Chairmen and they all agreed that a letter will be written to the Joint Allocation Committee for deduction of the fund from the source. They also promised to make it sustainable so that these support will not just end after they vacate the office. Distributed the short dated Reflotron reagents (ALT, AST, and Creatinine) supplied from the Country Office to some supported facilities and provided guidance on how to utilize as much quantity as possible to reduce expiry. Kwara State Government has demonstrated commitment to ensure sustainability by providing support to Tolulope Hospital, a facility that was transitioned to them. Commodities supplied include Determine 2packs, Statpak 1 pack, Handgloves 1 pack and Cotton wool 1 roll. Leveraged on the state for some RTKs that was supplied to some facilities still supported by MSH liaised with the DPS for donation of dispensing envelopes to be used in some facilities to dispense cotrimoxazole and other OI drugs. Provided guidance to Sobi specialist HOD Pharmacy on how to capture on the CRRIRF Lamivudine 3TC tabs purchased by a client for proper documentation.

#### **Good Pharmacy Practice, Pharmaceutical Care, and Good Laboratory Practice**

- Provided guidance to facility staff on INH kitting and proper documentation
- Provide hands-on-mentoring to facility staff on Pharmaceutical Care and pharmacy best practices

#### **Integrated Supply Chain Management**

- Followed up with all facilities on the previous LMD to ensure that all facilities are supplied commodities.
- Supplied laboratory consumables to health facilities.
- Redistribution of health commodities to avoid stock out and expiries.

#### **Waste Management**

- Supplied biohazard bags and safety boxes to UITH, Adewole Cottage, Omu-aran and Offa Specialist Hospital. Reviewed stock status in Civil service Hospital leading to the transfer of NVP 200mg and EFV 200mg to avoid expiry.
- Followed up with Perm Sec LGSC for fund release to support bimonthly report collection which has also led to involvement of all LGA Chairmen in the support of the activity.
- Populated some MSH Supply Chain Management Systems templates. This makes available laboratory order, Logistics data, and Regimen analysis for the supported facilities and also stock status monitoring.
- Provided guidance to GH Omu-aran, Civil Service and Adewole Cottage on INH kitting and documentation.
- Collaboration between stakeholders, facility staff and the new SCMS specialist.

## **Health Systems Strengthening**

### **Activities/Achievements**

#### **Capacity Building**

In order to strengthen the capability of Government to own and sustain HIV/AIDS activities in the state, four Government partners were trained from the CHPCE on Nutrition in HIV/AIDS as well as in PHDPE by MSH in Omu Aran within the quarter. The trained persons will be responsible for the training of other Government staff to carry on with the program.

#### **State Health Workforce Registry**

MSH provided support to the State Ministry of Health in developing the State Health Workforce Registry within the quarter. A consultant was hired by MSH to assist the SMOH in piloting this intervention. This will assist the Ministry in several respects to easily know the skills available in its employ and for planning purposes. This has been hosted on the net and necessary training is still in progress to develop skills to update the registry from time to time.

#### **Meeting with Local Government Service Commission**

In order to diversify ways of sustaining HIV/AIDS interventions in the state, a meeting was held in November with the Local Government Service Commission leadership and all the 16 LGA Chairmen in the state. The need for sustenance of the HIV/AIDS project in the state was discussed. All LGA Chairmen made commitments of what they could comfortably contribute towards the sustenance of HIV/AIDS services in their respective LGAs from January, 2016. In all, over N52 million was pledged. This will be deducted from source at the JAC meeting of the state. A work plan for each LGA on effective use of deducted fund was made. This will go a long way in sustaining HIV/AIDS activities in their respective LGAs.

## **Monitoring and Evaluation**

### **Activities/Achievements**

#### **DATA MANAGEMENT**

#### **Strengthening Ownership and Sustainability of M&E Functions with Stakeholders**

The M&E team of Kwara State Action Committee on AIDS (KWASACA) and Ministry of Health (MoH) demonstrated leadership by taking full responsibility of coordinating and sponsoring the monthly M&E forum meetings by providing both technical and financial support to M&E personnel for data collation, validation and continuous contribution in the state quarterly bulletin. Pro-ACT is currently working with KWASACA and SMOH to produce a bi-annual fact sheet to enhance information sharing and data use for decision-making.

#### **Data Quality Assurance Exercise**

An internal DQA exercise was conducted in four of its facilities, namely; PHC Okelele, Ore-Ofe Hospital, Olarenwaju Hospital, and BHC Otte-Oja from 7<sup>th</sup> to 9<sup>st</sup> of November, 2015, so as to ascertain and improve the quality of data emanating from the hospital via the LACA M&E Officers.

### Strengthening monthly data reporting from facility to SACA and MSH

The dividends of consistent improvement in the provision of technical assistance via hands-on training of facility M&E officers across Pro-ACT supported sites is beginning to show fort as data is being reported accurately and timely to both SACA, and MSH working in the state using NNRIMs monthly summary form. The objectives of the strategy was to transfer skills and build their capacity in understanding national indicators and how they are collected, validated and reported to the various reporting points, as this will not only give them a better understanding of the key USAID and Government of Nigeria’s reporting indicators but also strengthen their capacity to coordinate the process and have better understanding of the USG MER indicators to prepare them for the challenges ahead after transitioning of facilities.

**Table 22: Showing the degree of accuracy of ART, HCT and PMTCT for Q1, Q2, Q3, and Q4**

Kwara State DHIS eNNRIMS State Pervious Quarter Reporting Rate of Reporting	Expected Report			Actual Report			Degree of accuracy (%)		
	ART	HCT	PMTCT	ART	HCT	PMTCT	ART	HCT	PMTCT
Q1	36	120	45	23	45	22	63.9	48.9	37.5
Q2	36	120	45	31	58	19	86.1	42.2	48.3
Q3	36	120	45	32	66	28	88.9	62.2	54.2
Q4	36	120	45	20	63	16	55.6	52.5	35.6
<b>Average</b>	<b>36</b>	<b>120</b>	<b>45</b>	<b>26.5</b>	<b>58</b>	<b>21.25</b>	<b>73.6</b>	<b>39.0</b>	<b>43.9</b>

A critical review of the data showed a notable success and sustained timely reporting rate of **73.6%** (ART), **39.0%** (HCT), and **43.9%** (PMTCT) respectively in the previous quarters of **Oct – Dec 2014, Jan – Mar, Apr – Jun Jul, - Sep, 2015**, while the **Oct to Dec, 2015** is still ongoing at the time of compiling the report with updates and entry of the quarterly data by LACA M&E officer’s. These reflect strong commitment on the part of government and effective leadership role been played by SACA and SASCAP/SMoH in driving the process.

### CAPACITY-BUILDING

#### Facilitating the M&E session of trainings

The team supported the lead facilitators during M&E session of the following trainings: Nutrition training, PHDP training and TB/HIV training organized by the various thematic lead in country office. The essence of the trainings is to sharpen the skills of participants on proper documentation, and reporting on all data collection tools that as to do with each program.

**Open MRS Stakeholders meeting and training:** The pilot phase of the open MRS was done and about 100 patient folders were used in doing this. All staff of each service delivery point (Medical record,

laboratory, pharmacy, nursing, clinicians, care and support, treatment support, adherence and trackers) had hands-on training via capturing of service forms that concern them from the hard copy to the system. After this phase, 12 EMR consultants were engaged to capture all clients' information from their folders into the open MRS; this is still an on-going process. A 5 man quality assessment team comprising of M&E, Clinical, Community, Laboratory and Pharmacy was constituted to check the quality of work of the EMR data clerks on every 5 days interval. This is to ensure that all the information of the clients were properly transcribed from their folders to the EMR.

**Table 23: List of items delivered to the management of ART clinic in UITH, Kwara**

S/N	Quantity	Asset Description	Comments
1	35	1m patch cables	Good
2	30	3m patch cables	Good
3	2	D-Link 24-Port Gigabit Switch	Good
4	9	Power extension box	Good
5	9	Mouse	Good

As part of the process in scaling up of the implementation of the Open MRS in SH Sobi and SH Offa, two consultants did the sketching of access points of each service outlet was done by some consultants to aid their bidding process.

#### **Deployment of Data Collection Tools**

The team deployed all the needed documentation tools to all the 26 supported facilities (8CCTs, and 18 PMTCT), and SMOH directly supported facilities. This is to ensure synergy between the MSH and the state stakeholders for ownership and sustainability.

#### **ACHIEVEMENT:**

- Submitted the following to CO for onward actions: updated RADET template for all the 8 CCT sites for the period of their respective ART program, also their FY 15 cohort analysis for the period of October, 2013 to October, 2014, Annual Progress Report (APR), and also captured it into both DHIS and DATIM.
- An internal DQA exercise was conducted in four PMTCT sites, namely; PHC Okelele, BHC Otte-Oja, Olarenwaju Hospital, and Ore-Ofe Hospital with full participation of facility M&E officer, LACA M&E Officer and focal persons of each service delivery points (HCT and PMTC).
- Due to continuous provision of TA to KWASACA, there has been an appreciable increase in the state reporting rate into the eNNRIMS
- Conducted pilot phase of EMR and hands on training for about 40 health workers on use of open MRS for proper patient data management in UITH.
- Supported the ART clinic of UITH with 35 pieces of 1m patch cables, 30 pieces of 3m patch cables, 2 pieces of D-Link 24-Port Gigabit Switch, 9 Power extension box and 9 Mouse for smooth implementation of open MRS.
- Provided TA for KWASACA and SMOH during the month M&E meeting.

- Submitted monthly data for the month of October, and November 2015.



*Testing of LAN ports by the IT team and M&E team. From left: Okuneye Temitope and behind him is Taiwo Fashina (UITH IT), followed by Ibezim Bright (IHVN), Oluwatosin Ogunbade (MSH M&ES), M. Mohammed (MRO, UITH)*

## Niger State

### **Program Description/Introduction**

Within this period, the project provided laboratory equipment, drugs and other commodities to the Niger State Ministry of Health to support HIV/AIDS care, treatment and support services to 16 comprehensive sites while 98 health facilities mainly primary health care centres are supported to provide PMTCT services across 18 LGAs. Through the support of USAID and in partnership with the State Ministry of Health (SMOH) and Niger State AIDS control Agency (NGSACA), MSH Pro-ACT project has from inception to date: reached 357,117 persons with HIV counselling and testing; 36,260 HIV positive clients have been enrolled to care and support services; 3,647 HIV positive pregnant women given ARV prophylaxis (to prevent mothers from transmitting HIV to their unborn children); and 13,423 eligible adults and children are currently on live saving antiretroviral treatment. Also 38,568 persons have been reached with HIV Prevention services and 15,546 vulnerable children and their caregivers provided with live improvement services.

As part of efforts in sustaining counselling and testing services at the facility, the management of General Hospital Minna has re-engaged three PITC volunteers previously supported by MSH. This is aimed at minimizing manpower challenges in the facility while supporting counselling and testing services across the GOPD, ANC and the ART clinic.

GH Suleja and UMYMH Sabon Wuse have fully integrated the LRF scheme into their routine services. The project, conducted activity to ascertain the success/failures, challenges and progress of the scheme in these facilities, during the review period. GH Suleja has contributed to lab services (chemistry and haematology) about N1,859,600.00 (\$9298) to the PLHAs and GH Sabon Wuse have contributed about N601,000.00 (\$30000 worth of lab services to the PLHAs in these facilities. Facilities in the state not implementing free chemistry and haematology services to the PLHAs are General Hospital Mokwa, New Bussa, FMPC Gawu Babangida, and CHC Zungeru. However, they offer free PCV to the PLHAs. It is also pleasing to note that the laboratory and facility management of GH Suleja and GH Sabon Wuse have owned laboratory equipment service contracts with the vendor engineers for Abacus junior, Selectra Pro and Sysmex auto-analyzers. These facilities deal directly with these equipment vendors for the purchase of reagents, maintenance/repair services etc. Within the review period, GH Suleja spent about N110,700.00 (\$553) for the purchase of haematology reagent and N65,000.00 (\$320) for servicing of its Selectra PRO chemistry machine. GH Sabon Wuse spent about N82,000.00 (\$410) for the purchase of haematology reagents. In GH Kutigi, all laboratory services to the PLHAs attract discounts of 50%, including blood transfusion.

In November 2015, Niger state ministry of health approved and supported joint supportive supervisory visit to facilities by the state hospital management board in collaboration with MSH. This was to address the challenges and issues observed within the year and plan for greater achievements in 2016. The joint supportive supervisory team was led by the Director Pharmaceutical Services, Pharm. Yakubu Maji. The project, provided technical support to the team. The SCMS specialist also administered the PEPFAR SIMS facility tool on Supply Chain Management reliability of the HIV/AIDS program and also conducted stock

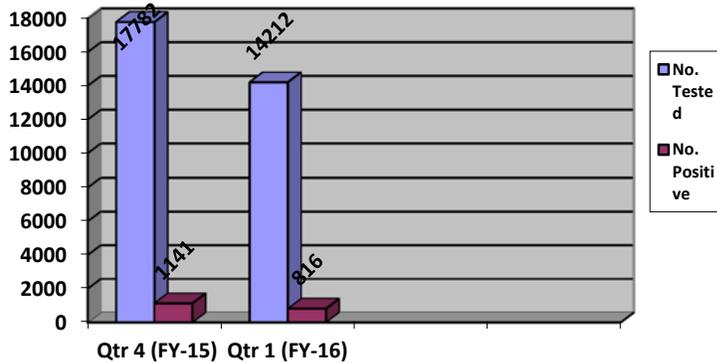
verification of ARVs in the facilities. The facilities visited are GH Kutigi, GH Mokwa, GH New Bussa, GH Bida, GH Agaie, GH Lapai, GH Kotangora, GH Auna, GH Kagara, GH Wushishi, Nasko, GH Kuta, GH Sabon wuse, GH Suleja and GH Kaffin koro.

**Activity Implementation Status**

**Community Services**

Uptake of HIV Counselling and Testing: Efforts have been sustained in providing periodic mentoring across HTC service points in supported health facilities, as facility staffs assume responsibility for counseling and testing services as part of efforts towards country ownership. During the quarter, efforts are made in creating linkages with state SACA for continued supply of test kits to the transited counselling and testing points. With this, the agency supplied a total of 233 packs of determine test kits, 41 packs of unigold; an initiative which is expected to be sustained by the state agency for the control of HIV/AIDS. The project, through the community team, leveraged a total of 10 cartons (72,000 pieces) of male condoms from Family Planning Unit of SMOH Niger state. As part of efforts in sustaining counselling and testing services at the facility, the management of General Hospital Minna has re-engaged three PITC volunteers previously supported by MSH. This is aimed at minimizing manpower

**Figure 12: Comparison between Q4 (FY-15) and Q1 (FY-16) counselling and testing services across MSH supported 16 CCT sites**



challenges in the facility while supporting counselling and testing services across the GOPD, ANC and the ART clinic.

In this quarter, a total of 14,212 clients were counselled and tested for HIV, of which 816, representing 5.74% (as against 6.41% in Q4) were identified HIV positive. The positive clients were accordingly linked-up with appropriate care and /or treatment services.

Clients' Retention and Tracking: Although in this quarter there was a drop in client retention across some facilities, efforts towards reducing clients default was a major focus. The project intensified mentoring support on improving quality of adherence counselling while ensuring timely default tracking services across supported sites. However challenges still exist, especially in facilities that have no adherence counsellors of defaulters tracking teams, thus adding to the bulk of the defaulters or clients lost to follow-up. The 8 sites that previously had no trackers, now have tracking teams constituted. The recent PHDP training which covered all the 16 CCT sites will also go a long way in addressing the retention issues. Data from the facilities have shown an improvement in tracking efforts as shown in the table of HTC indicators below. A total of 859 (cumulative) patients reportedly defaulted treatment during the quarter under review, of which 475 clients, representing 55.3% were actively tracked. With, 204 clients, representing 42.9% (as against 50.7% in Q4 of FY-15) returned to care and treatment services.

**Table 24: HTC indicators and results of tracking efforts**

HTC Indicator	Q1
# of individuals who received counselling and testing for HIV and received their test results (Including PMTCT, TBHIV, infants)	14,212
# of individuals who tested positive to HIV and received their test results (HTC sites only)	816
Total # of clients who received adherence counselling	10,005
Total # of clients who received PHDP services	5,131
Total number of defaulter for the reporting period	859
Total number of defaulter who were tracked	475
Total tracked and returned to care	204

**Care and Support Services-Mentor Mothers Intervention:** Efforts were made towards increasing access of client's to PMTCT and EID services and also ensuring retention of clients. In General Hospital Suleja and some selected PHCs, the mentor mothers have continued to support pregnant positive mothers through the PMTCT program. In this reporting quarter we have additional 23 mentees enrolled into the program thereby bringing the total of enrolled mentees to 225. 6 new deliveries occurred during the quarter bringing it to a total of 140 deliveries since the inception of the program. 97 of the exposed infants had their samples collected for EID and 60 results already returned. At present, we have 80 pregnant women on the program still being supported by the mentor mothers.

### **Clinical HIV/AIDS Services**

#### **PMTCT/EID**

Available data for the quarter showed remarkable improvement in infant NVP prophylaxis coverage (average of 99% compared with 86.6% of last quarter). The average (in percentage) of new ANC attendees CTRR was 95% amidst stock out of RTKs that affected facilities like GH Lapai, RH Wushishi and BHC Enagi. Maternal triple ARV coverage for HIV positive pregnant women was a bit challenging this quarter with average of 90% (compared to 96% of last quarter). This drop could be due to the stock out of the triple regimen experienced in some PMTCT sites during the quarter under review, however the issue is being addressed.

For paediatrics, during the months (October and November) under review, a total of 98 dried blood spot (DBS) samples for early infant diagnosis of HIV were tracked and sent to the PCR laboratory from MSH supported sites, representing over 800% increase in number of samples transported in Q4 of FY-15. Also, a total of 9 DNA/PCR results were received from the PCR laboratory during the months under review. Three (3) of which were positive for HIV, representing 33% of total received results. Two of these, representing 67%, have commenced ART as tracking is still on-going for the remaining one.

#### **ART**

**Access to CD4 Testing:** CD4 testing was noted to be sub-optimal in most of the supported facilities in the last quarter with a combined average of 35.26% for the 16 CCTs. Sequel to this and as part of effort to

optimize CD4 uptake across supported facilities, the project, through the clinical and laboratory teams conducted mentoring and supportive supervisory activities geared towards improving CD4 access at GH Suleja. Some of the strategies/interventions employed by the teams during the mentoring visit include but not limited to the followings:

- Mass mentoring of HCWs, including clinicians, on the need to be requesting for CD4 count alongside with other routine ART monitoring investigations as per national guideline. It was agreed that stock outs of any of the chemistry or haematology reagents should not impede clients' access to CD4 as the reagents differ.
- Aligning CD4 request and its sample collection days with client's clinic visit. This will harmonize clients' clinic days with CD4 sample collection and analysis.
- Prompt documentation using the ART/care card to reflect CD4 request and results with date
- Daily CD4 analysis with extension of sample collection time to 12noon as against 11am (as been the usual practice in the facility). Also to accommodate CD4 samples logged from PMTCT sites in Suleja axis following stock out of FACSpresto cartridges (at PPFN Suleja).
- Use of the developed CD4 dispatch register in the laboratory to track CD4 results dispatched to other Service Delivery Points to facilitate prompt dispatch of results.
- To kick start the use of laboratory investigation calendar.
- Proper documentation of CD4 results in appropriate registers and immediate filing in patients' folders.

Midterm review done using SIMS evaluation tools revealed that these interventions resulted in significant improvement in CD4 access in the facility; 70% improved access compared to 20% prior to intervention.

### **Intensified Case finding**

***TB screening:*** During the quarter the team continued provision of technical support in the form of on-the-spot mentoring for TB case detection focusing on multiple service points. In addition, TB screening and deployment of TB screening SOPs and job aids to supported facilities were aimed at improving the quality of care and TB treatment service provision across these sites. This activity resulted in significant increases in TB screening across selected supported facilities in the quarter under review as against the non-performance of this parameter in Q4 of FY-15 as shown below.

**Table 25: TB screening**

<b>Facilities</b>	<b>Percentage TB screening in Q4</b>	<b>Percentage TB screening in Q1</b>
GH New Bussa	69.5%	93.2%
GH Kuta	94.2%	99.8%
GH Bida	96.6%	100%

With the exception of GH Kutigi (24.8%), all other CCT sites recorded increased TB screening, with 100% in some of the facilities, in the quarter under review.

GeneXpert Uptake in supported facilities: As a scale up activity aimed at strengthening linkages between care and treatment settings, TB/DOTS unit and GeneXpert centres, the team with support from various Local Government Tuberculosis/Leprosy (LG TBL) supervisors conducted mapping and linking of all CCT as well as PMTCT sites (offering DOTS services). The team also provided technical support in the form of hands-on mentoring to health care workers and other TB stakeholders on use of GeneXpert technology in diagnosing TB among PLHIV through; referral to GeneXpert unit (for facilities with GeneXpert machines) or logging of samples to Genexpert centres (for facilities without Genexpert machine). They were also taught on the current indications for GeneXpert use and the interpretation of results. These activities resulted in increased GeneXpert uptake in supported facilities compared with Q4 FY15 as well as built capacity of healthcare workers on GeneXpert use with effective linkages for efficient sample logging, using the logging matrix for these axes.

Infection Prevention and Control: During the quarter under review, the team followed up with findings of TB infection risk assessment conducted during the last quarter which include absence of a functional TBIC committee, lack of operational plan or policy across virtually in all the supported CCTs in the state. With the intensified mentoring and technical support in 5 CCT sites (GH Suleja, FMC Bida, GH Minna, SSGH Nasko and GH Kuta) out of 16 CCTs now have functional TBIC committee with operational infection control policy or plan. It is worthy of note that 3 of these 5 CCTs created infection control units within the hospital to ensure efficient infection control measures, including, having cough monitors who separate coughers and provide health education on cough etiquette.

IPT: The project, through the clinical team, with the continued provision of technical support on strengthening TB screening, IPT implementation and use of Genexpert technology in diagnosing TB, in addition, to the strategic pasting of job aids and SOPs to the supported facilities in the state yielded relative rise in IPT uptake across several supported facilities.

QI: The team conducted step down training to TWG members on NigeriaQual performance and its software leading to building capacity of 13 QI champions for NigeriaQual data abstraction and analysis.

### QI Projects

Gap analysis, using NigeriaQual performance data, provided the adoption of QI projects by various QI champions in the facilities. These QI projects are designed mainly to seal these gaps. The majority of these projects were adopted in the previous quarter but were reviewed in this quarter to assess level of completion as seen in a facility (see table below):

**Table 26: Adoption of QI projects**

Facilities	Problem statement	QI project	Status of QI project on review	Comment
GH Suleja	How to improve CD4 access among PLHIV?	To increase access to CD4 test among PLHIV accessing care and	Midterm Review revealed that there was significant increase from 20% prior	QI project still on ongoing with support from

		treatment services in the facility	to intervention to 70 % although the facility is yet to make the 100% target	QIT
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### **Laboratory Services**

Laboratory Quality Management Task Team Meeting: The SLQMTT quarterly meeting was held in the quarter under review. Key issues addressed include harmonizing the ‘task team’ and the ‘HOD’s forum’ to the Laboratory Technical Working Group LTWG (a subset of the State Management Team, SMT). This will help in overseeing the overall Laboratory quality management issues and other activities, including strategies to transition the IQA program to the Facility management and or state.

IQA Activities: The States IQA review meeting was held within the quarter under review in Suleja. 16 facility QA focal persons, and MSH were in attendance. The PEPFAR transition/program shift and re-evaluation of the IQA program in the state were the key points discussed. 8 facilities QA focal persons in the state conducted panel sample preparation and distribution with support from their laboratory and facility management.

Equipment: The project replaced 7 new BD FACSCOUNT CD4 Machines from in the quarter under review. The equipment replaced the old ones due to down time. Benefitting facilities are FMC Bida, GH New Bussa, GH Tunga Magajiya, GH Kagara, GH Lapai, GH Minna, and GH Sabon Wuse. Arrangements are almost concluded for the handover of the equipment to the State government prior to distribution. This is part of the program’s concerted commitment towards ensuring continued delivery of quality services to the PLHIV. The State team received and re-installed the serviced/repared Reflotron PLUS Chemistry machines of GH Kagara and GH Bida and finally transitioned all the Chemistry and haematology platforms in the project supported sites to the state government, through the various facilities leadership. The signed Fixed Asset Transfer Forms were forwarded to the CO Lab and Operation teams. However, the QBC haematology Analyzer of GH Bida and GH Kagara are still in Abuja for repairs. The Sysmex Haematology analyzers of GH New Bussa, GH Kutigi, FMC Bida, and FMPC Gawu Babangida are still awaiting repairs before transitioning them to the State Government, through the respective labs. This also applies to the Vitros Chemistry analyzer of FMC Bida and GH New Bussa. The equipment data base of the state has improved with the addition of the backup haematology auto analyzer received by GH Suleja from the Government of Japan.

LRF scheme: GH Suleja and UMYMH Sabon Wuse have fully integrated this scheme into their routine services. The project conducted an activity to ascertain the success/failures, challenges and progress of the scheme in these facilities, during the review period. GH Suleja has contributed to lab services (chemistry and haematology) worth about N1,859,600.00 (\$9298) to the PLHA’s and GH Sabon Wuse have contributed about N601,000.00 (\$3000) worth of lab services to the PLHA’s in these facilities. Facilities in the state not implementing free chemistry and haematology services to the PLHA’s are General Hospital Mokwa, New Bussa, FMPC Gawu Babangida, and CHC Zungeru, however, they offer free PCV to the PLHA’s. It is also pleasing to note that the Laboratory and facility management of GH Suleja and GH Sabon Wuse have owned laboratory equipment service contracts with the vendor

engineers for Abacus junior, Selectra Pro and Sysmex auto-analyzers. These facilities deal directly with these equipment vendors for the purchase of reagents, maintenance/repair services etc. Within the review period, GH Suleja spent about N110,700.00 (\$553) for the purchase of haematology reagent and N65,000.00 (\$325) for servicing of its Selectra PRO chemistry machine. GH Sabon Wuse spent about N82,000.00 (\$410) for the purchase of haematology reagent. In GH Kutigi, all Laboratory services to the PLHA's attract discount of 50%, including blood transfusion.

*Strengthening optimization of Genexpert Services in the state:* Within the period under review, two GeneXpert machines were received in the State and installed at GH Lapai and GH Mokwa respectively. These bring the total number of GeneXpert machines in the State to 7. Following the sensitization for increased access to the GeneXpert Tb Molecular diagnosis across the state by project there is an increase in their utilization across the state. The supported PMTCTs, DOT centres and other CCTs have been linked to the GeneXpert centres in a matrix previously shared. With the exception of data from GH Minna, Mokwa, and FMC Bida, a total of 432 patients had Genexpert test conducted with 96 positive clients. Of 432, 88 were referred from catchment facilities with 16 positive outcomes.

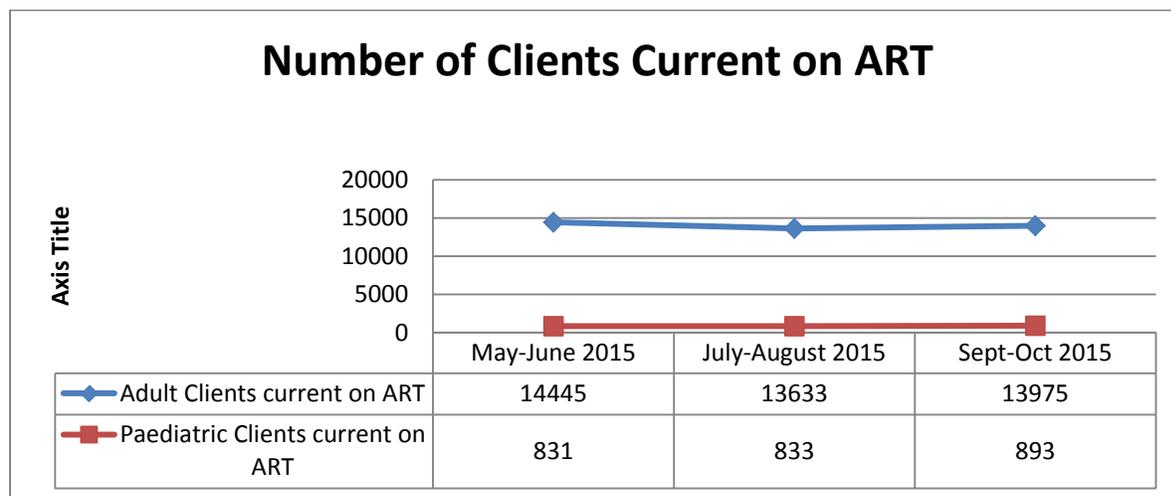
The project has continued to support logging of CD4 specimen samples across supported comprehensive care and treatment sites and Viral Load estimation (FMC Bida), in the event of equipment breakdown and/or where is no laboratory equipment to support these investigations in these facilities. These have helped to prevent disruption of relevant diagnostic services (CD4 and viral load estimation) in these facilities and have ensured the provision of quality care and treatment services to PLHIV.

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

*Good Pharmacy Practice:* Analyzing the trend of Regimen Analysis during the quarter under review, in line with the guideline on regimen streamlining, a total of 13,975 adult clients were currently on HAART during the September - October 2015 review period, out of which 46.88% clients were on AZT based line regimen, 53.02% clients on TDF based regimen. 0.11% clients on ABC based regimen.

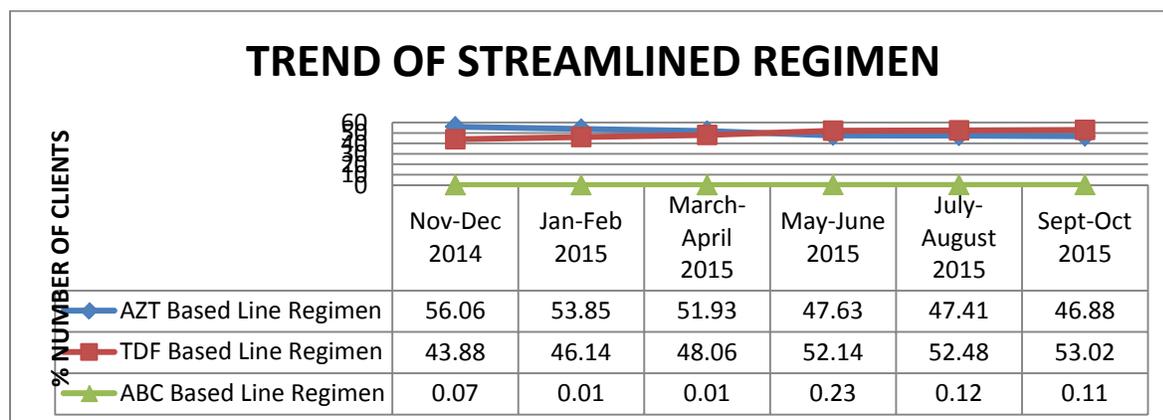
Comparing the past review periods, 14,445 in May-June, 13,633 in July-August, and 13,975 in September-October 2015, the analysis shows a decline in the total number of adult clients' currently on HAART. About 812 adult clients have dropped out of the program indicating that attention is needed on client retention. In September – October 2015, 342 clients returned, bringing the figure up to 13,975.

**Figure 13: Number of clients currently on ART**



The figure shows the trend of streamlined regimen in Niger over six consecutive review periods. For the past three review periods, new clients are placed more on Tenofovir based regimen. The facility clinicians were urged to sustain this tempo as recommended by the national guideline.

**Figure 14: Trend of streamlined regimen**



For the paediatrics, a total of 893 paediatrics were currently on HAART during the September - October 2015 review period, out of which 96.19% clients were on AZT based line regimen, 1.01% clients on TDF based regimen. 2.80% clients on ABC based regimen.

The project and the facility clinicians are working harmoniously to ensure that prescribers are initiating and maintaining clients on HARRT on the streamlined regimen thus, this collaboration is reflected in the complete switch of clients from the non-streamlined regimen to the preferred ones. The project has continued to encourage facility staff to monitor patients for ADR and to document and report appropriately using the pharmacovigilance. For the quarter in review, no ADR reported.

*IPT:* In most of the facilities INH 300mg tablet consumption has dropped and from the IPT registers many clients (over 70% who started treatment between Mar 2014 and Dec 2015) are yet to complete their 6 months course. The project clinical team has been highlighted on this issue.

*Commodity Management:* MSH Supported facilities in Niger during the November 2015 deliveries received their resupply of ARVs, RTKs and Lab reagents, though some items are short dated which posed serious challenge to some facilities. Laboratory Commodities (Consumables) sent from country office have been distributed to the nearby facilities to be followed by the far sites after the New Year.

CD4 services have been grounded (though samples are logged to other facility) at facilities using BD FacsPresto MiniPOC machine due to the expiry of the short dated stock that was sent to the facilities. These cartridges expired at the end of May 2015 and the affected facilities (one General hospital and two PMTCT hub sites) have not been resupplied since then because procurement for these cartridges has taken longer than initially planned. The stock status report for INH 300mg tablet in MSH Niger shows zero balance of stock. This is an indication that requests for resupply from the NTBL zonal warehouse in Minna come in before the facilities gets out of stock of INH 300mg. The table below shows the transaction record of INH 300mg tablet.

**Table 27: Stock status for INH 300mg tablet, MSH Niger**

INH 300mg STOCK STATUS				
KIT				
Date of distribution	OPENING STOCK	QTY DISTRIBUTED TO FACILITIES IN MARCH	BALANCE (kit)	Expiry Date
Mar-15	4000	3748	252	Feb. 2018
10-Jun-15		100kits To (GH Yauri) MSH Kebbi	152	Feb. 2018
16-Jun-15		40kits to Yerima Bakura Specialist Hospital Zamfara	112	Feb. 2018
19-Nov-15		75kits to GH Minna	37	Feb. 2019
9-Dec-15		37kits to GH New Bussa	0	

In order to address the issues of stock of commodities, some commodities were redistributed; 50 kits of INH 300mg collected from CHC Zungeru was given to IBB Specialist hospital Minna. One carton each of combipak (adult) and Tenolam/Efavirenz tablets (adult) retrieved from FMC Bida were given to GH Nasko. 75 kits of INH 300mg was sent to GH Minna. 2 packs of atazanavir/ritonavir from GH Mokwa was given to FMPC Gawu Babangida. 39 packs of efavirenz 600mg from GH Kutigi was given to FMC Bida. The following items were sent to MSH Kebbi field office;

- Rifabutin 150mg – 140 tabs
- Ethambutol 100mg- 120 tabs
- INH 100mg- 230tabs
- Pyrazinamide 400mg- 56 tabs

### **Health System Strengthening**

Niger State Ministry of Health approved and supported joint supportive supervisory visit to facilities by the state hospital management board in collaboration with MSH. This was to address the challenges and issues observed within the year and plan for greater achievements in 2016. The joint supportive supervisory team was led by the Director Pharmaceutical Services, Pharm. Yakubu Maji. The project also administered the PEPFAR SIMS facility tool on Supply Chain Management reliability of the HIV/AIDS program and also conducted stock verification of ARVs in the facilities. The facilities visited are GH Kutigi, GH Mokwa, GH New Bussa, GH Bida, GH Agaie, GH Lapai, GH Kotangora, GH Auna, GH Kagara, GH Wushishi, Nasko, GH Kuta, GH Sabon wuse, GH Suleja, and GH Kaffin Koro.

Pro-ACT also supported two selected health facility to developed facility annual operational plan which was meant to address these gaps and serve as a tool for strategic planning, goal setting as well as an advocacy tool for identifying and mobilizing resources from government, philanthropists and organized business sector was piloted in 2 out of the 3 facilities in the State earmarked in the quarter under review. The 2 facilities that had their operational plan in place are GH Minna and Bida while the date for GH New Bussa, the 3<sup>rd</sup> facility in the State, is yet to be decided.

### **Monitoring and Evaluation**

During quarter under review, the Niger M&E team comprising of 2 specialists and 3 associates embarked on activities that were largely aimed at systems strengthening, sustainability and immediate results delivery. These activities spanned from the routine data collection and reporting to mentoring and capacity building of state and facility based staff to deliver more effectively and efficiently. 22 out of 98 PMTCT sites were transitioned, thus, the M&E continued to support and report data from 76 PMTCT sites and 16 CCT sites across 24 Local Government Areas of the state. The team also continued to embark on state M&E system strengthening activities during the quarter.

- **M&E Technical Working Group:** This group is crucial to delivering key M&E results in the state aimed at and it is coordinated and ought to be headed and sponsored by SACA. However, in the past two quarters, SACA was not able to coordinate and fund the group meetings. Thus, MSH through the M&E team supported SACA to coordinate and fully funded the group meeting in the quarter. During the meeting, two sub committees were set up: 1) Data Quality Assurance: to ensure among other things that the state always have quality, complete and up-to-date data and in a timely manner (2) Systems Strengthening: to ensure among others that man, money & material (3 Ms) are available for effective M&E service delivery in the state.
- **Joint Supportive Supervision:** The M&E team supported SACA & SASCP to conduct a JSV to 5 Comprehensive Care & Treatment sites in the state. The activity was indeed a capacity building and generally systems strengthening for both the state officials and the facility based staff. The activity was wholly funded by MSH.
- **Training on Quality Data Documentation and Reporting:** This was 3 days training for SACA, SASCP and 16 CCT facility M&E officers from Niger State conducted in the 3<sup>rd</sup> week of December

2015. The training was aimed at strengthening data documentation and reporting skills of SACA, LACA and HF; builds quality and sustainable M&E system founded on efficient data reporting and use in accordance with the national data flow. The M&E officers were re-trained on the data collection tools as well as the Monitoring, Evaluation and Reporting (MER) indicators reported by MSH to USAID. A total of 18 persons were trained; 16 from CCT sites and 2 from SACA.

- Electronic Medical Records: The electronic medical record system was rolled out at G.H Minna, the largest MSH supported CCT site in the state. During the quarter, the system became operational with the commencement of update of backlog client information at the ART clinic. 12 Data Clerk Consultants were interviewed to be engaged to commence the backlog update within 21 days which would elapse by the end of January 2016. The process is also on the way to be scaled up to 9 additional Comprehensive Care and Treatment health facilities in the state.
- Data collection and Reporting: The Niger M&E team collected and reported data from the 92 sites being supported by MSH in the state. The data were also reported to USAID through the District Health Information System (DHIS) platform and to PEPFAR through the Data for Accountability, Transparency and Impact (DATIM). The M&E team also conducted Retention and Audit Determination of all clients ever enrolled on ART to ascertain the figure and report appropriately. This was used as a basis for Annual Performance Reporting to USAID for the period ended September 30, 2015 (FY15).

### **Capacity-Building and Hands-on Mentoring**

Pro-ACT has continued to strengthen the technical capacity of the State both at the State, Local Government and community levels through series of trainings, mentorship and coaching aimed at transferring knowledge and skills needed to drive quality and sustainable HIV/AIDS and TB services in the State.

All CCTs sites in Niger State had staff and volunteers trained to support PHDP services, these efforts to scale up Positive Health Dignity and Prevention (PHDP) service provision to more facilities was rolled out with guidance from the project leadership aimed at addressing client's retention on care and treatment. 35 health care service providers (nurses and volunteers) selected from across supported CCT sites and civil society organizations engaged under the grant platform were trained on PHDP. The training was targeted at equipping service providers with the knowledge to provide quality PHDP services across supported facilities and communities. This will improve quality of PHDP services and help in improving retention in care for the Pro-ACT FY 16 especially, with the anticipated commitment of trained staff across respective CCTs.

The project engaged grantees CSOs in a (7) days start-up training on Comprehensive Orphans and Vulnerable Children's Training for grantee civil society organizations. This is aimed at building capacity of care providers in providing quality OVC Services. The workshop titled 'OVC startup training' for CSOs marked the commencement of activities for the new grant cycle. Two CSOs from Niger, CLAP and C2C were represented by two officials in the training which lasted for 7 days, the training emphasized on strategies for graduating households and improving services.

The project, through the clinical team, conducted mentoring and supportive supervisory activities across supported PMTCT sites in the state to review and address service delivery gaps. During these visits, the team provided technical support in form of on-the-spot hands-on mentoring to health care workers based on the findings from systems review at various service delivery units. Some of the gap-stopping strategies implemented by the team during the mentoring visits this quarter include the following:

- Mentored health care providers on quality PMTCT services including CD4 sample collection from PPW, test and treat protocol after proper adherence while awaiting CD4 result. Proper use of PMTCT tools and to strategically place SOPs and job aids; to facilitate decentralization of ART services to PMTCT service points.
- Worked with laboratory team to mentor health care workers at PMTCT stand-alone sites on DBS sample collection, drying, packaging and transport.
- Liaised with logistic/SCMS team to ensure continuous availability and supply of infant nevirapine at PMTCT sites.
- Mentored HCWs on the need to providing routine PITC services at immunization and child welfare clinics within the facilities.

These activities culminated in built capacity of healthcare workers on quality services provision with proper documentation and reporting which translated to significant increase of near 100% average in percentage of HIV Exposed Infants (HEI) that received nevirapine prophylaxis during the quarter.

Also in this quarter, Niger clinical team supported the central clinical team on the conduct of series of trainings geared towards capacity building of health care workers in the supported facilities. These include the following:

ART, Adherence and Retention training: It was a 6-day extensive training for health care workers based on the current integrated national curriculum for HIV prevention, treatment and care. The training was conducted in pursuance of service integration and streamlining of ART services, and also as part of effort to increase capacity of facility staff in identification and bridging service delivery gaps within the facility. This activity resulted in built capacity of 19 doctors, 17 nurses and adherence counsellors, and 16 pharmacists/pharm technician, on integrated management of HIV/AIDS (including initial client evaluation, monitoring and follow-up for adult and children, Eligibility for ART, Preventive management of HIV, PMTCT and clinical decision making (90:90:90 UNAIDS initiative, adherence counseling and retention protocols). An anticipated improvement in retention as well as quality of care received by PLHIV across Pro-ACT supported CCTs, reduced patient waiting time as more staff capacity have been built to deliver quality services and mitigate attrition.

Nutrition Training: a 3-day training was conducted for health care workers with emphasis on Outpatient management of Severe Acute Malnutrition. The essence was to build the capacity of HCWs on assessment, reporting and management of malnutrition cases on outpatient therapeutic program base. It resulted in built capacity of 16 doctors, 16 nurses and 16 record officers/data clerks.

TB/HIV collaborative activities: a 5-day training on TB/HIV collaborative activities was conducted for HCWs with emphasis on the three 'I's. The training was conducted as part of effort to bridge the gaps in

TB/HIV case management and also to introduce the use of newer technology of TB diagnosis and intensify TB burden reduction strategy with IPT among PLHIV. A total of 63 HCWs (16 Doctors, 16 Pharmacists/pharm tech, 16 nurses and CHEWs as DOT focal persons and 15 LG TBL supervisors) were trained on 12 collaborative TB/HIV intervention areas as well as strategies to addressing service delivery gaps and strengthening linkages between care and treatment setting and TB/DOTS units within the facilities.

## Sokoto State

### Program Description/Introduction

In the quarter under review, the MSH Sokoto State field office focused mainly on providing support to state government on sustainability measures through innovative ways on the background transitioning of some PEPFAR support to the government.

In recognition of MSH's technical support to the government of Sokoto State on strengthening health systems and governance, the team was invited to facilitate a gap and situational analysis on the Sokoto State 2010-2015 Strategic Health development Plan organized by USAID through RTI/LEAD in collaboration with Sokoto State Ministry of Health.

In the same vein, the team provided technical support to SMOH and HSMB to develop 2016 facility specific operational plan in two health facilities – namely GH Tambuwal and GH Illela. The operational plan which is the first of its kind describes the activities and/or milestones of the health facilities that will help in attaining the facility hope of providing qualitative health services to the people of the 2 LGAs and environs. In a related development, continuous provision of technical support to members of support groups in Yabo LGA has led to functionality of 3 Savings and Loans Associations (SLAs). The groups have a total of 45,000 naira in their account; six members have experienced significant economic growth after accessing the loan.

As a result of continuous support by the team, a total of 4616 pregnant women were reached with HCT exceeding the state target of 3259. 90.1 % of new women attending ANC (4616 out of 5073) were counselled, tested and received their HIV test result in the quarter as oppose to 92.4% in the last quarter. Likewise, analysis of patient's retention on ART across MSH supported CCT sites showed remarkable improvement with an average of 66.1% compared to 53% in the last quarter. The increase could be attributed to enhanced adherence counselling, use of retention calendars following ART and Adherence training held for HCWs within the quarter.

Improving the medical record system becomes imperative given the growing number of HIV/AIDS patients accessing the services in some health facilities. To this end, the team has conducted successfully installed an Electronic Medical Record System in UDUTH and did a baseline assessment for the installation of the same in Specialist Hospital Sokoto. A state of the art BD FACSCount CD4 machines were handed over to the state government through the Honourable Commissioner for Health to further improve access of HIV services in the state.

However, despite the successes recorded, some challenges were encountered during the quarter under review. These include but not limited to stock outs of POC CD4 count reagents, increasing default rate of HIV positive pregnant women and their babies, as well as prolonged downtime of laboratory equipment for Chemistry and Haematology which makes it difficult for effective implementation of Laboratory Revolving Fund (LRF).

## **ACTIVITY IMPLEMENTATION PROGRESS**

### **Implementation Status**

#### **Community Care Services**

The three newly engaged grantee CSOs namely Change Initiative, Jama’a Community Development Initiative, and Integrated Life Support for Women and Children Initiative (ILSWACI) have undergone a capacity building training on VC service provision during the quarter under review. Following the training, the CSOs have conducted a reassessment exercise to ascertain the number of vulnerable children to provide the services to especially considering the need for the state to care responsibility of caring for the 30% of them as recommended by PEPFAR through USAID. The table below indicates the number of VCs re-assessed by the three CSOs.

**Table 28: Number of VCs re-assessed by three CSOs**

<b>NAME OF CSO</b>	<b>VC RE-ASSESSED</b>	<b>VC MIGRATED</b>	<b>VC DEATH</b>	<b># of VCs remaining</b>
CHANGE Initiative	1,029	12	7	1,010
JAMA’A Initiative	1,035	23	0	1,012
ILSWACI	1,010	8	0	1,002
Total	3,074	43	7	3,024

#### **Community Care Services**

##### **HIV Testing and Counselling**

Technical support was provided to service providers on HTC across all the supported facilities. Service providers involved in providing HTC have improved in their skills on quality pre and post- test counselling which has resulted in more persons accepting to disclose their HIV status and referral to care and support services with proper documentation of the referrals made. Service providers involved in providing HTC were mentored on how to code the result and request form to differentiate an HIV positive client from these testing points. HTC tools were also photocopied and distributed across all the facilities and testing points.

## **CARE AND SUPPORT SERVICES**

### **Strengthening Savings & Loans Associations**

Continuous provision of technical support to members of support groups in Yabo LGA has led to functionality of 3 Savings and Loans Associations (SLAs). The groups have a total of 45,000 naira in their account; six members have experienced significant economic growth after accessing the loan. . It is

envisaged that this initiative will go a long way in empowering the women to engage in income generating activities resulting in increased income generation and improved quality of life.

**Positive Health, Dignity & Prevention (PHDP)**

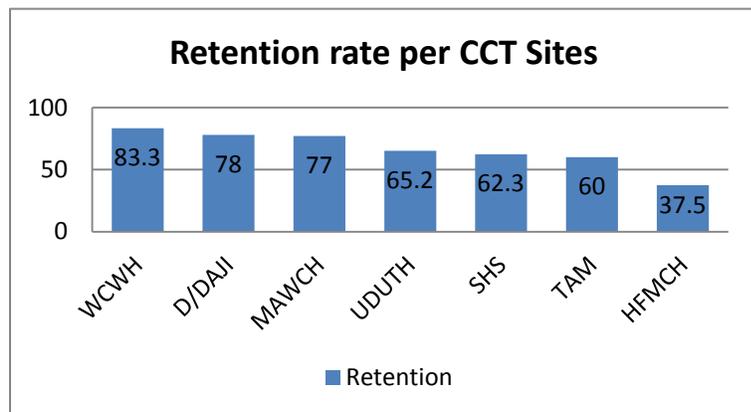
The recently conducted Positive Health and Dignity Prevention (PHDP) training for adherence counselors and relevant facility staff has started yielding results. A total of 1461(881 female and 580 male) clients were provided with PHDP services which include Condom information and Condom service provision, Adherence counseling, Risk reduction counselling, Family planning counselling services, Partner HTC counselling and STI counselling services. There has been a 6% increase in the number of clients reached on PHDP in the current quarter when compared to last quarter.

**Clinical HIV/AIDS Services**

**ART**

A total of 312 clients were newly enrolled into care (PreART) within the review period while 228 clients were enrolled on ART surpassing advanced HIV infection newly enrolled on ART target of 188 for the quarter by 21% in the period under review. HFMCH has the lowest number of enrollees in the quarter (6 clients) while Sokoto Specialist Hospital documented the highest number (97) of total enrollees representing 2.6% and 42.3% respectively.

**Table 29: Retention rate per CCT sites**



Analysis of patient’s retention on ART across MSH supported CCT sites showed remarkable improvement with an average of 66.1% compared to 53% in the last quarter. The increase could be attributed to enhanced adherence counselling, use of retention calendars following ART and Adherence training held for HCWs within the quarter. Retention in WCWH and MAWCH has also improved following engagement

of Adherence counsellors in the two facilities within the quarter to 83.3% and 77% from 33% and 51% respectively in the previous quarter. However, ART retention rate in Holy Family Mother & Child Hospital (HFMCH) is notably poor in the quarter. Discussion is ongoing with the facility on the measures to be taken to reverse the direction of the arrow.

Continuous technical support and on site mentoring were provided on routine viral load monitoring and diagnosis of treatment failure in UDUTH and other supported health facilities in the state. Of the 153 selected clients with high viral load (>1000copies/ml) in UDUTH, only 45 (29%) have been reached with enhanced adherence counselling; challenges remain poor documentation of contact details for effective tracking. In addition, 18% (8 out of 45) had completed their adherence counselling and now awaiting

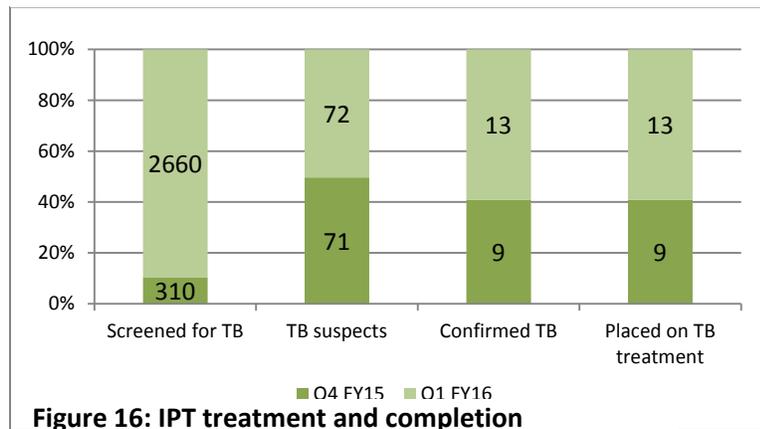
their repeat viral load test. 2 clients were switched to second line based on persistent high viral load despite adherence on medication.

Following gap analysis based on chart and data base review, CME activities were supported in 4 CCTs namely UDUTH, SHS, GH Tambuwal and WCWH. Topics presented covered various continuum of care in EID services, retention and Paediatrics ART. In a bid to ensure sustainability of service independent of MSH support, 3 (75%) out of the 4 CME activities were prepared and delivered by facility staff. This trend will be ensured in the subsequent quarters

**TB/HIV:** A total of 2660 (95%) PLHIV were screened for TB during the review period which comprising of newly initiated patients on ART, PreART, and backlog of patients from the previous quarter. All newly initiated clients on ART were screened for TB and documented appropriately.

Out of a total 540 HIV infected patients enrolled in care( both ART and Pre ART) in the quarter under review, 72 (13.3%) were suspected of having TB, while 13 (18%) of the suspected cases, were confirmed to have TB/HIV co-infection and 13 (100%) were placed on TB treatment. From the graph below there has been an increase in case detection of TB cases which is attributed to continuous multi points

**Figure 15: TB case detection and treatment**



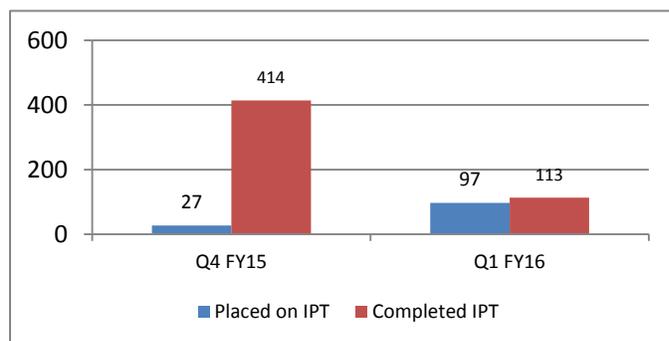
**Figure 16: IPT treatment and completion**

screening, there has also being improved triangulation between the lab, DOTS clinic and ART Clinic. Likewise, a total of 19 samples of HIV+ were analysed with 6 (31.5%) TB Positive and all (100%) started on TB treatment.

**Isoniazid Preventive Therapy**

A total of 97 clients were newly initiated on IPT in the review period with most of them emerging from UDUTH. The cumulative number of clients who benefited from IPT so far

is 950 of which 567 (60%) have completed. Across all sites, there is low threshold for placement of Clients on Isoniazid by the Clinicians especially in Specialist Hospital Sokoto and WCWC due to lack of a permanent staff for IPT however, with TB/HIV training done, focal persons for IPT in both facilities have been identified. The graph (left) indicates a decline in completion due to the fact that it was during the



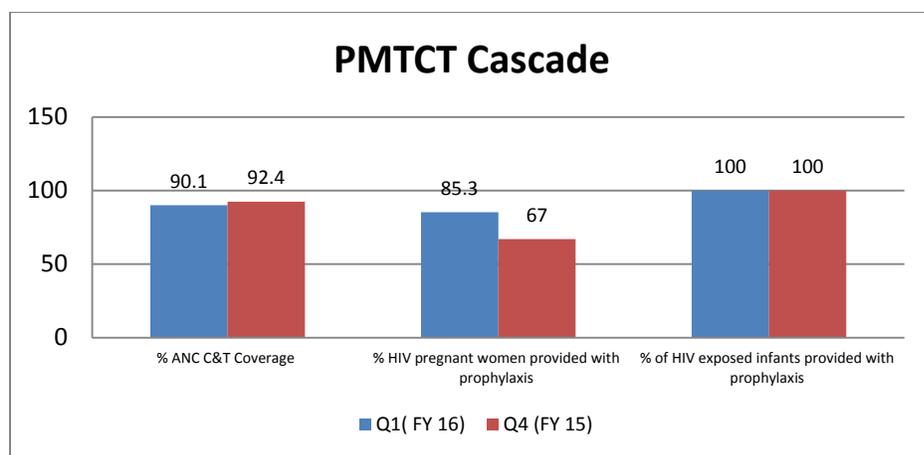
last quarter that most of the clients placed on IPT in the first cohort completed their prophylaxis.

## PMTCT

In the quarter under review, 4616 pregnant women were reached with HCT exceeding the state target of 3259. 90.1 % of new women attending ANC (4616 out of 5073) were counselled, tested and received their HIV test result in the quarter as oppose to 92.4% in the last quarter.

An average of 85% (29 out of 34) HIV pregnant women were provided with ARV prophylaxis within the review period which is an improvement on 67% ARV uptake among HIV pregnant women reported in the previous quarter. However, disaggregated data per facility revealed that only 70% of eligible HIV pregnant women were placed on prophylaxis in Specialist Hospital Sokoto as opposed to 80% - 90% in other CCTs. The likely factor responsible for this poor performance in SHS is high default rate among clients following their first ANC booking; close mentoring and supportive supervision are presently being put in place to address the situation.

**Figure 17: PMTCT cascade**



## Early Infant Diagnosis

A total of 79 DBS were sent to the PCR suite in UDUTH in the quarter under review from MSH supported health facilities in the state while 108 results were issued out and received. Turnaround time of DBS results in the state is on the average of 1-3 weeks. Decline in transmission rate of MTCT of HIV was observed among HIV Exposed Infants with 5.6% HIV positivity rate in the quarter (6 out of 108 clients) when compared to 6.56% overall positivity rate reported in the last quarter. All HIV exposed infants (100%) were provided with Nevirapine prophylaxis in the period under review.

## Quality Improvement (QI)

Improving quality of health care services rendered to clients in supported facilities is reflected in virtually all activities carried out in the course of this quarter. QI meeting was successfully held in 6 out of 7 CCT sites representing 85.7 %. A midterm assessment of QI project for supported CCT sited conducted during the quarter indicates a significant progress as 57% have already achieved the set objectives. The team will continue to work with the remaining facilities to achieve theirs.

### Laboratory Services

In a bid to support the facilities track record of utilization for clinical chemistry and haematology a developed template (Data base tracking tool) was populated with data from the Pro-ACT supported facilities in Sokoto with effect from September, 2015 to date which could be used to make an informed decision through laboratory revolving funds concept

The team participated in joint supportive supervision using standardized SIMS checklist in three facilities namely Women and Children Hospital (WCWH), General Hospital Tambuwal and General Hospital Dogondaji to closely mentor and monitor good practices for service improvement and to also prepare sites as USAID plan to visit those sites. Good laboratory practiced was emphasized during the visits.

**Table 30: PCR/VL commodity status at the end of December 2015 from UDUTH PCR hub site**

Month	OCTOBER		NOVEMBER		DECEMBER		Total No. Negative	Total No. Positive	Backlog Samples	Stock Balance Kits
	No. Negative	No Positive	No. Negative	No Positive	No. Negative	No Positive				
Sokoto	9	2	44	0	51	3	104	5	5	2X48
Kebbi	23	3	15	3	34	5	72	11		
Zamfara	26	4	0	0	11	1	37	5		
Non-MSH Sites	0	0	22	2	6	1	8	3		
Total	58	9	81	5	102	10	221	24		
Monthly % +ve	15.50%		6.20%		9.80%					

**Table 31: Total number of DBS analyzed, backlog, and stock balance**

Month	Total Number of Test Done	NO < 1000cps/mls	No > 1000cps/mls	Backlogs	Stock Balance
October	103	63	40	43	
November	142	56	86	31	
December	101	59	42	129	3X48
Total Number	346	178	168		

### Supply Chain Management System

#### Capacity Building

Following up on the EMR training conducted for UDUTH staff during the last quarter, SCM Specialist during the quarter worked with UDUTH Pharmacy to step down the EMR training in the unit. This was

conducted for Pharmacy staff to deepen their understanding of the operationalization of the software. The step down training was very successful. It is hopeful that the full operation will commence soon. Towards ensuring continuous improvement and strengthening of Laboratory supply chain system, further capacity building were provide to staff of UDUTH PCR unit to improve PCR reagent handling, utilization and reporting. With improved capacity during the quarter, impressive performance was noticed in PCR reagents utilization, handling and reporting evidenced by reduction in reagents losses to near elimination in the quarter.

### **Commodity Management**

In order to maintain uninterrupted availability of health commodities across supported health facilities in Sokoto State, SCMSS provided support to Sokoto state LMCU in the collection of the September/October 2015 review period LMIS CRRIRF and reports. The exercise yielded 100% reporting rate for CRRIRF and programmatic reports.

### **LMD Review and Resupply**

The SCMSS followed up with the Phase 4 Unification team on Last Mile Delivery (LMD) to all supported sites in Sokoto. The LMD template was promptly reviewed and necessary corrections shared with the Unification team. The replenishment was completed for ARVs, Cotrimoxazole, RTKs and CD4 reagent across all sites. Redistribution was also done within the quarter to redress few cases of stock imbalances to prevent stock-out.

### **Regimen Streamlining**

Following up on the FMOH regimen streamlining directive, six out of the seven supported ART sites have complied fully with all clients placed on streamlined regimen. Only UDUTH currently has 32 clients that have been reviewed as non-suitable for placement on non-streamlined regimen. Comparing this with the initial distribution following rationalization, the team has been able to successfully review all clients in line with the directive. All newly initiated clients (100%) were placed on streamlined regimen during the Sept-Oct, 2015 review period as opposed to 75.78% in September 2013 and currently less than 1 % (0.74%) of total active clients is on non-streamlined regimen as opposed to 17.92 % in September 2013. Similarly, AZT backbone which used to be the preferred choice for clients on first line regimen in 2013 have been reduced from 77.23% to 53.63% and TDF backbone increased from 22.78% to 46.03% in line with the national forecast. Sustaining the current trend would afford Sokoto state supported facilities to meet up with national target by the end of 2018.

### **Health Systems Strengthening**

In its continuous effort to boost quality service delivery of HIV/AIDS patients, USAID through MSH Pro-ACT project donated 2 state of the art BD Facs count CD4 Machines to the Government of Sokoto State on 14<sup>th</sup> December, 2015 to be deployed to Specialist Hospital Sokoto and General Hospital Dogondaji. In his remarks, the Honorable Commissioner for Health thanked USAID and MSH Management for the donation for the continuous support to the state. He promised the state's commitment to continue to partner and collaborate with MSH for the progress of the state at large. In addition, he expressed his full

commitment in ensuring provision of laboratory reagents for the transitioned chemistry and haematology services.



*Associate Director Laboratory services & Hon. Commissioner of Health Sokoto during thCD4 handover ceremony*



*Former Director HSMB Sokoto receiving CD4 machine from Associate Director Lab. Services*

In recognition of MSH's technical support to the government of Sokoto State on strengthening health systems and governance, the team was invited to facilitate a gap and situational analysis on the Sokoto State 2010-2015 Strategic Health Development Plan organized by USAID through RTI/LEAD in collaboration with Sokoto State Ministry of Health. The four-day workshop was well attended by major stakeholders from various government ministries and agencies, Implementing Partners, Civil Society Organizations and FBOs.

In the same vain, the team provided technical support to SMOH and HSMB to develop 2016 facility specific Operational plan in two Health Facilities – namely GH Tambuwal and GH Illela. The operational plan which is the first of its kind describes the activities and/or milestones of the health facilities that will help in attaining the facility hope of providing qualitative health services to the people of the 2 LGAs and environs.

### **Monitoring and Evaluation**

In its effort to ensure adequate and accurate documentation and reporting, the M & E team embarked on intensive TA for Data Clerks and facility M & E officers in all supported facilities especially in the areas of Adherence, TB and PHDP registers. Sims tool was administered at GH Tambuwal & GH Dogondaji in readiness for the USAID visit to Sokoto. Issues identified were promptly addressed.

The team also took part in 3-day Nutrition training in Gusau in readiness for its implementation and reporting, and PHDP training in Kebbi geared towards improved retention of patients on ART and

grantee CSOs. The M&E team organized an interview for data entry clerks in continuation and sustenance of the OpenEMR system that had already kick-started in UDUTH.

## Zamfara State

### Overview

The first quarter of FY16Q1 saw remarkable progress in transition and state ownership of the program; successful inauguration of the TWG was carried out and involvement of this group in joint supervisory visit. Significant improvement in TB screening from an average of 1119 clients screened in FY15Q4 to 1359 in FY16Q1. The reflection also impacted on Genexpert analysis with 170 samples analyzed in FY16Q1 from the 132 samples in FY15Q4. Many capacity building exercises with CMEs were carried out at the various CCTs amidst the trainings conducted by the central clinical team; Step down training on nutrition/ART adherence were conducted by participants – three facilities were involved at various points GHs Kaura, Shinkafi and YBSH. Overall 12 quality improvement meetings were conducted in the reporting period and 4 CMEs, 3 steps down trainings, two TWG meetings and one successful TWG-JSV were achieved.

To strengthen the capacity of the State Laboratory Quality Management Task Team (SLQMTT) that was recently inaugurated in Zamfara to be able to execute their responsibilities effectively and efficiently, MSH organized one-week orientation for the from 23rd to 27<sup>th</sup> November, 2015. Participants comprised staffs from HSMB, SMoH, AMLSN, IPs, CSOs as well as Heads of Laboratory Departments and LGA representatives.

The Federal Medical Centre, Gusau participated in a one day round table meeting organized by MSH with leadership of Tertiary Health Facilities from Pro-ACT supported state. The meeting, which was held in Abuja on December 16, 2015 aimed at sensitizing the Leadership of the Tertiary facilities on the impending challenges of PEPFAR transition to guide them to strategize the ways to cope with the challenges. The meeting also created opportunity for interactions with USAID officials, Chairman House Committee on AIDS from National House of Reps and Officials of FMOH-NASCP.

Activities of M&E unit in the state remain essential and gaining positive momentum to showcase project achievements with evidence based data for decision making for project staff as a strategy to enhance the quality of their work, and achieve greater results. Equally, transfer of skills/hands-on training through mentoring and supportive supervision to build and strengthen the capacity of HF staffs for strict adherence to new USG/MER reporting guideline to improve the quality of their work and improved decision making at all levels for accountability

### Implementation Status

#### Community Services/Prevention

##### Scope of Work and Budget Development by CSOs

A scope of work and budget development workshop was organised for CSOs from the 4<sup>th</sup> to 10<sup>th</sup> October in Kebbi state. CSOs from Zamfara that participated in the workshop were; Fulani Initiative for

Protection of Environment and Less privilege (FULPEL), Future hope foundation (FHF) and Bright capacity initiative for Community Enlightenment (BCiCE). FULPEL and FHF were selected to implement the VC services while BCiCE was selected to carry out PHDP activities for the next 9 months in MSH supported communities of Zamfara state. Also at the workshop from Zamfara were the Community Mobilization Officer from SACA and the Desk officer – Vulnerable Children from the State Ministry of Women Affairs.

### **Outcomes**

- The selected CSOs with support were able to develop their respective Scopes of Work implementation plans and budgets.
- The workshop also helped the guarantee CSOs to have clearer understanding of MS's policies regarding grant/ financial management, monitoring and evaluation and target setting.

### **International Day for Elimination of Violence Against Women**

MSH Pro-ACT project supported Zamfara State Ministry of Women Affairs and social Development to organize a 1 day sensitization lecture to mark the International Day for the Elimination of Violence Against women (VAW). The activity aimed at creating awareness about gender-based violence as a human rights issue and to promote the fight against Gender Based Violence as everyone's business. Topics discussed include; violence against women and its implications, PMTCT and the importance of attending ANC and hospital delivery, Stigma and discrimination, and the importance of disclosure. Resource persons include Dir Women affairs - SMOWA, ASHWAN Coordinator, the ANC in-charge of YBSH, and MSH technical staff.

### **PHDP Services**

A 5-day training on PHDP was conducted for MSH technical staff, facility staff and CSOs implementing PHDP services. A two day start up training was also organized for grantee CSOs. The training was aimed at strengthening the capacity of health workers and staff of grantee CSOs in PHDP programming towards improved ART retention and quality delivery of PHDP services across MSH supported CCT sites and selected communities of intervention. The training, which was facilitated by a lead consultant and MSH technical staff, took place in Birnin Kebbi, Kebbi state from 14<sup>th</sup> to 22<sup>nd</sup> December, 2016.

A continuous hands-on mentoring is being provided to the volunteers and facility staffs towards the provision of quality PHDP services. In the reporting period, a total of one thousand five hundred and ninety **(1,590)** persons that include **470** males and **1,120** females were reached with PHDP services for the reporting quarter. The services provided includes risk reduction counselling, condom services, adherence counselling, family planning counselling, STI counselling. Referrals were made for STI services, partner testing, and family planning. Active referrals have also been strengthened to ensure that all positive clients are given the opportunity to receive all needed PHDP package. The table below shows comparison between clients reached with PHDP services in the reporting quarter and last quarter.

**Table 32: Number of clients reached with PHDP services in MSH-supported CCT sites in Zamfara State**

July to Sept		Oct – Dec		Difference in %
Total Males Reached Last Quarter	<b>327</b>	Total Males Reached This Quarter	<b>470</b>	<b>30.4</b>
Total Females Reached Last Quarter	<b>861</b>	Total Females Reached This Quarter	<b>1,120</b>	<b>23.1</b>
Total Reached Last Quarter	<b>1,188</b>	Total Reached This Quarter	<b>1,590</b>	<b>25.3</b>

### Program Implementation by grantee CSOs

#### PHDP

##### ***Bright capacity initiative for Community Enlightenment (BCiCE)***

BCiCE, the grantee CSO implementing PHDP services in Zamfara state, carried out the following activities in the reporting quarter

- Identification and selection of 40 volunteers who will be trained and sent out to the field in January 2016.
- Advocacy visits to relevant stakeholders in the communities, MSH Supported Health Facilities, and support groups. They were able to get the support and buy-in of the Heads of health Facilities, community leaders from Kaura Namoda, Gusau and Shinkafi LGAs and SG leaders.

#### VC Services

In the reporting quarter, 2 grantee CSOs – Future Hope Foundation (FHF) and Fulani Initiative for the Protection of Environment and Less Privilege (FUPEL) were engaged to implement the VC program in selected communities of Gusau and Maradun LGAs of Zamfara state.

Start-up training was organized for grantee CSOs from 11<sup>th</sup> to 20<sup>th</sup> November, 2015 with the aim of building their capacity to provide quality VC services. After the training, the CSOs went to their various communities to implement the VC program. Activities and achievements per CSO is as shown below.

##### ***Future Hope Foundation (FHF)***

FHF implements the VC program in 11 communities of Gusau LG areas of Zamfara state and in the reporting period, the following activities were carried out

- Advocacy to key community leaders and other stakeholders
- Re-identification, selection and training of 35 community volunteers
- Reassessment exercise was conducted for 500 caregivers and 1,015 VCs. As a result of the reassessment it was discovered that all the VC and CGs are still active.

- Mapping of service delivery point.
- Development of care plan for reassessed Households and VC
- Formation of CQIT in all the 11 selected communities
- Formation of 3 kids club, one each in Magami, Mada and Shemori communities
- Referral of households to health facilities for HIV and other services. A total of 530 CGs and VC were referred for HTC but only 359 had complete referral. None was identified positive.
- Provision of services to enrolled VCs

**Table 33: Vulnerable children and caregivers served**

INDICATOR	Nine months Target	Achievements by Dec 30, 2015 (%)	CUMMULATIVE TARGET ACHIEVED (Dec 30, 2015)
No of vulnerable children served	1,224	13.6	<b>167</b>
No of caregivers served	408		
No of caregivers who know their HIV status	408	21.6	<b>88</b>
No of VC who know their HIV status	1,224	22.1	<b>271</b>
30% of households graduating in the program (No of VC graduated from the program)			<b>NIL</b>

#### **FULPEL**

FULPEL implements the VC program in 8 communities of Maradun LG areas of Zamfara state and in the reporting period, the following activities were carried out

- Advocacy to key community leaders and other stakeholders
- Re-identification, selection and training of 40 community volunteers
- Mapping out of service delivery point
- Reassessment exercise was conducted for 405 caregivers and 1,283 VCs. As a result of the reassessment it was discovered that 3 caregivers and 5 VC died.
- Development of care plan for reassessed Households and VC
- Establishment of 3 CQIT Faru, Maradun North, Maradun south in communities and LQIT in Maradun LGA
- Establishment of food bank to support VC and care giver during food shortage at Faru and Kaya communities
- Referral of households to health facilities for HIV and other services. A total of 215 persons (48 CGs and 167 VC) were referred for HTC but only 194 had complete referral. 2 VC and 6 CGs were identified positive.
- Provision of service to enrolled VC

**Table 34: Achievement against target for VCs and caregivers**

Indicator	Target (9 months)	Monthly Achievement (%) (December 2015)	Cumulative Target Achieved
No of vulnerable children served	1,484	11	<b>167</b>
No of caregiver served	495	9.7	<b>48</b>
No of VC who know their HIV status	1,484	10	<b>150</b>
No of caregivers who know their HIV status	495	8.9	<b>44</b>
No of children who are HIV +			<b>2</b>
No of care givers who are HIV +			<b>6</b>
30% of household graduating in the program (No of VC graduated from the program)			<b>Nil</b>

## Community Services

### Client Retention Services

ART, adherence and client retention training for health workers took place in Gusau from the 26<sup>th</sup> to 31<sup>st</sup> October, 2015. The training aimed at improving the capacity of participants to lead the implementation of client retention across their facilities. The community unit supported the training by facilitating sessions based on adherence, leading participants in facility walk through, and providing support in group sessions.

Continuous hands on mentoring was being provided to the engaged volunteers and facility staff towards the provision of quality adherence counselling services and tracking aimed at improving retention of clients. A total number of one thousand seven hundred and eighty seven (1787) persons which includes 532 males and 1225 females were reached with adherence counselling services in the four CCT sites from October to December 2015. A total number of 319 defaulters were tracked out of which 137 returned, 11 dead and 8 transferred out in the four CCT sites from October to December 2015.

### Clinical Services

#### ART

A total number of **143** new clients tested positive and were enrolled into care and about **111** were enrolled into ART. Adherence to ART has improved significantly across the CCTs and clients are regularly assessing their medications.

Adherence assessment in FMC improved gradually in the quarter following the drafting of the GOPD doctors into the ART service delivery which makes the work “slightly” easier for the MOPD doctors who

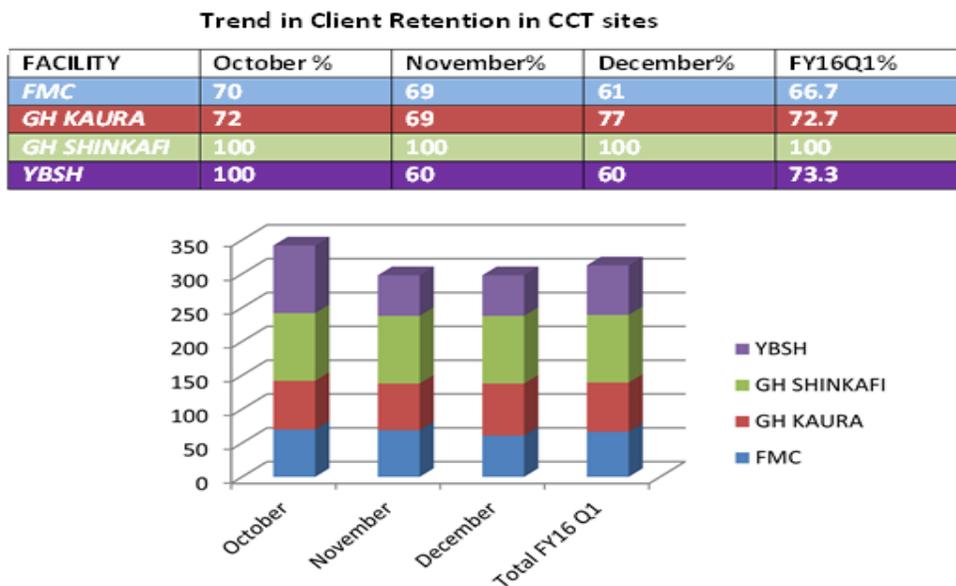
still see the bulk of the patient. Current adherence assessment rate obtained following audit of ART cards pins the rate at **72%**, an improvement the **67%** obtained in FY15Q4 from the same assessment. Effort at improving adherence at YBSH is still ongoing and expected to improve following the ART adherence training conducted at the state from which the hospital adherence counsellor benefitted.

CME on nutrition was conducted alongside the stepdown training in YBSH. There was also training on Pediatric ART conducted at the same facility. Both exercises were done in the pediatric unit of the hospital. The doctors and GOPD nurses in GHs Shinkafi and Kaura had training on ART/TB/HIV collaboration. Two of the training was conducted alongside the state TB coordinator who also delivered lectures on the new guideline for management of MDRTB. A total number of 3 doctors were trained in GH Kaura, one in Shinkafi, 15 in YBSH. About 34 nurses were trained across the CCTs. 5 laboratory scientists and technicians were trained in GH Shinkafi and Kaura.

**Client Retention**

There was a slight drop in retention rate in both FMC and YBSH from the values in FY15Q4. But overall, there is an improvement in the state retention rate to 78.2% - an increase over the **76.6%** of FY15Q4. GH Shinkafi had a retention rate of 100% over the quarter. This can partly be attributed to the renewed commitment of the PMO of the facility in HIV service delivery and supervised effort of the trackers under his supervision.

**Figure 18: Trend in client retention in CCT sites**



**Nutrition**

This is a new program area with training done for the HCWs within the quarter. There has been stepdown training at the GHs Kaura, Shinkafi and YBSH. Supplies of RUTFs are yet to be received by the states. Routine HTC was re-instituted at nutrition unit of FMC Gusau. The FMC nutrition department

gets their supply from the ministry of health. The delivery is actually meant for the CMAM program that the UNICEF operates through the SMOH. The communities that benefit from this program are majorly the hard-to-reach areas. The state nutrition officer only supplies FMC from the supply of another local government because the program was never meant for Gusau LG. This was based on the agreement between him and the nutritionist, stemming from the fact that some patients present to FMC from the surrounding communities. The nutrition department of YBSH in Gusau does not enjoy the same benefits and therefore no RUTF dispensary happens there.

GH Shinkafi is being supported by Save the Children program. The hospital operates as Stabilization centre mainly for in-patients and is only supplied with F-75 and F-100. The patients are referred to the OTPs (in the villages) in the community after discharge.

The nutrition unit in GH Kaura has just been constituted in the paediatric unit. And the unit only functions in nutrition assessment and no support is available for the supplements yet.

Advocacy visit has been paid to the regional nutrition manager for UNICEF to explore possible leveraging on their supply for these facilities but that yielded no result. The current program only supports three local governments in the state and the SMOH is expected to scale it up to other local governments.

### **Quality Improvement**

Continuous Quality Improvement was ensured by monthly quality improvement meetings across the CCTs. This serves as a means for gap identification and policy formation to address such gaps. The various facilities are working on different projects to ensure improvement in service delivery.

GH shinkafi had a project to improve ART adherence from 70% to 95% by 30<sup>th</sup> of November. Many moves taken to ensure this include trainings of more GOPD nurses to ensure that adherence can easily be done by all the nurses as services have completely been decentralized and integrated into the hospital mainstream. Adherence currently stands at 87% and the QI team has decided to extend the project to February 2016. Refresher training is expected to be re-conducted for the GOPD nurses within the period.

The QI team of FMC Gusau is currently working on Improvement of retention of adult clients from baseline 56.7% to 70% by January 30th 2016. The GOPD doctors have been drafted into ART service delivery as one of the approved measure to improve retention through ensuring clients can access their service any day of the week. The team is also working on improving TB screening to 95% but the current screening rate is at **88%** - from 81% for FY15Q4. CD4 request amongst adult population of clients have also improved with about 41% of follow up clients in the quarter having CD4 analysis done – an improvement over the 15.31% from the last NigeriaQual data analysis.

Working on Improving of retention of adult clients from baseline **66.7%** in October 22<sup>nd</sup> 2015 to **90%** by January 31st, 2016, the team in GH Kaura have had step down training for the doctors and GOPD nurses following the ART/Adherence training. Further deliberations at the QI meetings have led to the resolution that support group members of the community will meet in the hospital weekly and also to

involve hospital staff in tracking defaulters. Sequels to these measures, there have been gradual improvements to 79% at the end of last quarter.

Yerima Bakura Specialist Hospital worked on improving adherence assessment of adult clients from baseline 45% to 70% by December 31st 2015. Measures taken to achieve this involved organizing training for GOPD and pediatric doctors on need for adherence assessment and use of the care card. Current adherence assessment still stands at 62.5% (from folder audit for the quarter). The QI coordinator has agreed to extend the project till 30<sup>th</sup> March, though this will be communicated to the QI team at the next QI meeting. Continuous on the job mentoring is also being done to ensure that the clinicians fill the adherence section of the care card

## **SIMS**

The SIMS tool has been deployed to facilities as a means of service assessment and monitoring for improvement. The tool had previously been introduced to facilities before the USAID visit. Following the report of the USAID visit which was disseminated to affected facilities, the gaps identified were discussed at the various facilities and the scoring method also explained to enable facilities conduct the assessment on their own. Gap stopping measures taken so far include but not exclusive to the following; identification of new TB site at GH Kaura, expansion of the laboratory unit at GH Kaura, appointment of cough officer at GH Shinkafi, linkage of pediatric HIV clients to OVC services (SACA sponsored) at both Kaura and Shinkafi, tracking system strengthened at FMC with protocols provided, TB/HIV training at FMC with improvement in TB screening,

The SIMS tool has been re-administered at YBSH (ART monitoring), FMC (TB) and at GH Magami (PMTCT) after the introduction of this new measures with improvement across the measured domains. Full scale re-assessment using the tool is being suspended till Q2 to allow the introduced measures to have effects. The QI teams are however being encouraged to apply the tool on their own without necessarily waiting for MSH.

## **TB/HIV**

### **Intensify Case-Finding**

Clinical TB screening has been optimized across the various CCTs. This is basically done by the clinicians and ART nurses now. There is improvement in FMC and also slight improvement in YBSH. There is little drop at the screening rate in GH Shinkafi and Kaura – I think this can be attributed to traveling of the PMOs around the festive period. There is continuous on the job mentoring to keep increasing the rate.

**Table 35: TB screening results**

Health Facility	Clinic attendance	Screened for TB	% screened	TB suspect	TB confirmed	Started treatment
FMC	820	722	88	38	2	2
YBSH	176	90	51	11	1	1
GH KAURA	382	325	85	9	0	0
GH SHINKAFI	244	222	91	19	1	1

### **Infection Control**

The infection control committee at GH Kaura and Shinkafi are fully functional with routine facility assessment being done. Following the last TWG-JSV, the TBLS at the various LGs have been incorporated into the infection control committee of the facilities as well as into the QI teams. Major achievement at GH Kaura is the ongoing development of a new TB unit which the TB state coordinator is currently overseeing – the former unit is located in a stuffy room between the paediatric and female ward which serves as potential means of spread to patients and hospital staff.

The team at GH Shinkafi has identified a cough officer who provides cough etiquettes at congregate settings and also separate coughers to see the clinician before others.

Advocacy visit have been paid to the head of the infection committee in FMC. The committee has been redundant for a while, with the QI team overseeing most of the infection control activities. The laboratory waiting area currently serves as a potential problem with infection control due to the stuffiness and small space. This issue has been forwarded to the hospital management through the QI team, the laboratory team and the infection control team (recently drafted into the campaign).

### **GENEXPERT**

TB/HIV collaborative initiative initially propagated by the TWG/JSV activities and further strengthened by the TB/HIV training held across board has started showing significant results; a total number of 170 sputum samples were analyzed in the quarter, an improvement over the 132 analyzed in FY15Q4. 46 of the samples were positive and 3 MDR cases were identified.

A total number of 29 samples were from ART clinic with only 4 identified positive from FMC, YBSH and GH Shinkafi. The four clients have been commenced on treatment. It also worthy of note that 71 samples were received from outside facilities for the quarter following the recent Genexpert utilization scale up campaign.

## IPT

Clients have been placed on IPT to the capacity of the existing stock of INH. There is current stock-out of the drug and this has been reported. However this is an increase in new uptake across the CCTs from 100 in FY15Q4 to 144 in FY16Q1. This is because facilities like FMC and YBSH started placing new clients on INH from the stock of those currently on the prophylaxis following the TB/HIV campaign and they were advised against such exercise. The clinicians have been informed about the stock-out so as to prevent prescription by them and subsequent dispensary by the pharmacy unit. GH Kaura and Shinkafi still pre-package the drugs and have not started any client on it without ensuring such will complete the drug.

**Table 36: Tabulation of IPT implementation status across supported sites**

FACILITY	NO STARTED IPT OCTOBER TO DECEMBER	NO COMPLETED IPT OCTOBER TO DECEMBER	NO STARTED IPT SINCE INCEPTION	NO COMPLETED SINCE INCEPTION	STOCK REMAINING
FMC	72	41	520	236	0
GH KAURA	19	12	132	88	0
GH SHINKAFI	32	19	140	113	0
YBSH	21	8	151	147	0

## PMTCT

46 DBS samples were sent to UDUTH in FY16Q1, an increase over the 34 samples sent in FY15Q4. 8 positive results were received in the quarter. Only one of the babies passed through the PMTCT program with positive mother who presented for ANC and was diagnosed late in pregnancy (third trimester). Baby had 6 weeks nevirapine. The rest of the babies were brought to the hospital after delivery with one complaint or the other. The results have been communicated to the various facilities and the mothers of four of the babies have been tracked and babies have commenced treatment. One of the babies is said to be late (from the tracker's report). The other three are currently being tracked.

Turnaround time has gradually improved over the course of last of last FY. However, the average turnaround time in the quarter was two weeks (14 days).

**Table 37: Breakdown of the SPEEiD since inception in May 2014**

1	Total No of samples sent from Zamfara to Sokoto PCR Lab	130
2	Total No of samples received in Zamfara from Sokoto PCR Lab	115
3	Total positives identified	13
4	Minimum TAT with model	5 days

5	Maximum TAT with model	55 days
6	Average TAT with model	30 days

**Table 38: Significant achievements for HIV/AIDS services in Zamfara State for the quarter**

Indicator	Annual Target	Quarter achievement	Remarks
Monthly QI meetings	48	12	
ART initiation	173	111	
TB screening	1,010	1,359	Some of the clients were counted twice because they presented to the clinic twice during the reporting period - 2 monthly appointments. About 77 TB suspects were identified and 4 were positive and have commenced treatment
HIV positive adults and children with at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load (DSD)	1,030	1,359	Same as above. HCW who fill the care cards fill for both
PLHIV newly enrolled in HIV clinical care who start IPT and receive at least one dose, during the reporting period	55	144	An improvement over the 100 clients placed on INH in FY15Q4
DBS result collected	149	38	A great improvement over the last quarter where just 9 results were received.
Malnourished PLHIV who received therapeutic and/or supplementary food during the reporting period	12	4	4 among the MAM pediatric clients of FMC are positive clients and were provided with RUTF

#### **Inauguration of State-Level Technical Working Group**

As a result of strong efforts and continuous advocacy to relevant stakeholders to ensure sustainability, Zamfara State TWG for HIV/AIDS services was successfully inaugurated as a sub-committee of the State Management Team (SMT) in the quarter. The team has active members from the various important sector of the state health system; SMOH, HSMB, SACA, and facilities.

Two meetings were held in the quarter on either side of a highly successful joint supervisory visit. The state TB coordinator, director of clinical services at HSMB and the M&E SASCP (MOH) were all part of the JSV. Some successful achievements following this JSV and meetings have been highlighted above. In their speeches during inauguration ceremony the Director Public Health, State Ministry of Health who represented the Permanent Secretary and the SASCP Coordinator have both disclosed that the State has purchased some test kits for distribution to health facilities. This commitment is a move that demonstrates gradual ownership of the program by the state.

### Laboratory System Services

#### Routine Laboratory activities (sample logging, equipment maintenance, commodity logistics, etc.)

##### ***DBS Nipost SPEEiD Transport***

Within the period a total of **21** DBS samples from FMC Gusau, GH Kaura Namoda, YBSH Gusau, GH Shinkafi and GH Tsafe were transported to Sokoto from FMC Gusau by SLO due to inability of Nipost to transport the samples via SPEEiD model, and also a total of 38 results were received and all were negative including pending September results. Another **13** DBS samples were transported from FMC Gusau to PCR Lab UDUTH Sokoto via Nipost SPEEiD, and received a total of 13 results 4 positive and **9** Negative.

**Table 39: DBS samples results**

Month	Total # sent	Total # Received	# Positive	# Negative	# of Samples Rejected
October	21	38	0	38	0
November	13	13	4	9	0
December	11	0	0	0	0

### Advocacy for Sustainability of System and Services

#### ***SACA /HSMB***

To successfully transit quarterly IQA review meeting to the state, MSH made an advocacy to the State Agency for the Control of AIDS and Hospital Services Management Board during the reporting month.

#### **Outcome**

SACA will support all facilities in the state including **TBLCP** on request to with RTKs to facilitate the program SACA Program Manager advised hospitals to sponsor lab focal persons attending quarterly review meetings through internally generated revenue. Both the Secretary and Director Laboratory services to the HSMB agreed with the idea and pledged look into and see the possibilities of taking the ownership of the program

## **GH KAURA**

MSH advocated for the expansion of GH Kaura Namoda Laboratory to accommodate new BD Facs CD4 machine procured by the project as donation to the facility.

### **Outcome**

While work is in progress to expand the lab, the facility management has made efforts to decongest the lab to provide enough space for the additional CD4 machine.

### **IQA Activities**

During the Quarter a one day IQA Review meeting was conducted at General Hospital Tsafe on December 17, 2015. Participants were drawn from GH Kaura Namoda, GH Shinkafi, YBSH Gusau FMC Gusau, King Fahad Women and Children Hospital Gusau and GH Tsafe. Other stakeholders who participated in the review meeting, which was chaired by Deputy Director Laboratory Services HSMB, were the State QA TBLCP and MSH Laboratory Systems Staff Zamfara State.

### **Outcome**

- 4 CCT and 2 PMTCT Sites prepared their DTS Panels and distributed to different testing points within their facilities. Below is the distribution of panels to testing points in facilities

**Table 40: Facility testing points and panels**

<b>Facility Name</b>	<b>No. of Testing Points</b>	<b>No. of Panels</b>
GH Kaura Namoda	<b>7</b>	<b>37</b>
GH Shinkafi	<b>7</b>	<b>28</b>
GH Tsafe	<b>5</b>	<b>25</b>
Kin Fahad W&CH Gusau	<b>6</b>	<b>12</b>
YBSH Gusau	<b>6</b>	<b>35</b>
FMC Gusau	<b>6</b>	<b>18</b>

- Challenges of IQA transitioning to states and the way forward towards ensuring that IQA review meeting is maintained were also discussed.

### **AMLSN AGM /Workshop**

Zamfara State Senior Lab System Officer was among MSH staffs sponsored to attend a workshop organized by Association of Medical Lab Scientists of Nigeria (AMLSN), which was held during its 2015 Annual General Meeting in Harcourt, River state. The theme of the workshop was **combating acute and chronic health challenges: The medical laboratory, a critical tool.**

The objectives of the conference/workshop are as follows:

- To promote professional fraternity and cohesion amongst Medical Laboratory scientists in Nigeria
- To equip Medical Laboratory scientists with the latest and necessary information

on diagnosis of acute and chronic health challenges

- To enlighten Medical Laboratory scientists on cost-effective, all-encompassing scientific ways of combating acute and chronic health challenges in the workplace and elsewhere
- To examine economic, environmental and socio-political factors that can militate against combating acute and chronic health challenges in Nigeria and Africa as a whole while proffering appropriate solutions.

## **SLQMTT**

### ***Inauguration of SLQMTT***

With the support from Pro-ACT, Zamfara State Hospital Services Management Board led the inauguration of the SLQMTT on October 22, 2015. At the inauguration ceremony that took place at FMC Gusau, the HSMB Secretary charged the members of task team to work closely with the board so that impending challenges can be addressed without delay. State Team Leaders of MSH and Pathfinder gave good will messages at the event. The MSH STL in particular, tasked the team and entire laboratorians to work hard towards ensuring absolute quality of services rendered by the labs across the state. He emphasized the importance of regular supervision to sites by the team with support from the HSMB. For this he recommends that the SLQMTT should draw up a calendar for supervision and checklist to be used in assessment of competency of laboratories in the health facility in relation to waste management, quality testing, cleanliness and QMS.

### ***Orientation of SLQMTT members***

Following the successful inauguration of the State Laboratory Quality Management Task Team in Zamfara State, Management Sciences for Health organized one-week orientation (from 23<sup>rd</sup> to 27<sup>th</sup> November, 2015 ) to build the capacity of members to deliver their duties efficiently and effectively to meet the required standard of service delivery in both public and private laboratories in the state. The orientation was facilitated by Lab System Advisor on QA and Lab System Advisor General both from MSH Country Office Abuja. The team was supported by MSH Senior Lab Officer based in Zamfara.

Participants were drawn from the members of the SLQMTT that comprised staffs from HSMB, SMoH, AMLSN, IPs, CSOs as well as Heads of Laboratory Departments and LGA representatives.

### ***LQMS TOT Training***

In continuation with MSH PRO-ACT laboratory activities to build and institutionalize quality management systems trainings and practice in the supported laboratories and states, Management sciences for Health organized a one week training of trainer's workshop targeting members of the five MSH supported States. Laboratory Quality Management Task Teams, faculty members at various CPHCE centres, Laboratory managers, quality officers and laboratorian's .This is one of the series of trainings to prepare State Laboratory teams for transitioning of capacity development effort in the States. 30 participants were drawn across the states. The training took place at Brighter suites Hotel Minna, Niger state which was facilitated by Lab advisors and AD Lab MSH Abuja.

### ***Mentoring and Supportive Supervision***

The SLO participated in Joint Supportive Supervision in MSH supported facilities in the state, the index JSV was the first of its kind in featuring the presence of actors from the state health sectors. These stakeholders are also members of the Technical Working Group for HIV intervention in Zamfara State. The activities carried out during this supervisory visit was boosted by the presence of the Deputy Director Laboratory services from the State Hospital services Management board, the State TB and leprosy control coordinator from the State Ministry of health and the M & E officer for SASCP from State Ministry of health.

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

Due to Improper sputum sample collection for AFB/Genexpert analysis, the lab microbiology units in the facilities were mentored on proper sputum collection when handing out sample bottles Also brief trainings were given to the lab personnel on sputum sample collection by the STBLCO.

### ***GENE Xpert Sample Logging***

Genexpert sample logging was trashed out in details. The LG TB officer was detailed on when to pick samples from the facility and other sites in the local government (Kaura Fridays) Shinkafi LG TB rep agreed to move samples on Wednesdays. And transport to the FMC Gusau and also to bring back previous week results. Logistics now involves an

### **Health System Strengthening**

#### **Implementation Status of Facility Operational Plans**

Although little has been achieved in this because the year 2015 was ending, whereby attention of the State Ministry of Health and HSMB was focussed on general planning for 2016, the heads of General Hospital Tsafe and General Hospital Shinkafi, being the facilities supported by MSH to develop their first ever facility specific operational plans, have submitted letters to Zamfara State Hospital Services Management Board seeking for authorization to implement the plans. However, the two facilities have begun making contacts with community structures to sensitize them about the existence of the operational plan.

#### **Roundtable Meeting with Leadership of Tertiary Health Facilities**

MSH hosted, yet another successful meeting with the Key leadership from the project's five supported tertiary facilities that include the Federal Medical Center, Gusau, which was represented by the Medical Director, Director Finance, Head of Lab Services and ART Coordinator. The Aim was to address sustainability of the HIV/AIDS response at the tertiary facilities and federal level in the face of PEPFAR transition. The meeting, which was held in Abuja on December 16<sup>th</sup> 2015, lead to the development of strategies by individual Tertiary Health Facilities for effective taking over of PEPFAR support to sustain HIV/AIDS service provision.

Having identified the huge resource gap created by the PEPFAR transitioning of support so far, the FMC team at the meeting strategized to mobilize resources as follows:

- Advocacy to Zamfara SACA to continue to provide the facility with RTKs and Lab Reagents

- Use internally generated revenue (**Lab, O and Maternity, Paediatrics**) to take care of HIV patients on treatment.
- Improve on Public-Private Sector participation to source OI drugs.
- Ensure that specific components of HIV/AIDS care and treatment are captured in the facility's annual budgets.

The meeting created an opportunity for the leadership of Tertiary Health facilities supported by Pro-ACT to not only interact with the Project's leadership, but also with USAID, FMOH-NASCP officials and the Chairman House Committee on HIV/AIDS in the National House of Representatives.

### **Supply Chain Management Services**

#### **Stock verification at health facilities**

Physical inventory of commodities to verify stock balances was conducted at all the four (4) CCT sites. This resulted in generation and submission of September – October 2015 CRRIRF reports from the Comprehensive sites. Subsequently, RTKs, ARVs and OI drugs were delivered to all the facilities.

#### **Supplies of CD4 reagents**

Followed up with SCMS/JSI on supplies of CD4 reagents which were wrongly supplied GH K/Namoda instead of GH Shinkafi. Reagents were retrieved and appropriately delivered to GH Shinkafi.

#### **State support**

Supported the State Logistics Management Coordinating Unit (LMCU) in the collection of September – October 2015 bimonthly reports from all the fourteen (14) PMTCT sites, resulting in reports being submitted timely.

#### **Coordination with Axial Warehouse Sokoto**

MSC logistic and Supply Chain Management unit sustained coordination with Axial Warehouse Sokoto in ensuring that Last Mile Delivery of commodities captures quantities of commodities needed by all facilities as per CRRIRF submitted. An error in allocation to GH Kaura Namoda was observed and the warehouse informed to effect correction.

#### **State Response**

ZAMSACA provided haematology and chemistry reagents to support health facilities for conducting of tests to HIV positive clients, as part of state ownership and sustainability of HIV/AIDS services. Already, clients have started benefiting from the Clinical Chemistry and Haematology investigations.

#### **Transitioning of HIV services at PMTCT sites to State Government**

HIV services at two (2) PMTCT sites (GH Bakura & PHC Kurya) were transitioned to the State government on 30<sup>th</sup> September 2015. However, HIV Rapid Test Kits from PEPFAR pool were supplied to the sites following November 2015 LMD. The total cost of commodities supplied the sites stood at \$356.00

## Capacity-Building

On-site support was provided to health facility staff on procedures to follow in order to access needed haematology and chemistry reagents from ZAMSACA for use at the facilities. Support was provided to facility staff of health facilities in conducting physical inventory of commodities so as to verify stock balances. This resulted in generation and submission of CRRIRF reports for September – October 2015 review period, for the purpose of resupply of commodities.

## Supply Chain Management

The SCMS was able to generate and submit CRRIRF & PPR reports from the 18 supported health facilities. Father more, RTKs, ARVs and OI drugs were delivered to all the health facilities to ensure availability of health commodities across the health facilities.



*Laboratory Reagents supplied by ZAMSACA as part of ownership and sustainability of services*

## Monitoring and Evaluation

### M&E Monthly Review meeting for data harvest and quality data checks

Data reported during the period under review by the LACA and facility M&E officers via DHIS eNNRIMS platform were reviewed during the meeting to ensure quality before reporting to the next level. The process however involved triangulating data reported via DHIS platform with that of monthly reporting summaries of HCT, ART and PMTCT while in some cases source document/registers were also examined to ensure accuracy. The meeting is an avenue to review overall state performance; discuss data quality issues, track reporting rate and timeliness of data reporting across health facilities providing HIV services in the state.

In addition, health facilities with data inconsistency during the review meeting were advised to follow the NHIMS guidelines of service delivery for documentation, and reporting while appropriate measures were taking to proffer solutions and avoid future occurrence & LACA M&E officer's in the affected facilities/LGAs will intensify effort to regularly mentor the facility staff and ensure quality data documentation and reporting.

### Quarterly data validation of reported data

Regular mentoring, and supportive supervision to support activities of service providers and strengthened their capacity to ensure high quality data documentation and reporting to the next level were given top priority during the period under review aimed at ensuring strict adherence to National reporting guidelines including MER and SOPs to achieve quality data reporting, and information flow.

As part M&E *exit strategy*, transfer of skills through hands-on training to build capacity of facility Medical Record/M&E officers and LACA remain very essential for ownership and sustainability to ensure high quality data and timely reporting of information to the next level.

During the quarter under review, the data for the period of **October** to **December**, 2015 were reported to MSH field office and state via DHIS eNNRIMS while MSH M&E team revalidate for quality measurement. It's a clear sign an ownership gesture from the health facility taking the lead in reporting their facility timely, and accurately to the state and other stakeholders.

#### **RADET data validation exercise across 4 Comprehensive sites and reporting of APR into DHIS/DATIM for USG**

The retention and audit of ART clients exercise for APR FY15 reporting using Retention and Audit Determination tool (RADET) was very successful across MSH comprehensive sites, the exercise achieve the following:

- Review of data reported for FY15 and ensure its tallies with the information populated in the RADET template
- Updates of RADET database and entry of new clients into the database and data triangulation with the MSH database for the period of **Oct 14** to **Sept 15**
- Physical counting of all clients folders on ART was conducted and Pre-ART to be able to report current on care indicator using the new MER reporting guideline.

After thorough review and validation of data using both RADET and MSH database, DHIS DATIM platform was used to report the state project achievements for APR FY15 and it was timely with review and approval of data for all indicators by Snr. M&E Specialist after the entry. The data reported meet the highest standard of reporting.

#### **Capacity-Building**

The MSH Pro-ACT M&E team participated in the capacity building training and technical session for PHDP and scope of work development of grantee CSOs aimed at building the capacity of CSOs M&E and program officers and another training on Nutrition intervention targeting HIV positive pediatric outpatient therapeutic program.

#### **EMR**

In preparation for the EMR scale up in FMC Gusau, the team comprised of HOD Medical Records, and MSH staff with IT officer went round to the hospital sites to identify potential units where the laptops and server room will be located for the EMR scale up project in the facility.

#### **Data use for decision-making to improve quality of care and service delivery**

A data-based approach to strategic decision making is one commonly advocated strategy for increasing efficiency and competitiveness and meeting external demands for accountability The M&E team after collation and reporting of monthly data, the data were then analyzed objectively and communicated to

program staff indicating project milestone and gaps analysis by program areas with practical recommendations to bridge the identify gaps and ultimately enhance the quality of care, and service delivery across MSH supported sites.

Thus data brings efficiency and effectiveness in the strategic decision making process. Project M&E team will continue to track measures put in place to address issues/challenges identified and report lesson learnt and best practices in program implementation.

## **Cross-Cutting 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 comprehensive care and treatment sites. The project has also supported the inauguration of State Laboratory Quality Improvement task teams. 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, LGAs, SACA and state policy makers to ensure state governments not only make budgetary provisions for supporting transitioned PEPFAR supported services, but that they also actually release those funds to support planned activities and services.

### **Governance and Leadership**

Pro-ACT provided technical support to all states to 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 womens groups 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)**

Pro-ACT has continued to follow up on the three of the five Pro-ACT supported states (Niger, Kwara and Zamfara) that were provided with technical assistance to develop resource mobilization strategic plans to guide them in mobilizing resources for supporting the HIV response in their states continued in the reporting period. It is hoped that the mapped out strategic plans of the available resources and potential sources of additional resources in the states will yield positively towards harnessing more resources to ensure sustainability after MSH Pro-ACT.

### **Political Commitment**

Pro-ACT recognizes the role of political commitment in sustainability and has continued to engage the new government after the general election and swearing of new government officials across the states.

This will guaranty sustainability of the PEPFAR investments in HIV/AIDS services that would assure the health of beneficiaries and sustainability of project interventions by supported state governments. Pro-ACT recognizes the need for robust fiscal budgetary allocations to supported states and has continued to engage 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. States are being supported to develop policy briefs and investment cases to use in defending HIV budgets.

### **Local Capacity-Development**

Pro-ACT has continued to strengthen the technical capacity of the state at the state, Local Government Area, and community levels through a series of trainings, mentorship and coaching aimed at transferring knowledge and skills needed to drive quality and sustainable HIV/AIDS and TB services in the state. Hands-on mentoring by the project was provided on infection risk assessment across comprehensive care and treatment sites as well as providing on the spot hands on mentoring and strengthening infection control measures, and deploying infection control policy/plan to the facilities for adaptation in all the 5 states.

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, medical record and laboratory staff, as well as staff of Community Based Organizations. In addition, the project has continued to provide TA to the Center for Continuous Professional Education (CME) which was established (using grants mechanism) in each of the five states to address the human resources for health 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 center 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.

As part of the local capacity building, the project during the quarter continued to mentor members of the newly formed State Laboratory Quality Improvement Management Task Teams in skill of managing and supporting quality lab services across all the 5 states.

## Implementation challenges (Cross-Cutting)

### IR 1 Strengthened CSO, community structures for sustained HIV/AIDS and TB services

#### Community

- Delay from the former partner-Adolescent Support Organization (ASO) that implemented OVC programming during last grant to transition the OVC to the new partner (HFDI) in Ilorin.
- Transitioning DHI's children to CLAP for service provision has become a challenge as DHI refuses to meet for discussions. This challenge may eventually affect CLAP's activities as the number of children to be transitioned forms part CLAP's target for this grant cycle.
- Many HTC testing points are not functional especially in SHS due to critical shortage of trained facility staff as well as lack of commitment on the part of the trained staff.

### IR 2: Sustained access to quality integrated HIV/AIDS and TB services and products Clinical Care Services

#### Clinical

- To review and implement transition/sustainability plan for 2nd batch of PMTCT sites (5-11 identified positives) for transition to SMoH by 31st March 2016
- Following a needs assessment and in collaboration with the Centre for Health Professional Continuing Education (CHPCE), conduct PMTCT/ EID capacity building and update training for health care workers with focus in facilities to be transitioned in March 2016
- To continue the provision of qualitative PMTCT services in all supported sites
- Increased Advocacy to Various SMoH / Government for increased program ownership for transitioned PMTCT services
- Conduct a post training impact evaluation
- To work on facilities with lowest retention, following retention and transition analysis from the clinical retreat
- Following USAID guidance, strategize to transition in phases all CCTs to state governments
- Follow up on TWG activities and gradual handover of the supervisory and monitoring role to the state
- Continuous facility mentoring to ensure 90% retention and case file reviews across the CCTs
- Conduct robust CMEs on client retention across all the tertiary hospitals
- Follow up for easier identification on the tagged client's folders with VL >1000 copies, whose names are on the VL register
- Addressing implementation gaps in uptake of IPT in the quarter including children will be a priority
- Facility level TB screening gaps will be review with emphasis on addressing facility specific challenges impacting TB screening
- Poor treatment uptake among PLHIV who are co-infected with TB
- Untimely identification of babies who are due for delays in DBS sample collection

- High level of bureaucracy at FMC Gusau is making it impossible to reconstitute the redundant infection control committee
- General understaffing of the general hospitals continues to be a challenge to quality service delivery as ART nurses are being used to attend to clients in some facilities for example GH Shinkafi has just one doctor for the entire community.
- Tracking to distant communities also remains a challenge as most trackers only track within the immediate community thus retention is still low in the program. Also the non-existence of a defaulter tracking team across the remaining CCTs continues to affect our retention rate across those facilities.

### **Supply Chain Management System**

- Short dated Reflotron reagents supplied to the state which cannot be utilized by facilities before expiry. This will lead to an increase in the state waste drive.
- Reports from Pharmacy departments of FMC Gusau and YBSH on Logistics Management Information Systems (LMIS) for resupply and other decision making are not prepared as and when due. Provided the necessary TA to HFs staffs for improved LMIS reports and documentation.
- The stock level of Isoniazid 300mg tablets for IPT at the health facilities needs replenishment.
- Reports Logistics Management Information Systems (LMIS) for resupply and other decision making of two facilities are not prepared as and when due. The SCMS Specialist Provided the necessary TA to HFs staffs for improved LMIS reports and documentation from Pharmacy departments of on Logistics Management

### **Laboratory**

- Equipment down time of clinical chemistry and haematology in some supported sites (e.g. Beckman coulter in UDUTH, Reflotron Plus in Holy Family, SysmexKX21N in GH Tambuwal and in ability of BD Faspcrestos battery to charge
- Stock out of BD FacsPresto reagents at Adewole Cotage, Aisha Hospital,MAWCH and WCWH
- Non availability of P24 machine for HIV screening prior to blood transfusion in all MSH supported facilities except UDUTH
- Lack of support for viral load logging currently stalls transfer of samples to UDUTH laboratory
- Lack of cartridges to run CD4 on BD Facs presto machines in GH Tsafe and KFW&CH Gusau and CD4 samples were logged to FMC and YBSH Gusau.
- Short dated Reflotron reagents donations from NACA which were consequently supplied facilities will lead to an increase in the state waste drive.
- Erratic power supply across sites: advocacy to MoH / facility management to provide alternative source of power including inverters, Solar, generators and gasoline.
- Unavailability of waste disposal materials including bin liners, WHO approved colored waste bins, heavy duty gloves, functional incinerators, though there is an on-going advocacy effort to SMoH to provide these items.

- Unreliable supplies of VL reagents from the SCMS to the PCR laboratory in UDUTH has affected the routine request for monitoring client's progression and management.
- Inadequate Viral Load testing options and poor sample logging across CCTs.
- Low tracking and adherence counselling manpower across facilities especially tracking of clients in the VL failure / switch register

### **IR 3: Strengthened public and private sector enabling environments for ownership and sustainability**

#### **Monitoring and Evaluation**

- Poor documentation on the care card and loss of VIP clients documentation ( due to stigmatization these group of clients although they access their drugs but the data are not captured leading to poor retention).
- Incomplete filling of registers by both data clerks and facility staff in charge of HTC, PMTCT, and Pre-Art & Art registers etc.
- LACA M&E staff skills still poor and thus affecting data quality, however staff had intensify efforts in capacity building and sometime necessitate them getting monthly data from private hospitals.
- The newly engaged DEC's are yet to have a full understanding of data documentation despite frequent on-site mentoring, thus affecting timeliness in report submission both UITH and SH Sobi.
- Inability to organize and support monthly M&E meeting really affected the reporting rate via DHIS eNNRIMS e.g SOSACA's
- Poor entry or documentation into the CFU Register especially for babies who were not delivered
- Lack of INH register from NTBLCP deployed to most facility Pharmacies to capture the number of clients on IPT. This makes it difficult to have proper documentation of INH consumption for each patient in the facility. They are not captured in the CFU and as such those babies are missed.

#### **Health Systems Strengthening**

- High level of bureaucracy at FMC Gusau making it impossible to reconstitute the redundant infection control committee.
- The state government is yet to take over ownership of the LTWG and there is no political will and financial support by the state in carrying out logistics related activities.

## Planned activities for next quarter

### IR 1. Strengthened CSO, community structures for sustained HIV/AIDS and TB services

#### Community

- Engage the state Ministry of Women Affairs and Social Development through mentoring and TA to set up OVC quality improvement teams and conduct QI meetings.
- Continue to support the CSOs through mentoring and supportive supervision to ensure strict adherence to MSH/Pro-Act stipulated OVC strategies and service standards.
- Provide hands-on mentoring to PLHIV SLA's groups across 8 groups, aimed at strengthening self-sufficiency for the members and sustainability for the group.
- Continue to provide support supervision to facility staff and volunteers to ensure improve documentation of HIV services.
- Implement VC plan of action and Leverage data capturing tools from state structures (SACA, SMWASD, MDGs)
- Continued follow –up on SIMS action points to ensure continued improvement in the quality of service delivery.
- Follow up with grant CSOs in the implementation of PHDP and OVC services.
- Continue to provide guidance to facility staff and volunteers on HTC, adherence and tracking and ensure proper documentation of data.

### IR 2. Sustained access to quality integrated HIV/AIDS and TB services and products

#### Clinical services

- Continuous mentoring and supervision for improved retention and quality of care
- Follow up with the work plan developed at the IQA review meeting and the LQMS TOT
- Conduct LRF assessment across facilities in the state showcasing GH Suleja practice and achievement
- Follow up with all pending equipment repairs and servicing
- Train the staffs of NGSACA on Logistics management of health commodities, then mentor their staffs that would be working in the logistics unit of SACA
- To review the Niger state HMB DRFs monthly requisition and reporting templates as to address some challenges observed at facilities
- Monthly QI meetings& NigeriaQual data abstraction
- Technical support to UDUTH on routine viral load monitoring
- Post-training needs assessment
- Continued application of the SIMS tool and mentorship logbook to track and improve the quality of service delivery across all Pro-ACT-supported sites
- Continued advocacy for State Multidisciplinary Teams to lead State Quality Improvement activities and for full transition of the support of monthly Quality Improvement team meetings to respective facility leadership
- Conduct a stakeholders meeting with CMDs of 41 supported CCTs to review progress of NigeriaQual implementation in 5 supported states

- Conduct NigeriaQual data abstraction (Cycle 5) across all project states
- Initiate QI projects based on NigeriaQual Cycle 5 performance measures, to be implemented in a streamlined manner across all supported CCT sites
- Conduct training of healthcare workers and data clerks across Kwara, Kebbi, Sokoto and Zamfara States on quality improvement and NigeriaQual data abstraction; and upload data across all 5 project states onto the electronic platform

## **SCM**

- To support LMCU in the bimonthly report collection from all PMTCT sites.
- Follow up with all CC&T sites to ensure that quality CRRIRF and PPR reports are generated and collated.
- To support the state in holding its 12th LTWG meeting.
- To conduct Logistics training for EDP staff of Kwara State
- Redistribute INH tabs to MSH Zamfara to be deployed to facilities that are out of stock
- To continually build the capacity of LTWG Monitoring and evaluation sub-committee (LACA managers, LMCU and other stakeholders) as members of the LTWG in collection and validation of report.
- To populate and transmit Regimen Analysis Template to the CO.
- Follow up with the Permanent Secretary LGSC on pledges made by LG Chairmen to support bimonthly report collection.
- To continually provide guidance to facility staff on supply chain management best practices.
- Continue to follow up with the DPS on donations of multivitamins by some Pharmaceutical companies.
- Follow up with facility staff to ensure appropriate supply from JSI/SCMS.
- To continually provide guidance to facility staff on supply chain management best practices.
- Provide guidance to facility staff on supply chain management best practices. Continue to provide quality hands-on mentoring and supportive supervision to ensure improved service delivery and documentation
- Work with the DPS to on activities of TWG on Logistics in Sokoto State & others.
- Continue to build capacity of the Health Facility workers to improve their efficiency of commodities management
- To continually build the capacity of LTWG Monitoring and evaluation sub-committee (LACA managers, LMCU and other stakeholders) in collection and validation of reports.
- Conduct a data quality assessment of all logistics activities in the facilities between January and March 2016 using the logistics data assessment tool.

## **Laboratory services**

- To ensure uninterrupted sample logging across sites.
- Follow up on implementation of laboratory best practices across supported sites.
- Hold the first quarter LTWG general meeting for in the year 2016
- Provide technical assistance to focus to ensure the hosting of the next LTWG quarterly meeting.

- Support orientation and work plan development for SLQMTT in Kebbi and Sokoto States
- Harmonized panel preparation for internal quality assurance program for the supported states in accordance with the HIV Rapid Test Quality Improvement Initiative (HIV RTQII)
- Installation of BD FACSCount across the states
- Follow up documentation for LRF activities
- To Inaugurate and give orientation to State Laboratory Quality Management Task Team
- Continuous follow up on Laboratory quality management system to prepare site for Accreditation (UDUTH)
- Ensure monitoring and mentoring site for proper waste management.
- Continue monitoring and supportive supervision using SIMS checklist to prepare sites for good laboratory practice.
- Ensure proper documentation of IQA panel results in all supported facilities.
- Follow up for the preparations of HIV Serology DTS samples for 3rd Quarter IQA

### **IR 3. Strengthened public and private sector enabling environments for ownership and sustainability**

#### **Health Systems Strengthening**

- Continuous provision of technical support to the health facilities to further the drive for domestic resources and implementation of the facility operational plan.
- Capacity building for health managers, deployment and formal launch of the Kwara State Health Workforce Registry.
- HSS unit strategy review meeting.
- Continuous Government engagement and High level Advocacy on the gradual transitioning of PEPFAR HIV/AIDS services and sustaining of the state HIV/AIDS response.
- Continuous technical support to the Government platforms (SMT, RM TWG, SACA and SASCP) for improved capacity to own, lead and finance the state HIV/AIDS response.
- Submission of Abstracts for the IAS conference 2016 and finalization of documentation on the MSH Pro-ACT gradual transitioning experience.
- Capacity building for health planners on the one health tool for effective zero based budgeting and strategic/implementation plan costing.
- Conduct CSOs quarterly review meeting
- Facilitate a one-day interface meeting between NEPWHAN and relevant state Government agencies on increasing domestic funding for HIV/AIDS through citizens engagement.
- In view of capacity-building conducted across project states, the technical team will collaborate with upstream government in the project states to translate acquired knowledge and skills to results in the subsequent quarters of FY16
- Furthermore, following transition plans, identified proven technical packages will be institutionalized in supported facilities.
- State Team Leader to continue to engage HMB to scale-up LRF to cover other facilities that have not benefitted

- Liaise with the HSS team in the CO for the provision of facility Operational Plan at GH New Bussa as well as Support GH Tambuwal & Illela to implement facility operational plan in 2 selected hospitals
- Continued engagement with the State Government on budgetary funding and release for HIV/AIDS activities especially, on PEPFAR counterpart funding from the State Government.
- Follow up with the Permanent Secretary LGSC, Kwara on pledges made by LG Chairmen to support bimonthly report collection next quarter plans
- Provide support to SACA to inaugurate Resource Mobilization subcommittee of the SMT
- Follow up on the functionality of established LACA stakeholders' forum
- Conduct orientation to Resource Mobilization team for GH Tambuwal & Illela
- Support UDUTH management to reflect PCR lab commodities in its budget
- Continue to provide quality hands on mentoring and supportive supervision to sustain improved service delivery and documentation.
- Follow up on SOSACAT and SMOH on State take over PEPFAR support to Pro-ACT supported sites

### **Monitoring and Evaluation**

- The M&E team will continue to support the support the following activities across the states:
- Strengthen electronic data documentation and reporting using OpenMRS and DHIS (e-NNRIMS) platform
- Provide technical support to sites through LACA M&E officers on quality data documentation and reporting
- Support state government to use data for informed decision through data analysis and production of state bulletins or factsheets.
- Conduct a 2-day training on procurement of HMIS tools for SACA and SMOH in 5 supported project states
- Continuous Follow up with State SACA, SASCP, SMOH, and LACA M & E officers to strengthen the M&E system
- Strengthen data quality across the states through regular technical assistant on proper data documentation and site support
- Continue to provide support to the State M&E teams to improve the quality of data reported.
- Build the capacity of medical records staff in the 41 CCT sites in order to collect correct and accurate data and use analyzed data for decision making
- Provide necessary guidance and support for all M&E-related activities in the state to achieve sustainable M&E system
- Continue to liaise with clinicians in ensuring client information are accurately documented in the ART care cards, and also with health facility personnel in populating the registers
- Finalize internal data quality assessment and validation of client using RADET tool
- Engage another OR consultant to commence deeper evaluation of clients' treatment outcome for operations research
- Provide support for the SIMS exercise

- Mentoring and supportive supervision to health facilities for transfer of skills and ensure quality data documentation, reporting for ownership and sustainability including the new USG MER guidelines
- Continue monitoring and supportive supervision using SIMS checklist to prepare sites for any possible DQA and USAID visits.
- To support SACA/SMOH to conduct monthly M&E meeting to be able to sustain the achievement recorded so far.
- To vigorously pursue the completion of folders documentation into Pre-Art and Art registers respectively in UDUTH.
- To follow up to a logical conclusion the deployment of Open EMR in 3 pilot sites and deployment in 16 scale up sites
- Conduct Data Review meeting.
- Conduct RADET validation across state
- Continue data re-capturing into ART, LTFU/TO/Death register and RADET template in HFs
- Conduct a refresher training for LACA M&E officer, facility M&E officer and DEC's on proper documentation and reporting via both national and MSH data collection tools
- Distribute all the necessary HMIS tools and MSH tools to all the supported facilities based on request
- Provide guidance and support all activities in the state related to monitoring, evaluation and strategic information to achieve sustainable M&E system in state

## Performance monitoring plan – progress summary

Performance Monitoring Plan: PROGRESS SUMMARY											
Indicator	Data Source	Baseline data		FY 2016		Quarterly Status - FY 2016				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
<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	Pro-ACT Database	COP 08	21	161	161					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)	Pro-ACT Database	COP 08	30,260	122,435	45827	45827				37%	Y
(Denominator ) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	Pro-ACT Database	COP 08	New indicator	0	625	625					

Indicator #P1.2.D Output: Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to- child- transmission	Pro-ACT Database	COP 08	399	1,437	604	604				42%	Y
Numerator: Number of infants who had a virologic HIV test within 12 months of birth during the reporting period	Pro-ACT Database			1,437	357	357				25%	Y
Number of infants born by HIV+ pregnant women	Pro-ACT Database			0	504	504					

Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	Pro-ACT Database			57%	70%	70%				70%	Y
Sub-IR: Prevention/Testing and Counseling											
Indicator # P11.1.D: Output: Number of individuals who received testing and counseling services for HIV and received their test results (including PMTCT)	Pro-ACT Database	COP 08	114383	274,414	110291	110,291				40%	Y

Indicator # P11.1.D: Output: Number of individuals who received testing and counseling services for HIV and received their test results (HCT Sites Only)	Pro-ACT Database	COP 08	114383	151,979	62781	62,781				41%	Y
Indicator #P11.3.N: Outcome: Percentage of health facilities that provide HIV testing and counseling services	Pro-ACT Database			100%	100%					100%	Y
Sub-IR: Care/"Umbrella" Crae Indicators (formerly Adult Care and Support)											

Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services (Newly enrolled)	Pro-ACT Database			2,594	683	683				26%	Y
Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (DSD)	Pro-ACT Database			18,342	2818	2,818				15%	N
Sub-IR: Care/Clinical Care											
Indicator #C2.1.D Output: Number of HIV-positive adults and	Pro-ACT Database	COP08	8031	31,150	21,276	21,276				68%	Y

children receiving a minimum of one clinical service											
Sub-IR: Care/Clinical Preventive Care Services - Additional TB/HIV											
TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	Pro-ACT Database			90%	59%				50%	Y	
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	Pro-ACT Database			30,538	16426	16,426				54%	Y

<b>Numerator:</b> The number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	Pro-ACT Database	COP 08	927	355	75	75				21%	N
<b>Denominator:</b> The number of registered TB cases with documented HIV-positive status during the reporting period	Pro-ACT Database			508	130	130				26%	Y
<b>Sub-IR:</b> Treatment/ARV Services											
<b>Indicator #T1.1.D</b> Output: Number of adults and children with advanced HIV	Pro-ACT Database			4,910	1860	1860				38%	Y

infection newly enrolled on ART											
Indicator #T1.2.D Output: Number of adults and children with advanced HIV infection receiving ART therapy	Pro-ACT Database			24,933	29,140	29,140				117%	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	Pro-ACT Database				0						Reported annually

have stopped ART, and those lost to follow-up											
Indicator #T.1.3.D Number of adults & children who are still alive and on treatment at 12 months after initiating ART	Pro-ACT Database				0						Reported annually
Indicator #T1.4.D Output: Number of adults and children with advanced HIV infection who ever started on ART	Pro-ACT Database				52,340	52,340					

Indicator # T.1.5.D Output : Number of health facilities that offer ART	Pro-ACT Database			41	41					100%	Y
Intermediate Result (IR): 14.2 Increased access to quality HIV/TB services, practices and products in selected States											
Sub-IR: Health Systems Strengthening/Human Resources for Health											
Indicator # H2.3.D: Output: Number of health workers who successfully completed an in-service training program					614	614					
Sub-IR: Health Systems Strengthening/Laboratory											
Indicator H1.1.D: Outcome: Number of testing facilities (laboratories) that are	Pro-ACT Database	COP 08	17	41	41	41				100%	Y

accredited according to national or international standards											
<b>Sub-IR: Health Systems Strengthening/Medical products - ARV Drugs</b>											
<b>Indicator #H5.3.N Outcome: Percentage of health facilities providing ART that experienced stock-outs of ARV in the last 12 months</b>					<b>0</b>	<b>0</b>				<b>0%</b>	<b>Y</b>
<b>Intermediate Result (IR): 14.3 Strengthened public, private and community enabling environments</b>											
<b>Sub-IR: Systems strengthening of States and Local Governments to decentralize HIV/AIDS service delivery</b>											
<b>Planning:</b>											
<b>Output: Number of state and local governments with strategic plans that are</b>	<b>Program Report</b>	<b>COP 08</b>	<b>0</b>	<b>5 States</b>	<b>5 States</b>					<b>100%</b>	<b>Y</b>

<p>costed and have performance monitoring plans with clear targets and indicators (LMS Indicator Menu). Costed plans showing contributions of state and local government and their partners</p>											
<p>Output: Number of states and local governments who have annual operational plans for the current year with budgets that are used to monitor activities and</p>	<p>Program Report</p>	<p>COP 08</p>	<p>0</p>	<p>5 States</p>	<p>5 States</p>					<p>100%</p>	<p>Y</p>

outputs (LMS Indicator Menu)											
<b>Monitoring and Evaluation:</b>											
Output: Number of state governments and LGAs demonstrating increased capacity for using data for decision making (LMS Indicator Menu)	Program Report	COP 08	0	5 States	5 States					100%	Y
<b>Overall Health Systems Strengthening:</b>											
Output: Number of local organizations (including grassroots CSOs and other CSOs) provided with	Program report				14					100%	Y

technical assistance for HIV-related institutional capacity building (PEPFAR indicator 14.3)											
Sub-IR: Small Grants Program for grassroots organizations											
Output: Number of CSOs receiving grants to deliver community HIV/AIDS services linked with health facilities	Program report				14					100%	Y
Output: Number of CSOs awarded new grants					14					100%	
Sub-IR: Quality Assurance of health and HIV/AIDS services											
Output: Number of states in which a system for	Program Report	COP 08	0	5 States	5 States					100%	Y

<b>quality assurance has been institutionalized and maintained (LMS Indicator Menu)</b>												
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## Success Story: MSH Empowers PLHIV Economically - The Story of Ronke

Ronke Taiwo (not her real name) is a 45-year-old woman who lives in Omuaran local government area in Kwara State with her husband and five children. Together they manage a patent medicine shop and make a small profit of 2,000 naira (\$10) monthly. Fending for her family on the lean income was difficult. Ronke is also HIV positive and a member of the support group in Kwara.



Ronke in her patent medicine shop in Kwara state

In November 2014, the PEPFAR-USAID funded Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT) project, implemented by Management Sciences for Health (MSH) working in Kwara state, selected Ronke and three other women living with HIV from the support group in her community to be trained on savings and loans in Minna, Niger State.

The aim of the training was to economically empower these women to be able to support their families

and not rely on the monthly stipend MSH has been supporting them with for the past four years up until 2014. After the training, she formed a Savings and Loans Association in her community, called Alaafia Tayo meaning good health is joy, with 13 members. They meet once a month and make a monthly contribution each of 500 naira.

Six months after Alaafia Tayo was formed, Ronke was able to access a loan from the association to improve her business. She specifically used the loan she got to buy paracetamol (pain reliever) in cartons which she sells to other patent Medicine Vendors in her community and environs. From the sale of the paracetamol, she makes a monthly profit of 5,000 naira (\$25), which is half of the loan she received from the association and now she has made plans to open her own Patent medicine shop. Ronke who is also the coordinator of the association and an advocate of the SLA, has been encouraging other PLHIV in her community to join the association and get empowered financially.

Ronke said *“The SLA has afforded me the opportunity to access a loan which has improved my business. It has also enabled more members to join our support group in Omuaran and has assisted us to meet the needs of our children”*

## Success Story: MSH Recognized for its Fight against HIV in Nigeria



*Dr. Ndulue Nwokedi, Pro-ACT Deputy Project Director, receiving the award from the NEPWHAN National Coordinator on behalf of MSH, in Abuja Nigeria*

The Network of People Living with HIV and AIDS in Nigeria (NEPWHAN) presented MSH Nigeria with the “Most Friendly HIV Partner of the Year” award in recognition of MSH’s outstanding contributions to the fight against HIV in Nigeria.

On November 28, the Network of People Living with HIV and AIDS in Nigeria (NEPWHAN) presented MSH Nigeria with the “Most Friendly HIV Partner of the Year” award, in Abuja, Nigeria. The award night was also in commemoration of this year’s World AIDS Day celebration, themed “Getting to Zero: End Aids in Nigeria by 2030”. The award was in recognition of MSH’s outstanding contributions to the fight against HIV in Nigeria. National Coordinator NEPHWAN, Victor Omoeyin, said MSH has been a long standing pillar of support for the organization.

MSH, through its USAID funded Prevention Organization Systems AIDS Care and Treatment (Pro-ACT) project, strengthened the organizational and technical capacity of over 39 PLHIV peer support groups and five state chapters of NEPWHAN. A series of workshops using the MSH Leadership Development Program Plus (LDP+) was conducted for executives of PLHIV support groups and NEPWHAN, and as a direct result the Sokoto state chapter was able to access a grant for N13 million naira (\$65,000) from the State Agency for the Control of AIDS (SOSACA). The Zamfara state chapter of NEPWHAN was successfully reactivated in 2015 and inaugurated through the support of Pro-ACT.

MSH also worked with the national chapter of NEPWHAN through the Capacity Building (CB) project and Program to build Leadership and Accountability in Nigeria's Health System (PLAN-Health) project funded by USAID. PLAN-Health’s intervention focused on institutional system strengthening and governance. It

strengthened NEPWHAN's capacity to coordinate other members of its network and to develop a PLHIV support groups operational manual.

Omoseyin said, "If Nigeria is to end AIDS by 2030, there is a need for policy makers and implementers to discuss strategies for ending AIDS in Nigeria, and to identify sources of domestic funding."

Nigeria has the second highest burden of HIV in the world second to South Africa. In 2013, UNAIDS estimated that 3.2 million Nigerians were living with HIV.