

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

Quarterly Progress Report, April – June, 2014

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

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

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

Quarterly Report

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Acronyms

AB	Abstinence Be faithful prevention strategy
ACT	AIDS Care and Treatment (MSH Project that proceeded Pro-ACT)
ANC	Ante natal care
ART	Anti-retroviral Therapy
APR	Annual Progressive Report
ARVs	Anti-retroviral drugs
BCK	Basic Care Kits
CCT	Comprehensive Care and Treatment
CDC	Centre for disease control
CHPCE	Centre for Health Professional Continuing Education
CME	Continuing Medical Education
CISHAN	Civil Society on HIV and AIDS Nigeria
CSO	Civil Society Organization
DBS	Dried Blood Spot
DHIS	District Health Information System
DOTS	Directly Observed Therapy Short Course (for TB)
DOD	Department of defence
EID	Early Infant Diagnosis (for HIV-Infection)
EMS	Expedited Mail Service
EQA	External Quality Assurance
FSW	Female sex worker
FMC	Federal Medical Centre
GH	General Hospital
HAART	Highly active anti-retroviral therapy
HIV and AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HRH	Human Resources for Health
HSMB	Health Services Management Board
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
INH	Isoniazid
IP	Implementing Partner
IPT	Isoniazid Preventive Therapy
IMPAC	Integrated management of pregnancy and childbirth
IMCI	Integrated Management of Childhood Illness
INCREASE	International Centre for Sexual Reproductive Right
IR	Intermediate Result
KESACA	Kebbi state agency for the control of AIDS
LACA	Local Action Committee on AIDS
LDP	Leadership Development Program
LGA	Local Government Area
LMS	Leadership, Management and Sustainability Program of MSH
LTFU	Lost to follow up
M&E	Monitoring and Evaluation
MARPs	Most at Risk Populations (for HIV)

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

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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 – July 15, 2015
Name of Implementing Partner	Management Sciences for Health
Contract/Agreement Number	620-A-00-09-00013-00
Name of Subcontractors/sub awardees	Axios Foundation
Major Counterpart Organizations	Government of Nigeria: FMoH, SMoH, NACA, SACA
Geographic Coverage	Kebbi, Kwara, Niger, Sokoto, Zamfara
Reporting Period	April – June 2014

Program Description/Introduction

MSH's Leadership, Management and Sustainability Program (LMS) is a global five-year USAID funded Cooperative Agreement designed to develop leadership and management skills at all levels of health care organizations and programs to effectively address change and improve health outcomes in the areas of family planning, reproductive health, HIV and AIDS, infectious disease, and maternal and child health. In Nigeria, the LMS Program implements the Prevention organizational systems AIDS Care and Treatment Project (LMS Pro-ACT), a PEPFAR funded associate award with the goal of building the capacity of Nigeria's public, private, and community sectors for sustainable HIV and AIDS and Tuberculosis (TB) prevention, control, care, and treatment. LMS Pro-ACT began operations in August 2009 taking over from the AIDS Care and Treatment (ACT) Project that started in October 2007. Up to July 2013, Pro-ACT supported 6 state governments in Kogi, Niger, Kwara, Kebbi, Adamawa and Taraba states, and operated 30 comprehensive HIV and AIDS treatment centers. In August 2013 the project received a modification which extended its life by one year and changed the geographical focus to the five states of Niger, Kwara, Kebbi, Sokoto and Zamfara. The project now supports 40 comprehensive HIV and AIDS treatment centers. With its main office in Abuja, Nigeria, Pro-ACT is decentralized to the state government level and has offices in each of the 5 states that bring technical support closer to the areas of greatest need.

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

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

SUMMARY OF RESULTS TO DATE

[Strategic Objective]								
Standard Indicators	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4	Annual Performance Achieved to the end of reporting period (in %)	On Target Y/N
Intermediate Result (IR): 14.1 Increased demand for HIV/AIDS and TB services and interventions, especially among selected target groups								
Sub-IR: Prevention/Prevention of Mother to Child transmission								
Indicator #P1.3.D Output: Number of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site	198	198				0	100%	Y
Indicator #P1.1.D Output: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	159,941	163663	45623	63686	54354	0	102%	Y
(Denominator) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	5,236	2122	555	805	762	0	41%	N
Indicator #P1.2.D Output: Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	2,970	1785	423	696	666	0	60%	N

Numerator: Number of infants who had a virological HIV test within 12 months of birth during the reporting period	2,970	413	105	135	173	0	14%	N
Number of infants born by HIV+ pregnant women		1218	349	406	463	0		
Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	57%	34%	30%	33%	37%	0	59%	N
Sub-IR:	Prevention/Sexual and other Behavioral Risk Prevention							
Indicator #P8.2.D Output: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	2,721	6758	3248	3376	134	0	248%	Y
Indicator #P8.1.D Output: Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,137	13559	6629	4461	2469	0	167%	Y
Number of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet minimum standards	5,367	2063	1175	724	164	0	38%	N
Indicator #P.8.4.D Output: Number of targeted condom service outlets		28	24	4	0	0	0	
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)	581,379	352758	103,128	121,003	128,627	0	61%	N
Indicator # P11.1.D:Output: Number of individuals who received testing and counseling services for HIV and received their test results (HCT Sites Only)	410,585	195204	56,935	65,681	72,588	0	48%	N
Indicator #P11.3.N: Outcome: Percentage of health facilities that provide HIV testing and counseling services	100%	100%				0	100%	Y
Sub-IR: Care/"Umbrella" Care Indicators (formerly Adult Care and Support)								
Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services (Newly enrolled)	12,000	1594	0	0	1594	0	13%	N
Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (DSD)	40,000	2120	0	0	2120	0	5%	N
Sub-IR: Care/Clinical Care								
Indicator #C2.1.D Output: Number of HIV-positive adults and children receiving a minimum of one clinical service	53,615	45123	17,223	19,390	8510	0	84%	Y
Sub-IR: Care/Clinical Preventive Care Services - Additional TB/HIV								
Indicator # C2.4.D Number of HIV-Positive patients who were screened for TB in an HIV care or treatment settings	48,254	16186	5284	5809	5093	0	34%	N

TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	90%	36%	31%	30%	60%	0	40%	N
Numerator: The number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	48,254	16186	5284	5809	5093	0	34%	N
Numerator: The number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	2,515	308	88	112	108	0	12%	N
Denominator: The number of registered TB cases with documented HIV-positive status during the reporting period	0	496	131	242	123	0	0	
Sub-IR: Treatment/ARV Services								
Indicator #T1.1.D Output: Number of adults and children with advanced HIV infection newly enrolled on ART	11,538	4990	1550	1594	1846	0	43%	N
Indicator #T1.2.D Output: Number of adults and children with advanced HIV infection receiving ART therapy	35,744	26681	24568	25910	26681	0	75%	Y
Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	9801	0	0	0	0	0	0%	To be reported at APR

Indicator #T.1.3.D Number of adults & children who are still alive and on treatment at 12 months after initiating ART	8331	0	0	0	0	0	0%	To be reported at APR
Indicator #T1.4.D Output: Number of adults and children with advanced HIV infection who ever started on ART	0	124854	39940	41534	43380	0	0	
Indicator # T.1.5.D Output: Number of health facilities that offer ART	41	41					100%	Y

ACTIVITY IMPLEMENTATION PROGRESS

Progress Narrative

Major Achievements

- 90% (54,354) of all new women attending ANC in Q3 received HIV counseling and testing and received their test results in MSH-supported PMTCT service sites
- Annual project target for pregnant women counseled and tested surpassed by end of quarter 3
- 88% of all newly diagnosed HIV pregnant women provided with triple ARV prophylaxis.
- Introduction of quality improvement dashboard to analyze the impacts of service delivery gaps on outcomes of reportable interventions in the project.
- Successful transition from manual to the automated CAP/CTM 48 PCR platform at the Usman Dan Fodio University Teaching Hospital (UDUTH) in Sokoto
- Completed baseline assessment of institutional capacity of the state structures for the response to HIV&AIDS in the two “new” states of Sokoto and Zamfara

Prevention and Community Services

Prevention and OVC

In the quarter under review, the prevention team has exceeded 100% of most of its annual targets except for the most-at-risk-population where only 2068 (38%) of the 5367 targeted population were reached with the minimum package of prevention interventions (MPPI). Part of the reason for this low coverage is that in the new states of Zamfara and Sokoto, identifying key populations at risk is a challenge because of the socio-cultural barriers in the states that potentially increase stigma and discrimination among these groups. Coverage is however expected to improve significantly this quarter when the grantee CSOs in Kwara, Niger and Kebbi who have just undergone training, turn in their numbers in August.

Having concluded “Entry-phase” activities in the previous quarter, the Prevention Team in the quarter under review, carried out trainings for selected SACA officials, LACA officials, CSO staff and peer educators drawn from various key populations at risk of HIV transmission across the 3 states of Niger, Kwara and Kebbi states in preparation for the implementation of the intensive phase of the Peer Education Plus Program (PEP). Across the three states a total of 129 people were trained on PEP as follows; SACA officials – 4, LACA officials – 7, FSWs – 23, MSM – 2, LDTW – 12, IDU – 28, CSO Staff – 15, USM – 36 and Health facility staff – 2.

It has taken the project longer than expected to engage CSOs and as a result, OVC interventions are still at a starting point. The engagement processes and trainings were done in April and May 2014. OVC activities started in June with 1,594 children enrolled and served. In the same period, the number of active beneficiaries (children and families affected by HIV) reached were 2,120.

We are sub-granting to nine CSOs to implement the Vulnerable Children intervention. CSOs are working with community structures to identify and enroll vulnerable children and their households using the child-focused and household based approach. CSOs have also trained volunteers who conduct home visits to the household regularly to provide, health education, nutritional education, counseling on parenting skills and referral support to the household. The volunteers also support the caregivers to form or join savings and loans association. They also utilize the Savings and Loans Association to train the caregivers on how to better care for their children. The CSOs work with the community systems and structures to set up a social protection system for the vulnerable households. We have also provided technical support and capacity building to the state Ministry of Women Affairs and Social Development to strengthen their coordination and supervisory capacities.

HIV Counseling and Testing

In this quarter, **128,627** individuals including pregnant women were reached with HTC services. The total number of HIV positive individuals identified in the reporting period is **3,506 (Male = 1,382, Female = 2,124)** representing 2.7% of the total number of individuals tested and receiving their results for HIV. A total of 2461(70%) HIV+ individuals were enrolled in the program in all 5 states.

Clinical Services

PMTCT

During the quarter under review, **54,354 (308 known positives at entry and 54,046 unknown)** pregnant women received HIV counseling and testing and received their test results in MSH-supported PMTCT service sites. This is **137%** of the expected quarterly target of **39,985**. So far, the project has exceeded by 2% the annual FY 14 target of 159,941 at the end of the third quarter with an overall performance of 163,663 (102%). The total number of HIV positive pregnant women identified in the reporting period is **762 (58%)** of the quarterly target of **1,309**.

A total of **666 (87%)** pregnant HIV positive women identified during the quarter received a complete course of antiretroviral prophylaxis at the ANC and labor and delivery wards. This is slightly higher than the last quarter when the achievement was **86%**. With an achievement of **163,663 (102%)** at the end of the third quarter, we have exceeded the FY14 target of **159,941** for pregnant women Counseled and Tested for HIV who received their results. For pregnant women who received ARV prophylaxis, we have reached 666 HIV positive pregnant women which is **60%** of the FY 14 target of **2970**.

The core theme of PMTCT activities in all supported states in the last quarter continued to center on transitioning quality PMTCT services to state structures in line with the work plan. In Q3, following the elimination of support of HTC stand-alone sites, PMTCT services focused primarily on 198 PMTCT facilities, ensuring a marked decrease in all PMTCT cascade gaps through strategic skill transfers sessions, targeted site mentoring visit, and training of key facility staff to ensure smooth transition in service delivery. This strategy showed over 40% decrease in the gap of women attending ANC and not provided with HIV counseling and testing, with over 90% of all new women attending ANC in Q3 tested for HIV.

The quarter also showed about 88% coverage of all newly diagnosed HIV pregnant women provided with triple ARV prophylaxis. This is in keeping with global target of elimination of mother to child transmission of HIV.

A key achievement also noted within Q3 was reaching the target for the total number of pregnant women with known HIV status (includes women who were tested for HIV and received their results), with 163,663 women identified in total (103% of target).

A review of the principal PMTCT activities within the quarter included; the training of HCW workers in PMTCT service delivery, provision of support to ART/PMTCT clusters systems, strengthening of PMTCT service delivery and EID networks, provision of support for volunteer expert/mentor patients and technical support to state SMTs.

In keeping with proposed Q3 activities a total of 34 HCW from 3 states (Zamfara, Niger and Kwara) were provided with a 5 day participatory/didactic IMPAC/PMTCT training held in June in Zamfara state. The training targeted transfer of PMTCT skills to key facility staff to ensure effective transition of PMTCT services. The PMTCT cluster system is currently under review in supported states, with 7 Mentor/expert patients being supported in Suleja Niger state. Technical support remains ongoing in all supported states.

Exposed Infants Data

During the quarter **463** (Males = **231** & Females = **232**) exposed infants were delivered. A total of **438** (**95%**) received ARV prophylaxis for prevention of HIV from mother to child. The 5% that were not reached were children of HIV positive pregnant women who were delivered outside the health facilities and presented very late at the health facilities. Only **259** exposed babies were delivered in the health facilities and they all received ARV for PMTCT. In the same quarter, a total of **419** EID blood samples were collected for DNA PCR test. A total of **173** PCR results were received with **6** of them testing positive. In summary the positivity rate was about **3.4%**. Most of the babies that tested positive are those that were delivered outside the health facilities.

HIV Care & Treatment

Between April and June 2014, **2,461** (Pediatric = **169** Adult = **2,292**) new patients enrolled into care. Cumulatively, the number of HIV positive clients enrolled into care by the end of this quarter stands at **66,162** (Niger **31,378**; Kwara **12,020**; Zamfara **4,517**; Sokoto **9,874** and Kebbi **8,373**). Currently, the number of HIV+ clients on ART is **26,681** which is **75%** of the FY14 target of **35,744**. If the project can strengthen client retention through better tracking and appointment systems, review patients' folders and with the new WHO 500 band CD4 ART eligibility criteria, we believe we can achieve the annual target.

In the same period, **1,846** enrolled clients were initiated on ART which has brought us up to 43% of the annual target. Cumulatively by the end of the quarter under review, the total number of clients initiated

on ART treatment stood at **43,380** (Niger **20,320**; Kwara **8,108**; Zamfara **2,134**; Sokoto **7,144** and Kebbi **5,674**), while **26,681** are currently on ART representing **75% of the FY14** target with 25% as the outstanding to reach the FY14 target.

ART

In the quarter under review we implemented the following strategies to optimize treatment uptake in supported facilities:; continued streamlining of regimen across program; emphasis on use of fixed dose combination regimen to enhance treatment adherence; supportive supervision on continued use of treatment cut off of CD4 of 500 for ART treatment initiation; chart reviews and re-evaluation of patients in care for treatment eligibility. Further, CMEs focusing on ART treatment initiation and decentralization of treatment initiation to other health care cadres was conducted in GH Minna, GH Sabon Wuse in Niger state (39 nurses and 9 medical doctors participated). Late in the quarter, the clinical team introduced the individual re-assessment tracking sheet which will facilitate an expedited tracking system, patient re-evaluation, group adherence counseling, and treatment initiation. The impact of this intervention will be reported in the next quarter.

TB/HIV

During the quarter, the team focused on improving TB diagnosed among PLHIV in the program. Through mentoring and supportive supervision, staffs in supported facilities were oriented on the use of GeneXpert machine for TB diagnosis among PLHIV. Facility linkages and networking was enhanced for specimen transporting to facilities with GeneXpert capacity within supported states. In collaboration with SCMS, KNCV, NTLCP and Niger State TB Leprosy Control Program, the clinical team installed a GeneXpert machine in FMC Bida, one of the projects' supported tertiary institutions to facilitate TB diagnosis in the community. A total of 629 samples were evaluated using the GeneXpert machine in this quarter across the five project states with 66 samples found to be positive for TB and receiving TB treatment. While 5 were found to have drug resistant TB and referred to the national program for linkage to care.

To further strengthen TB diagnosis among PLHIV, innovative approaches to screening for TB were introduced. Approaches introduced include targeted CME on TB screening using the 6 teachers' strategy for TB screening in 2 states (Niger and Kebbi). In addition, re-evaluation of the TB screening intervention was conducted which facilitated quality improvement project implementation on TB screening in 4 supported facilities in Niger, Kebbi and Sokoto states. At the end of the quarter, 5093 PLHIV were screened for TB with the project reaching 34% of the annual performance measurement. This figure, which is 716 less than the number screened in the previous quarter, is in part due to the ambiguity in reporting TB screening and challenges of source documents for reporting and poor documentation.

Currently the clinical team is conducting joint supportive visits with the M&E team to supported sites including promoting of 6 teachers strategy to screening to bridge this gap. The clinical team continued to promote quality of life outcome for PLHIV through continued expansion of access to Isoniazid Preventive Therapy (IPT) including monitoring of patients on IPT. For the concluded quarter, the project recorded a cumulative of 54% IPT uptake (3241 eligible PLHIV on IPT) when compared to 1927 eligible patients placed on IPT in the previous quarter with 91% (720), 57% (457), 56%(1579), 39% (511) and 10%(37)

uptake rate in Kwara, Sokoto, Niger, Kebbi and Zamfara respectively. This will further enhance quality of life for PLHIV through compression of morbidity due to TB disease.

Quality Improvement (QI)

Through the clinical team, the project continued to support the seamless operationalization of quality improvement programs in 34 facilities across the five project states. In the quarter, 2 state stakeholders from Niger state and 2 MSH Pro-ACT central quality clinical leads were trained on data use for decision making. Two clinical specialists from Sokoto and Zamfara were also trained on NigeriaQual performance measurement indicators. Capacity of 60 health care professionals was built during the step down trainings.

Performance measurement indicators for critical elements of care received by PLHIV between July 1st and Dec. 31st, 2013 were collected and analyzed during the quarter. This provided a baseline on service delivery quality for the project. The analysis revealed 86% access to ART for pregnant and breast feeding women living with HIV, 69% baseline TB screening, 61% access to NVP for exposed infants, 59% access to ART for eligible PLHIV for the review period and 57% adherence assessment rate in 34 supported CCT facilities across four project states of Kwara, Kebbi, Niger and Sokoto.

The step down training including the service quality gap analysis has further enhanced the development and scaling up of quality improvement projects in 13 of the 34 facilities in 3 states - Kebbi, Niger and Sokoto.

During the quarter the quality team introduced the quality improvement dashboard. This is a service quality tracker that analyses impacts of service delivery gaps on outcomes of reportable interventions in the project. In the concluded quarter, a total of 25 of the 34 CCT facilities with quality improvement team conducted their monthly quality improvement meetings. This shows a **74%** operationalization of quality improvement activities in the quarter in 4 project states- Kebbi, Kwara, Niger and Sokoto.

Laboratory services

In the period under review, the project continued to implement the added scope of work for laboratory assessments of 14 private medical laboratory facilities for the in-kind grants in Kebbi, Niger, Sokoto and Zamfara and were pre-qualified to participate in the proposal development workshop. Qualified laboratories will benefit from in-kind support in expanding test menus, improving quality and serving unmet needs of their communities.

Good Laboratory Practice Training

In order to strengthen medical laboratory services across Pro-ACT supported sites, 35 participants were trained on good laboratory practice in a 5-day training workshop. Using the modified Leadership Development Program (LDP), participants adopted several projects to strengthen laboratory services across the sites. Participants will be assessed over a 6 month period to assess the extent of mainstreaming quality management systems in their laboratories.

Quality Assurance

The project approach has been to conduct proficiency testing panel preparation and distribution in conjunction with state governments. In Kebbi State, a 100% concordance was recorded with a total number of 134 panels distributed to 21 PMTCT sites and 6 CCT sites. This strategic approach resulted in smooth transition of this activity to the SMOH in Kwara State supervised by Directorate of Laboratory Services. In Kwara State, 21 facilities with a total of 41 testing points participated in the proficiency testing (PT) program. Of this number, 18 of the facilities with 33 testing points scored 100% concordance using standard testing algorithms while 3 facilities scored 100% concordance but did not use the current algorithm as confirmed through onsite evaluation.

Infrastructural upgrade for PCR automated Platform in UDUTH/Optimization of EID Activities

The project supported a smooth transition from the manual to the automated CAP/CTM 48 platform at the Usman Dan Fodio University Teaching Hospital (UDUTH) in Sokoto. Infrastructure upgrades at the site were completed under a cost-share with the management of the facility undertaking this task and also procuring UPS to be used alongside the automated platform when installed. Meanwhile, the project sourced reagents for the manual platform and facilitated assays of outstanding backlog of dried blood spots for early infant diagnosis of exposed babies.

Health System Strengthening

Having transitioned fully as lead IP in Sokoto and Zamfara, a baseline assessment of institutional capacity of the state structures for the response to HIV&AIDS was done this quarter. Institutions and organizations assessed included SMOH, SACA, the ministries of Education, Youth and Sports, and Women Affairs, CSO networks and MSH grantee organizations. They were assessed on the following institutional capacity components: Governance and leadership, coordination, staffing and human resources, resource mobilization, M&E structures, HIV/AIDS knowledge, procurement and financial management system, gender mainstreaming, partnership and networking, service delivery and budgeting and resource allocation. These assessed areas vary with different state institutions responding to HIV/AIDS. The assessment result showed an aggregate state's score of 42.4% for Sokoto and 36.2% for Zamfara state.

The percentage score of 40% or less indicates the state has little capacity to manage the HIV/AIDS epidemic while a score between 40% and 75% shows that a state has some capacity to manage the state HIV/AIDS epidemic. A score above 75% means that the state has excellent organization capacity to manage HIV/AIDS epidemic. The implication of this analysis for Pro-ACT in the two states is that there should be concern and significant investment in organizations that scored less than 40%. The capacity areas, where most assessed organizations scored very low and which will require more investment are the following: coordination, planning; resource mobilization; reporting; and monitoring and evaluation.

Grants to SMOH were initiated and piloted in Niger State in 2013 as part of MSH Pro-ACT's efforts to institutionalize a state accredited credit awarding center that addresses integrated human resources for health (HRH) capacity development and motivation. Within this quarter, in addition to the Niger State Center for Health Professional Continuing Education (CHPCE), Kebbi and Zamfara State centers were

supported to apply for the grant and received endorsements from six health professional councils (Medical & Dental, Pharmaceutical, Laboratory, Nursing & Midwifery, Community health and health records) based on the development of a multi-disciplinary training curriculum and selected master trainers for the centers.

The grants to Niger state (CHPCE) came to a close in April 2014. The following were some achievements recorded:

- 170 health care workers across all the cadres of health professional (nurses, doctors, pharmacists, medical officers, lab technicians and scientists, and community health care workers) were trained and awarded credits in comprehensive HIV/AIDS counseling and testing, Quality Improvement (QI) and Tuberculosis Infection Control (TBIC), Prevention of Mother to Child Transmission (PMTCT) and Integrated Management of Childhood illness (IMCI) and Health Information System in relation to HIV.
- 28 State faculty members across all cadres of health workers were trained on effective facilitation and training skills to enhance knowledge, skills and attitude of the center's resource persons for quality health service delivery.
- Provisional accreditation has been granted to Niger state CHPCE training center by Medical Lab Scientists and medical and dental councils while the remaining 4 councils are in the process of accrediting the center.

The impact of these trainings will be evaluated in the second phase of the grant to determine what changes, if any, have taken place in the quantity and quality of health services in the state as a result of the HSS grant.

Implementation Status by State

Kebbi State

1.1 Overview

The quarter recorded significant increases in HTC, PMTCT uptake and Quality Improvement issues identified and resolved. Activities focusing on sustainability and transitioning were put in place as site visits were conducted with representatives of SMOH and Kebbi SACA.

With the increased involvement of these stakeholders in planning, implementation and monitoring of the project, it is expected that the needed capacity and skills to sustain quality service delivery will be achieved.

- 18,631 (75.6% of the state target) individuals were counseled and tested in Q3 as against 16,983 in Q2.

- 7,924 (82.6% of the state target) pregnant women were counseled and tested in Q3 as against 7,572 in Q2.

As part of a strategy to transfer capacity to the State Government in the areas of supportive, supervision and mentoring across the facility, a joint support supervisory and mentoring visit was conducted across the 6 CCTs, and M&E joint supervisory visits with SMOH, SACA and LACA M&E officers, participation in state health partners forum meeting held monthly with integration of support between MSH and other health partners in the state. As an outcome of the joint supervisory and site support visits:

- SACA has engaged additional trackers in the state including our supported sites to improve retention in care.
- Strengthened collaboration with stakeholders for enhanced quality service delivery in all thematic areas

Two medical lab scientists from 2 private laboratories were trained on proposal development to enable their facilities access potential grants from other donors for improved quality services delivery.

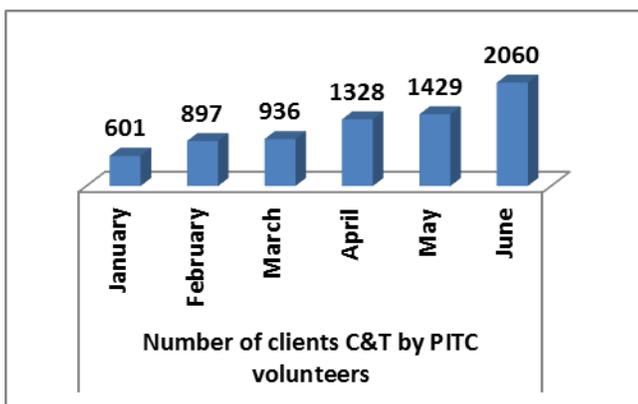
Six participants drawn from Pharmacy and Laboratory units from four facilities were trained on logistics management of Health commodities. As a result of the training with onsite coaching and mentoring there have been improvements in the quality of documentation and reports generated as well as increased commitment by staff in facilities where challenges were encountered

1.2 Implementation Status

IR 1: Increased Demand for HIV/TB Services

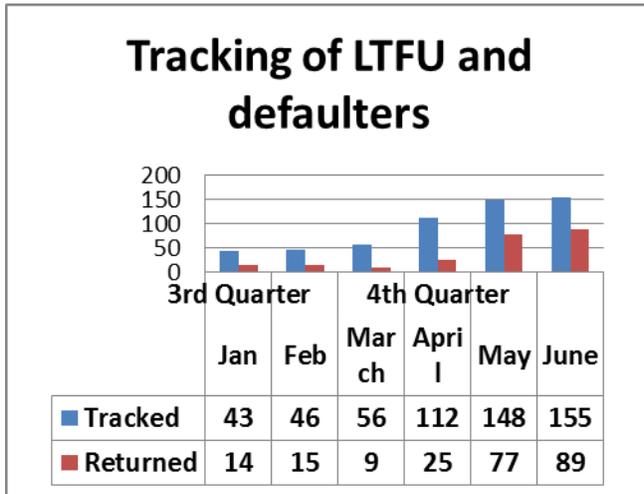
COMMUNITY AND PREVENTION UNIT

The continuous supportive supervision and mentoring of health service providers across the CCT sites has continued to yield positive results. Data from the sites shows that a total of **3,202** clients were reached with quality adherence counseling in this quarter compared with second quarter were **1,089** clients were reached (**35.2%** increase). This can be attributed to strategic technical support and mentoring by the MSH state team. Again, the synergy between Adherence, Pharmacy, Clinicians and the tracking volunteers has also contributed to the achievement of this feat.



The chart shows the progression of PITC services in 6 CCT sites in Kebbi state. This continuous rise in the number of clients reached with quality HTC services is largely because of: 1. Intensive mentoring and technical support provided to facility based PITC volunteers, and 2. Increase in PITC service points in some CCT sites.

A total of **145** clients were tracked while 38 returned to care (**26%**) in Q2, while in Q3 a total of 414 were tracked and **191** returned to care (**46%**), this is as a result of formation of cluster tracking by support group members, continuous review and on-going mentoring of tracking volunteers



The trend in the table is a reflection of contact tracking in Kebbi and it shows the progression of clients who return for care or treatment as an outcome of tracking.

The Community Care and Prevention team held a meeting with executives of NEPWHAN, CiSHAN and KESACA team to discuss and commence the transitioning process of viable support groups. The meeting also reviewed World Bank HAF grant to NEPWHAN to support some support groups in the state and technical assistance was rendered to SACA and NEPWHAN on strategies and monitoring model that will facilitate sustainability.

Capacity of 33 MARPs Peer Educators, 1 SACA staff, 5 CSO staff and 2 LACA managers in Yauri and Ngaski LGAs respectively were built to deliver quality Peer Education plus (PEP) and MPPI to promote safer sex practices and adoption of low risk behavior amongst key population at risk of HIV infection.

Condom and other Prevention Interventions and achievements: A total of 107 CSWs (females only) were reached with the MPPI Package using the following strategies: Specific population awareness, Peer education approach, Condom services HTC services and Vulnerability issues

General population/others: A total of **1514** persons (**1073** males **441** females) were reached with CPI using the following strategies: STI management Peer education, Condom education, Vulnerability issues and Balanced ABC messaging.

AB Interventions (In School Youths, Secondary schools only): A total of **134** persons (**75** males and **59** females) were reached through HIV knowledge education, and Peer Education

CONDOM SERVICES

44 existing condom outlets were supported and commodities supplied with support from Kebbi SACA. A total of **1495** male condoms were distributed within the reporting period, a total of **30** pieces of female

condoms and **10** lubricants were also distributed, **206** males and **29** females received condoms within the reporting period. The overall outcome is to create prevention awareness and sustain behavioral change.

HTC among MARPs: A total of **2,583 persons (males 2139 and females 444)** received HIV related counseling and were tested and received results. Amongst this target groups reached were Female Sex Workers/ Food vendors and Long Distance Travel Drivers. 1 female was positive and enrolled for treatment at General Hospital Koko.

IR 2. Increased access to quality HIV/AIDS and TB services and products

CLINICAL CARE

ART

The ART unit received a boost in this quarter with increases in enrolment, an increase in the number placed on ART using the CD4 count of 500 as all the facilities have fully commenced this practice. Facility ART physicians are doing great in ensuring all clients both old and new receive the various services they require.

Hands-on clients review and mentoring has provided guidance for all ART clinicians on client's management. The sites that were not documenting on their ART care cards have shown improvement (FMC and GH Yauri).

TB/HIV

The NigeriaQual data analysis revealed low level repeat TB screening in various facilities. This analysis presented to facilities led to improvement of TB screening through mentoring clinicians, data clerks, pharmacists and volunteers involved in client management on simple Clinical TB screening. Isoniazid Preventive Therapy (IPT) practiced in all CCT sites has shown increased uptake as new sites have understood better the use and practice it. Uptake of GeneXpert services is increasing but some challenges faced are being resolved. The major issue being that of non-indication of HIV status on request forms. This has been addressed by constantly reminding clinicians of the importance of doing so.

QI

The QI meetings have provided platforms to identify discuss and solve many gaps and problems in various thematic units. The hospital management in all sites is being carried along and reports shared with them for buy-in. Facility specific QI projects are being developed by the facilities using the data analyzed by the NigeriaQual Indicators which reveals areas of obvious attention and facilities jointly deciding what projects to embark on.

PMTCT/PAEDIATRICS

The EID and Pediatrics services in all sites are being monitored closely as data has shown increase in DBS requests following provision of DBS bundle kits and hands-on training on sample collection to 3 transitioned Sites.

COMPARATIVE ANALYSIS OF SELECTED INDICATORS OVER 3RD AND 4TH QUARTER

ART							
INDICATORS		NUMBER POSITIVE (ALL HTC POINTS)		NUMBER ENROLLED		NUMBER STARTED ON ART	
QUARTER		Q2	Q3	Q2	Q3	Q2	Q3
S/NN	FACILITY						
1	GH ARGUNGU	28	38	56	41	27	39
2	GH JEGA	45	32	45	39	36	26
3	GH KOKO	59	41	67	77	44	50
4	GH YAURI	83	29	63	49	38	41
5	SYMH	117	82	62	92	52	64
6	FMC	98	90	36	57	39	48

- Number of positives enrolled into care is seen to be 100% or more in most facilities due to recapturing of some clients missed out previously, transfer-in from other facilities and outreach done around March/April in some areas.
- Address challenges noticed with 100% enrolment in SYMH and FMC: these issues have been identified to be mostly due to lack of referral systems, where clients are being sent for enrolment on their own and getting lost along the way. These issues are being addressed gradually as can be seen in the improvement in the 4th quarter and will continue in an upward trend.

TB/HIV									
INDICATORS		# SCREENED FOR TB		# OF TB SUSPECT		# CONFIRMED WITH TB		# STARTED ON TB TREATMENT	
QUARTER		Q2	Q3	Q2	Q3	Q2	Q3	Q2	Q3
S/N	FACILITY								
1	GH ARGUNGU	49	40	12	9	0	0	0	0
2	GH JEGA	42	33	32	22	0	0+	3	0
3	GH KOKO	58	72	22	12	1	2	1	11
4	GH YAURI	53	47	25	19	0	4	3	4
5	SYMH	108	88	12	21	1	4	6	4
6	FMC	48	16	18	3	0	0	4	2

- TB screening indicated in this table is for new clients as captured in the M&E data base. The indicator does not cover repeat TB screening for clients on follow-up visits.
- There is also a huge problem of poor documentation of these indicators in the registered which is being corrected already by the joint effort of the Clinical and M&E teams.

IPT							
INDICATORS		NUMBER STARTED ON IPT			NUMBER COMPLETED IPT		
MONTHS		APRIL	MAY	JUNE	APRIL	MAY	JUNE
S/N	FACILITY						
1	GH ARGUNGU	26	15	18	11	23	16
2	GH JEGA	15	10	13	5	15	13
3	GH KOKO	16	11	17	7	15	9
4	GH YAURI	1	5	7	NIL	NIL	NIL
5	SYMH	50	130	76	NIL	NIL	NIL
6	FMC	3	21	47	NIL	NIL	NIL

- The uptake of IPT is increasing in the transitioned sites where they commenced the use of this drug in April after the last supply and mentoring done to commence the drug. Continuous mentoring has ensured increase in uptake as Clinicians and Pharmacists are getting more used to the use of the drug.

NEVIRAPINE & DBS							
INDICATORS		NUMBER OF EXPOSED INFANTS		NUMBER GIVEN NEVIRAPINE		NUMBER OF DBS REQUESTED	
QUARTER		Q2	Q3	Q2	Q3	Q2	Q3
S/N	FACILITY						
1	GH ARGUNGU	8	14	8	14	7	13
2	GH JEGA	3	4	3	4	2	2
3	GH KOKO	7	0	7	0	4	6
4	GH YAURI	0	0	0	0	0	0
5	SYMH	9	3	9	3	0	24
6	FMC	16	0	16	0	0	11

- These indicators are mostly 100% due to close monitoring and mentoring
- The number of DBS requested is high in SYMH and FMC because the DBS kits were delivered to the facility in April and mentoring done, while Clinicians are continually reminded of the availability; thereby requesting for some back logs led to the increase.

LABORATORY

Improved quality of HIV testing and 100% concordant results was recorded in the last panel IQA distribution in the State. In this quarter a total number of 134 panels were distributed covering 21 PMTCT sites and 6 CCT sites. All results collated showed 100% concordance.

A total of 6 participants in 4 PMTCT facilities (Gulma, Felande, Augie and Lailaba) received training on waste management and laboratory safety procedures. The overall goal of the IQA program in HIV serology and the training conducted is to ensure quality of services at all the testing points aside the Laboratory.

Strengthening Laboratory Revolving fund: With support from Pro-ACT, Kebbi SMOH have been able to develop an interim plan to take up the responsibility of procuring reagents for hematology and chemistry analyses using lab revolving funds and generated funds from NHIS services in Emirate hospitals in the state (though not finalized) through continuous advocacy and sensitization and participation of major stakeholders in SMOH in the formation of the TWG on logistics to plan for sustainability and ownership.

IR 3. Strengthened public/CSO and community enabling environments

SUPPLY CHAIN MANAGEMENT SYSTEM

The SCMS supported the state in the inauguration of a TWG on logistics and also conducted the first post inauguration meeting. The meetings created a unified platform for the stakeholders to identify the challenges associated with parallel logistics that were in operation in the state and have a better understanding of how the IP'S in the state operate their logistic systems.

Formation of 4 sub-committees (Advocacy, Implementation, Monitoring and supportive visit and Logistic management coordination units) amongst which the LMCU will be responsible for data management of all logistic activities in the state including that of partners through sharing every last mile delivery with the SMOH.

The SCMS supported the SMOH with logistic management information for two review periods (Jan/April 2014) and operational issues of MSH in the state. The information collated was co-presented at the Regional Procurement Supply Management meeting in Dutse, Jigawa state on the 19th June 2014. This close collaboration with state however shows health system activities are being strengthened with the state taking lead.

HEALTH SYSTEMS STRENGTHENING

Kebbi state HSS grant for health professional continuous education is now operational. The team has commenced the registration of the training faculty to 6 professional councils (MDCN, MLSCN, NAMCN, PSN, CHPB and HROB) as accredited centers to provide training various thematic areas; this will give them the mandate to award CME points to training participants.

MONITORING AND EVALUATION

The M&E team strengthened the capacity of Kebbi SACA/LACA and SMOH M&E officers to carry out data collection, collation, validation and reporting using the DHIS e-NNRIMS. The outcome of the activity is an increase in the state reporting rate for Q2 and Q3 as shown below.

Dataset	Q2 Baseline review	Q2 Improvement	Q3 Status		
			April	May	June
<u>ART</u>	28.6%	100%	100%	100%	Ongoing
<u>PMTCT</u>	18.2%	100%	100%	100%	Ongoing
<u>HCT</u>	21.8%	42.9%	81.2%	68.2%	Ongoing

Kwara State

2.1 Overview

Within the quarter, the state program made progress in consolidating intervention with the sites inherited from other partners. Grants have been awarded to the Royal Heritage Health Foundation (RHHF) to implement prevention programs to reduce risky sexual behavior and practices. The CBO works in two LGAs to provide prevention intervention activities among key populations and vulnerable groups.

Three local CBOs now work on HTC/PMTCT, care and support; and vulnerable children. Except for vulnerable children, all other activities are now based in the facilities, especially HTC because of the principle of passive enrolment adopted by our funders.

Within the quarter efforts were made to strengthen the state's health systems to promote ownership and sustainability of HIV/AIDS intervention in the state. An exit strategy matrix was developed within the quarter with all critical stakeholders cutting across SMOH, SACA, and Health Committee of the State House of Assembly, CSOs, Local Government administrators and the community representatives. Each stakeholder decided on which role to play in the ownership and sustainability drive of HIV/AIDS interventions in the state. The Government has been quite supportive and it is at present providing basic laboratory equipment and furniture that would snowball into the activation of HIV/AIDS services in two government-sponsored CCT sites in the state.

Within the quarter, a joint supervisory visit was conducted round supported CCT facilities with SMOH directors to assess and provide support to service provision. This has led to the integration of HIV/AIDS services in the laboratory and records unit at the General Hospital, Lafiaji, a facility inherited from Friends in Global Health. A meeting with the paramount ruler of the town led to the community procuring planks and providing workmanship to re-roof the blown-off roof of the laboratory unit of the General Hospital.

Site support visits, capacity building sessions in the form of CMEs/hands-on mentoring; and data abstraction of the NigerQual reporting period, July 2013-December 2013 were key activities that aided the quality of services rendered within the quarter.

When compared with the achievement of the different indicators for the second quarter of the year (January-March, 2014), there is a dip in achievement levels due to two main factors. In the first place, community activity was cancelled following the introduction of the principle of passive enrolment unlike in the second quarter; and secondly, twenty facilities were delisted from the facilities we support, from forty seven to twenty seven. This was in response to the assessment done on the PMTCT sites that MSH inherited from other partners as a result of the rationalization exercise.

Within the year, the project was able to mobilize economic support for PLAs from FADAMA to the tune of N4.5 million (\$26,135.00) for economic activities which will improve their lot and promote their retention on the program.

The State Government within the period also procured laboratory equipment to the tune of over N54 million (\$334,800) to establish two comprehensive HIV/AIDS facilities in underserved communities in the state.

There is a steady progress being made towards the achievement of most of the indicators.

2.2 Implementation Status

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

Community Care, OVC and Prevention Services

Activities/Achievements

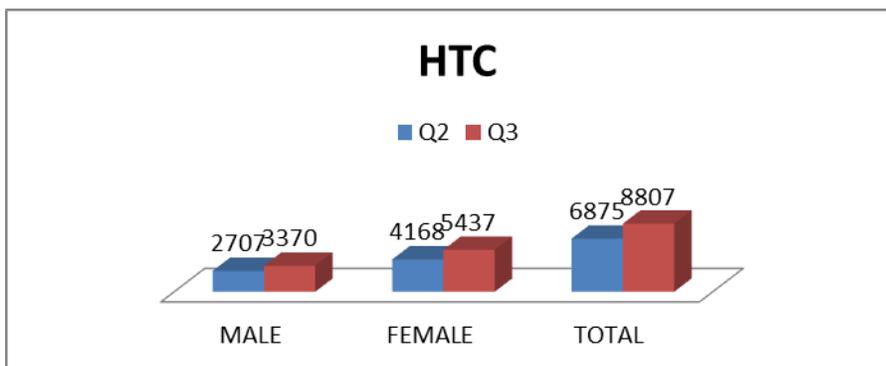
The Peer Education Plus (PEP) intensive phase and Minimum Package of Prevention Intervention (MPPI) training was conducted for selected representatives from key populations and vulnerable groups across the prevention sites of Edu and Ilorin South LGAs with the main objective of equipping the participants with essential knowledge and skills required to implement qualitative HIV prevention intervention that promotes safer sex practices and adoption of low risk Sexual and Reproductive Health behaviors among key populations at risk of HIV infection. Participation of representatives from SACA and LACA in among the 36 persons trained enhanced skills transfer which will also contribute positively to ownership and sustainability of the program.

Community Activities

Activities/Achievements

Technical Support to CSOs

In compliance with PEPFAR Nigeria Strategic Focus on enrolment and treatment services and the new three-tier approach, MSH Kwara discontinued the provision of community outreach activities. After a thorough assessment of the various units in each of the supported facilities, more testing points were established. Through this approach there has been an increase in the uptake of HIV/AIDS services at the facilities as shown below.



Number of people tested in quarters 2 and 3

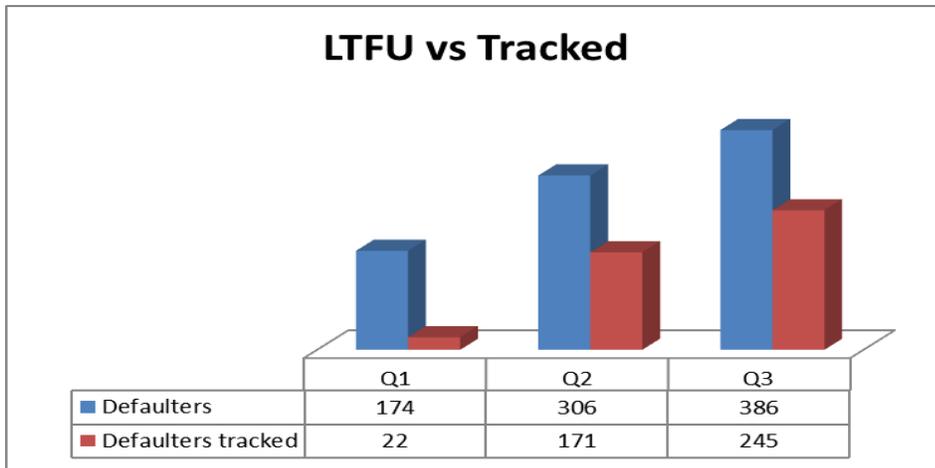
Transitioning of facility-based support group to the community

MSH Kwara started the process of transitioning facility support groups to the community. As a prelude to this, MSH Kwara provided technical support through hands-on and on-site mentoring on the

processes involved in transitioning to the CSO (HFDI) which is implementing care and support services in the state. It also provided HFDI with Basic Care Kits (BCK) for the support groups. As a follow-up to this, HFDI had assessed and conducted step-down training to their volunteers and executives of the two support groups in Offa and Omu Aran.

Client Retention and Tracking

Within the quarter, 386 clients were lost to follow up. 617 clients were tracked (including a backlog from the previous quarter) while 245 returned back to service. This is 63.5% of LTFU within the quarter.



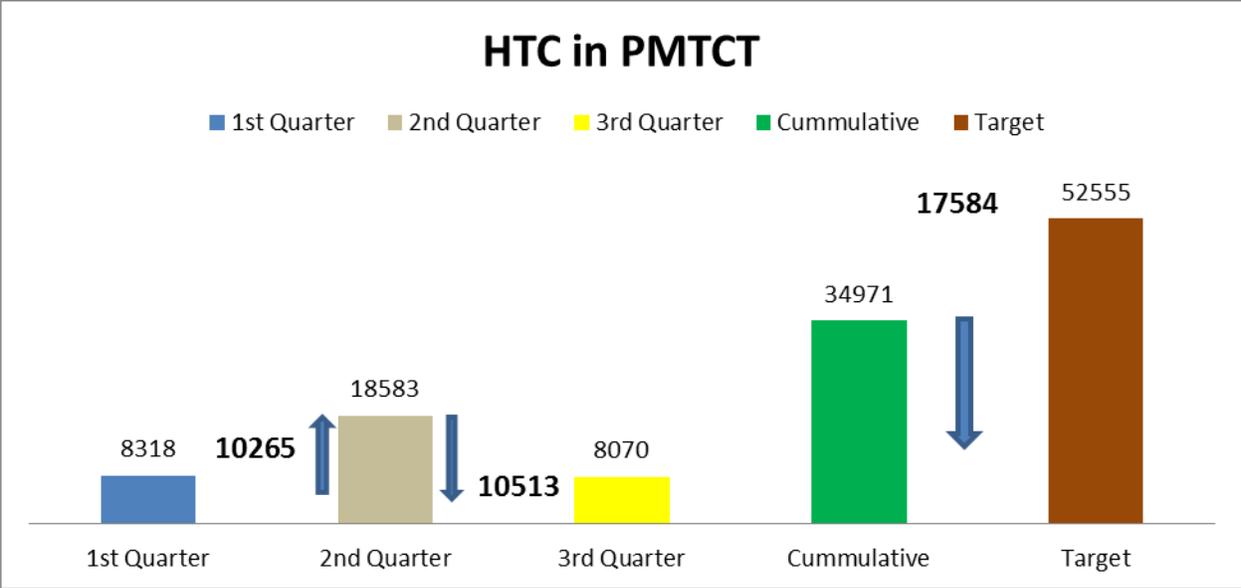
IR 2: Sustained access to quality integrated HIV/AIDS and TB services and products

Clinical Activities

Activities/Achievements

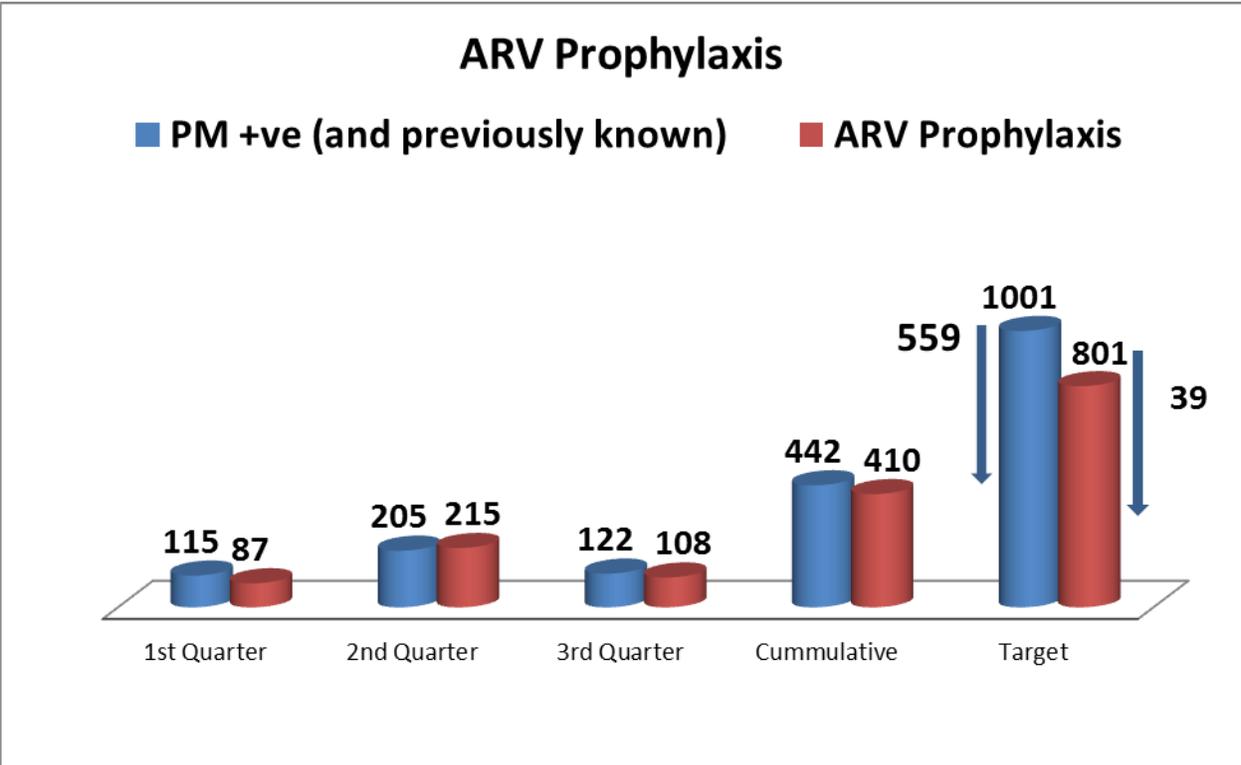
PMTCT

Technical assistance to facilities offering PMTCT services focused on capacity building and hands-on mentoring. Site visits and hands-on mentoring focused on use of PMTCT registers and correctness of documentation to forestall data loss. With the re-supply of DBS kits after a long while, EID services were reactivated in GH Lafiagi and Sobi Specialist Hospital. Hands-on mentoring was provided for sample collection, drying and packaging and transportation through the state hub to the reference laboratory and back. Other sites were also re-supplied with DBS kits. Below is a snapshot of the PMTCT cascade performance over the quarters:



Second quarter data for HTC in PMTCT was clearly ahead due to the following factors - the two rounds of outreach activities conducted in the 2nd quarter and the fact that the delisted PMTCT sites contributed some HTC in PMTCT data. In the 3rd quarter, these contributing factors were clearly absent. This indicator achieved 66.5% of the target.

As shown below, ARV prophylaxis cumulative for the three quarters for identified positive pregnant women is 92.8% which is 51.2% of annual prophylaxis target.



TB/HIV and QI

Within the quarter, 720 patient kits out of the supply of 1120 received (64.3%) were supplied to facilities. 400 patient kits earmarked for UITH have not been supplied due to lack of capacity to implement IPT program. The planned CME on IPT for the UITH team has not been held because the period fixed for the CME coincided with MSH's staff retreat and after the activity had been rescheduled there was a strike action by doctors before the fixed date; Plans are under way to hold it this quarter.

A total of 17110 clients went through HTC within the quarter with 594 (3.47%) positive and 448 (2.62%) enrolling into care. Of this number, 147 (38.9%) did baseline CD4 and 290 clients started ARV within the period.

Gene expert analysis of sputum samples for PLHIV

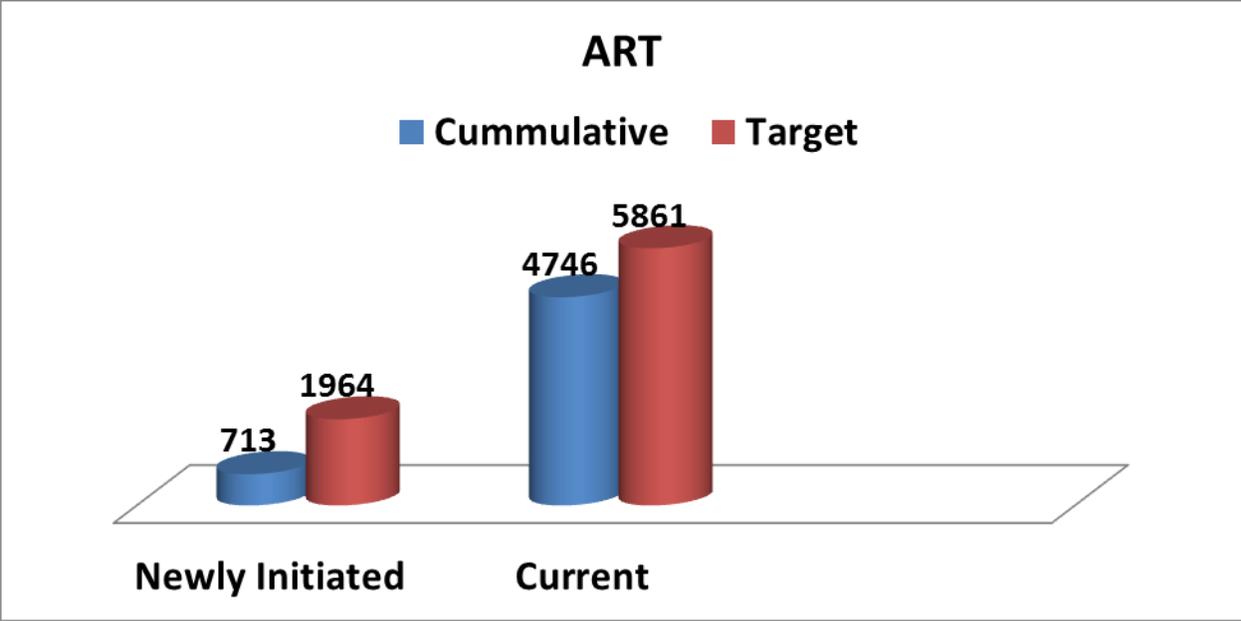
Clinical and laboratory teams enlisted the services of NIPOST in the transportation of sputum samples for gene expert analysis to the Gene expert lab in State Specialist Hospital, Sobi. A total of 42 samples of PLHIV were processed at the expert laboratory with 7 positive TB cases identified (16.7%) and the positive clients have commenced anti-TB treatment.

TB screening for PLHIV

Performance on this indicator is at 25%. Third quarter data showed a spike when compared with 1st and 2nd quarters due to a retrospective capture of TB screening done at UITH which is the largest CCT site. CARE/ART cards use introduced at GH Lafiagi and Sobi SH contributed to the observed surge in TB screening. To improve on the present performance there is the need to vigorously pursue TB screening by Adherence Counselors; and work closely with M&E on an exhaustive retrospective capturing of TB screening data. This will be pursued actively this quarter.

ART

Only 36% of new initiation on ART has been achieved thus far. With 80% of current on care target achieved, this indicator has fared better than new initiations on ART because Kwara is a relatively low prevalence state (1.4%, NARHS 2012).

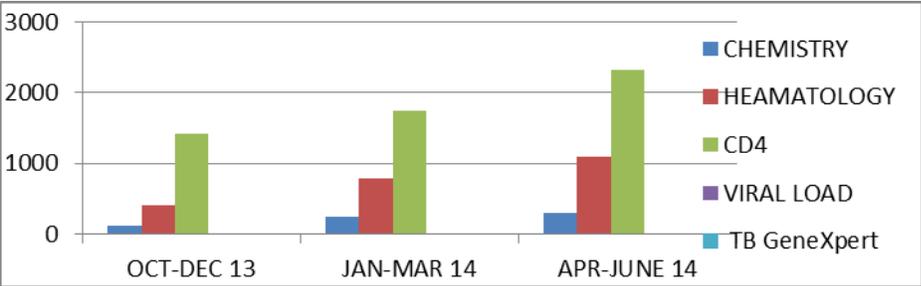


Laboratory Services

Activities/Achievements

- Increase uptake of baseline and follow up laboratory investigations.
- Equipment upgrade and maintenance.
- Sample logging and transportation of Genexpert TB samples linked with STBLC network.
- Transition of HIV Internal Quality Assurance using Dry tubes Specimen to SMOH.

There is a significant increase in the number of laboratory investigations for CD4, hematology and chemistry due to various interventions such as strengthening of sample logging where there are no equipment/equipment breakdown. The analysis shows steady increase in the uptake of laboratory investigations including viral load and TB Genexpert samples for HIV regimen switching and increased detections of TB among HIV clients in the facilities as shown below:



HIV IQA Serology

Within the quarter, 21 facilities participated in HIV internal quality assurance serology with a total of 41 testing points, 18 of the facilities with 33 testing points scored 100% both in accuracy and technicality while 3 facilities scored 100% in accuracy and 50 % in technicality.

During the period, Lafiaji community supported the re-roofing of the laboratory that was blown-off by procuring planks and labor for the re-roofing. This was sequel to the visit paid to the traditional council during a joined supervisory visit to Lafiaji General Hospital.

Supply Chain Management System

Activities/Achievements

The Logistics TWG platform was used to leverage 200 units of Unigold as support from KWASACA/SMOH and 1200 units of Determine to support the facilities. The March-April 2014 Combined Report Requisition Issue Receipt Form (CRRIRF) reports for both pharmacy and laboratory commodities were collected, collated, evaluated and forwarded to JSI and Axios Foundation Nigeria and re-supplies were made.

Commodity Management

There was an acute shortage of Sheath Fluid and PE antibody within the quarter thereby inhibiting CD4 estimation in some of the facilities. There was no major shortfall of ARVs and adult cotrimoxazole, but there was for pediatric cotrimoxazole 120mgs across most facilities and requests were made to Axios and to SCMS on the need for this supply.

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

Health System Strengthening

Activities/Achievements

Development of State HIV/AIDS operational Plan

MSH provided technical assistance to the state in the development of its operational plan (OP) within the period. The OP incorporated funds that are expected from PCRP to be incorporated into its planning. This will help the state in proper planning and judicious spending of the PCRP fund for HIV/AIDS.

Sustainability Strategy

MSH met with all critical stakeholders to develop the state exit/ sustainability plan. The stakeholders cut across all interest groups from SMoH, SACA, State House of Assembly Health Committee, Ministry of Women Affairs, Finance and Budget Office, ALGON Chairman, LGA Chairmen of selected LGAs, CSOs and community leaders. The meeting ceded roles and responsibilities to different stakeholders to ensure continuity after the project ends. All actors have one role or the other to play while major roles like supply of reagents and commodities rest with SACA and SMoH. This will help to keep HIV/AIDS role in the front burner.

Niger State

3.1 Overview

During the quarter, MSH Pro-ACT in Niger focused on increasing access and uptake of quality HIV/AIDS and TB services across supported facilities as well strengthening the technical capacity of the State.

Mentoring and supportive supervisory activities in 29 PMTCT sites resulted in significant reduction in PMTCT cascade losses (from 5072 in Q2 to 957 in this quarter). 93% of new ANC attendees were counseled, tested and received their results (CTRR) while 87% of Positive Pregnant Women were started on triple ARV prophylaxis. 2,182 adult PLHIV were clinically screened for TB (representing 66.2% target achievement for the State), out of which 37 were confirmed TB cases and subsequently commenced on anti-TB treatment.

In addition, IPT implementation attained a **241% increase** over the previous quarter's (Q2) achievement as 1,468 clients were successfully initiated and monitored on INH and about 1,487 PLHIV completing the 6-month course of IPT. Furthermore, capacity (knowledge and skills) of 9 medical officers and 39 nurses was built on basic ART, TB/HIV and PMTCT services through continuous medical education (CMEs) that is aimed at improving quality HIV/AIDS care and treatment services and decentralizing ART services in supported comprehensive care and treatment (CCT)sites.

FMC Bida was selected for the installation of the Genexpert MTB / RIF machine (donated to Niger State from PEPFAR USG through the FMOH) following sites assessments that were conducted with technical support from KNCV/ TBCARE 1, NTBLCP and MSH. The hospital management of FMC Bida through the Chief Medical Director showed sincere commitment, ownership and sustainability through the renovation of the new Genexpert machine laboratory to a state-of-the-art specification and providing a conducive, standard work environment for the machine. This has enhanced the existing partnership between the hospital and MSH. The installed Genexpert MTB/RIF automated analyzer will help the catchment hospitals within the Zone to benefit from molecular diagnosis of TB for their clients; this will help early detection of *Mycobacterium tuberculosis* (MTB) positive patients and Rifampicine-TB resistance cases in the state.

Two master trainers from the Center for Health Professional Continue Education provided step-down training on HIV counseling and testing to 18 multi-disciplinary health care providers drawn across different units in General Hospital Minna. This capacity building for the facility staff has helped saturate all service delivery points within the facility with trained hands to support counseling and testing efforts and remarkably increased the uptake of HTC services in the facility.

The State Ministry of Health, through the Commissioner of Health and Hospital Services, conveyed a meeting of all implementing partners in the state to discuss project achievements, level of implementation, areas of collaboration, challenges and expected State Government's contribution. This meeting provided an opportunity for the project's sustainability and the new PEPFAR HIV/AIDS

implementation framework (transitioning most of the support provided for the implementation HIV/AIDS/TB program to the government) to be shared with the State Government.

Seventy-eight mentees were mentored over a period of four months using 13 Mother Mentors drawn from different wards in Suleja LGA. The Mentor Mothers were trained on the use of mobile technology which was aimed at improving ANC clinic attendance, increase PMTCT/EID service up-take and improve drug adherence. The Mentor Mothers pilot monitored uptake of EID services for the infants with a set outcome of having 95% of exposed infants born to HIV+ 'mentee' mothers tested at 6 weeks of age using Dried Blood Spot (DBS).

Part of the objective for this intervention was to increase ANC attendance and PMTCT/EID service uptake, from the findings, after four months, it was difficult to show any marked differences between the two arms (intervention - with mobile technology and non-intervention – without mobile technology) of the project with regards to these two variables. Both groups (intervention and non-intervention) had an average of 3 ANC appointments per mentee within the four months, with Nevirapine Syrup provided to all exposed infants at birth. At the end of the pilot DBS/PCR results were available for only 2 exposed infants in the intervention arm - both tested negative.

Although the target was to ensure that 95% HIV+ pregnant women deliver in the facility, findings showed that the percentage of infants delivered in the facility was 55%, (63% for the intervention arm and 43% for the non-intervention arm); which might be some indication that additional support of the intervention arm led to more facility deliveries, however, the sample size was not large to say with statistical certainty that this was as a result of the intervention.

Our set outcomes had also included to have 95% of exposed infants born to HIV+ 'mentee' mothers tested at 6 weeks of age using Dried Blood Spot (DBS). At the close of the pilot only 20% (2/9) of the intervention arm and none of the infants (0/3) in the non-intervention arm had been tested. Findings also revealed that 65% of all the Mentees had disclosed their status to their partners. This actually surpassed our set goal of 50%, with 57% (27/47) in the intervention arm and 43% (20/47) in the non-intervention arm. Based on these preliminary results we are thinking of how to improve the pilot to scale up a similar project in other states.

Implementation Status

IR 1. Increased demand for HIV/AIDS and TB services

Community Services

The community team supported 2 master trainers from the Center for Health Professional Continue Education to conduct a step-down training on HIV Testing and Counseling to 18 multi-disciplinary health care service providers drawn from relevant units in General Hospital Minna. This capacity building for the facility staff has provided an avenue to saturate all service delivery points within the facility with trained hands to support care and treatment. This has improved service up-take and enhanced quality of service delivery in the facility.

Prevention

Services

Prevention activities during the quarter focused in Suleja and Tafa LGAs and later scaled up to an additional 5 LGAs of Bosso, Chanchaga, Shiroro, Mokwa, and Borgu. Two new CSOs (International Center for Reproductive Health Rights and Royal Heritage Health Foundation) were also engaged as part of the scale up. In addition, Peer Education plus entry phase training was conducted for the new CSOs that commenced entry phase activities at their various intervention communities. The results of these trainings are closely monitored and will be reported in the next quarter review. The State Prevention Technical Working Group was formed during the quarter and two meetings have been held with SACA management and World Bank for its inauguration.

IR 2. Increased access to quality HIV/AIDS and TB services and products

Community Services

During the last quarter, the community team attended most of the support group meetings across supported CCT facilities with significant increases in membership as the number of beneficiaries of the proceeds from the income generating activities have increased over the last 3 months. Notable among these, are the CBOs that are linked to-and supported through FADAMA 3 especially, in Mokwa and Kontogora that bought groundnut milling machines. The proceeds from these machines are used to provide soft loans with 5% interest to members and repayment starts 3 months after accessing the loan while sick or bereaved members with financial difficulties are assisted either in kind or cash.

The project, through the community team, supported 4 selected grantee CSOs (Community Life Advancement Project -CLAP, International Centre for Sexual Reproductive Right -INCREASE, Child to Child -C2C and Royal Heritage Health Foundation –RHHF) program staff and volunteers with series of start-off trainings on prevention, HTC and VC services across all the thematic areas. This is aimed at building the capacity of these organizations to deliver quality and result-oriented care and support services across selected LGAs. The results of this activity are being tracked and will be reported in the next quarter review.

PMTCT

Mentoring and supportive supervisory activities were conducted across 29 PMTCT sites where notable gaps and losses were identified during 2nd quarter data analysis. These capacity building activities to health care workers resulted in remarkable improvements in quality of PMTCT services evidenced by significant reductions in PMTCT cascade loss (from 5072 in Q2 to 957 Q3) with 93% of new ANC attendees CTRR and 87% of PPW commenced on triple ARV prophylaxis.

ART

Facility-based chart review for PLHIV on care was conducted across 4 support CCTs aimed at identifying missed ART eligible clients for tracking, accelerated adherence counseling and ART commencement. A total of 67 ART eligible clients were identified during the chart review in 4 CCT sites (GH Mokwa, GH New Bussa, Suleja and UMYMH Sabo Wuse; 2 have started ART; 8 undergoing adherence sessions; 26

are being tracked. Another 54 clients are also been tracked for reassessment (WHO staging and repeat CD4).

Capacity (knowledge and skills) of 9 medical officers and 39 nurses was built on basic ART, TB/HIV and PMTCT services through continuous medical education (CMEs) that is aimed at improving quality HIV/AIDS care and treatment services and decentralizing ART services in supported comprehensive care and treatment (CCT) sites (Umaru Musa Yar'Adua Memorial Hospital Sabon wuse, GH Mokwa and GH New Bussa).

TB/HIV

182 adult PLHIV were clinically screened for TB (representing 66.2% target achievement for the State), out of which 37 were confirmed TB cases and subsequently commenced on anti-TB treatment.

IPT implementation attained a 241% increase over the previous quarter's (Q2) achievement as 1,468 clients were successfully initiated and monitored on INH and about 1,487 PLHIV completing the 6-month course of IPT.

GeneXpert Analysis Uptake in GH Minna

Following awareness creation carried out in supported CCTs to increase access to GeneXpert analysis from Shiroro, Lapai, Chanchaga, Bosso, Paikoro and Rafi LGAs (Zone B) of Niger state: A total of 412 (April-26; May-123; June-263) GeneXpert samples were received; 42 (April-9; May-10; June-23) clients were diagnosed with TB; and 5 clients (April-2; May-2; June-1) were diagnosed with MDR-TB.

QI

With support from the hospital management across supported CCTs, Quality Improvement Teams have been constituted in 15 CCTs and have held monthly meetings held to address quality issues in the facility. QI projects ranging from measures to increase ART and IPT uptakes; decentralization of services, strengthening adherence counseling, plugging documentation gaps and client tracking have all been taken up across 11 supported CCTs (GHs Minna, Kuta, Kagara, Suleja, Mokwa, NewBussa, Kutigi, Zungeru, Bida, FMPC GawuBabangida and UMYMH SabonWuse) and these have helped tremendously in improving and surpassing the targets set for the state across all the 'Standard Indicators' as illustrated in the overview section of Niger state.

Laboratory Services

The Genexpert MTB / RIF machine with the support from the National TB program facilitators was installed at the laboratory which was followed immediately with didactic hands-on training of 6 Medical Laboratory Scientists of FMC, Bida, 3 MSH Laboratory technical staff, 2 MSH Clinical specialists and the Clinicians at FMC.

The project has continued to support logging of specimen samples across supported comprehensive care and treatment sites, where there is no laboratory equipment or in the event of equipment breakdowns. This has helped to prevent disruption of relevant diagnostic services (CD4) in these facilities and has ensured the provision of quality care and treatment services to PLHIV.

Logistics and Supply Chain Services

As part of the efforts to strengthen the health care system in Niger state and harmonize all logistics activities of the state, the Niger State Technical Working Group on logistics held its quarterly general meeting where crucial issues that included progress on quantification, updates on mSupply and the report on the Integrated Supervisory Checklist by the drafting sub-committee were discussed.

The use of the Niger state LACA M&E officers in the collection of logistics bimonthly report from PMTCT sites that was introduced in the 2nd quarter resulted in meeting the report collection and reporting deadline from 25 supported facilities during this quarter report submission.

MSH had been supporting private hospitals in Suleja in the area of HIV/AIDS care and treatment program and health system strengthening. To further demonstrate this support in diagnosis and laboratory services to these private clinics, MSH through Axios Foundation Nigeria, donated health commodities to 11 private clinics in Suleja.

Good practice of in- facility logistics system was being emphasized in all the CCT sites during supervisory and mentoring visits to the CCT sites. This was to improve accountability of Rapid Tests Kits utilization in the different testing points in the facilities and to ensure that all the testing points do not lack test kits for HCT services. DBS kits were supplied to the CCT sites to enhance early infant diagnosis (EID) of HIV in exposed infants in the facilities.

IR 3. Strengthened public/CSO and community enabling environments

Health System Strengthening

Major administrative changes occurred in the State during the last quarter with the posting of a new commissioner to the State Ministry of Health, Hajiya Hadiza L. Abdullahi. A courtesy visit was paid to the commissioner to discuss the project's presence in the state and its achievements since inception in the state. In addition, the need to establish and inaugurate a functional State Management Team (SMT) was discussed with the Honorable commissioner who pledged her total support to the process. The third week of August, 2014 has been fixed tentatively for the formation and inauguration of the State SMT.

Supported the HAF advisory committee meeting where CSOs contract negotiation, contract signing and disbursement was discussed. The CSOs were re-evaluated based on their thematic areas and assigned communities in the State.

Monitoring and Evaluation

M&E support to the State Government

Harmonization of Data Collection system: Before this period, Implementing Partners were collecting data separately from the state government. This system compromised data quality with the state in all ramifications (availability, consistency, timeliness, integrity, completeness, accuracy) with what Implementing Partners had in their data base. With the harmonization, both the state and IPs now have access to the same data at the same time, therefore, grossly improving quality data available to the state.

Resuscitation of M&E TWG: MSH M&E Team revitalized the M&E TWG with the first post inauguration meeting held on the 3rd June 2014. During the meeting the national SOP and Guidelines of M&E TWG were presented and discussed. Assessment of the TWG shows that it had not met a single provision of the SOP and guidelines. Members then realized the need to have the TWG functional and operational.

Data collection and Validation: During the reporting period, MSH M&E Team supported the Niger state SACA and SMOH to harmonize and validate all HIV/AIDS data in the state for Q 1 2014 as requested by NACA and SASCP.

Production of NNRIMS Factsheet: This is quarterly production by SACA and it has not been achieved since March 2013. We have therefore done a draft of Q 1 2014 for SACA to initiate the process of production.

Sokoto State

4.1 Overview

The Pro-ACT team in Sokoto State has worked tirelessly throughout the quarter to support and strengthen the health system in the areas of HIV at both state and facility levels. The continuous supportive supervision and mentoring offered by all thematic units as well as engagement of PITC volunteers have resulted in increase in uptake of HIV testing and counseling among pregnant women attending antenatal care clinic (ANC) by 40%. It is envisaged that the recent grants awarded to 7 CSOs in the state will further increase HTC uptake at facility level in the next quarter.

Even though there was 100% coverage in Nevirapine Prophylaxis for exposed infants, only half of the HIV exposed babies have their DNA PCR checked at 2 months as a result of poor compliance of the mothers to take the babies back to the health facilities after 6 weeks. The team has recorded an improvement in documentation through hands-on mentoring by the M&E team as well as deployment of data entry clerks in 6 CCT sites. Worthy of mention is an increase in TB screening among HIV patients which has reached 78% in the quarter under review.

MSH leadership supported the training of 4 facility personnel selected from 4 MSH supported comprehensive sites and one staff from a CSO (Save the Child Initiative) in PMTCT fellowship. 4 of these

trained fellows have started implementing their activities with support from their respective management. The activity has created HIV/AIDS awareness in Tambuwal and Amanawa communities as well as resultant increase in Antenatal Attendance and male partner involvement by 3 folds. This serves as a window of opportunity for HTC couple counseling.

However, despite the successes recorded, notable challenges include high default rate among ART patients, low uptake of HTC in Out-Patient Department and other service delivery points. As such the focus for next quarter will be on constituting tracking teams to track defaulters back to care; strengthening EID services through mentoring on DBS sample collection and its transportation to UDUTH for analysis as well as provision of support to SOSACAT/SMoH for effective coordination of key coordination platforms (Development Partners Forum, SMT, TWGs) in the state for ownership and sustainability of HIV/AIDS services.

4.2 Implementation Status

IR 1: Increased Demand for HIV/TB Services

Community Care Services

In its efforts to strengthen the technical capacity of the State Government to offer HTC trainings and effectively respond to the delivery of quality HIV/AIDS and TB services in the State Pro-ACT conducted a HTC TOT for 33 Master trainers (21 male, 12 female) from SMOH, health workers and staff members of 7 service providers that will constitute HTC faculty with the capacity to train other HTC counselors.

The use of PITC volunteers in MSH supported facilities has continued to bring about an increase in HTC uptake especially among pregnant women. A total of 6624 women were counseled and tested for HIV in ANC during the 3rd quarter which reflects a 9% increase as compared with the previous quarter.

Prevention Services

The prevention team supported the training of 7 grantee CSOs on scope of work development and implementation plans, as well as budget development which was followed up with three (3) day- PEP Entry Phase workshops. Twelve participants from CSOs, 2 LACA coordinators from Tambuwal and Sokoto North LGAs respectively were able to put the skills they acquired on community PEP Entry Phase in practice. The trained CSOs were mentored to carry out PEP Entry Phase activities in Tambuwal and Sokoto North LGAs.

The team built the capacity of SOSACAT and the two LGA LACA (Tambuwal and Sokoto North) to take lead and participate in the CSOs entry phase activities. The two CSOs sub-granted to wrap up entry phase activities for sexual and other risk Prevention through baseline assessments and selection of forty (40) peer educators in two LGAs to participate in the upcoming PEP Intensive and Exit Phase Training.

Conflicts of interest based on the presence of multiple leadership structures in Bancho FSW and non-IDU community of Tambuwal LGA was addressed by BCiCe Nigeria with technical support from prevention team through community dialogue.

IR 2. Increased access to quality HIV/AIDS and TB services and products

Community Care Services

The community team attended and supported the meetings organized by support groups in MSH supported facilities and community based support groups in which 285 members were in attendance. As part of the transition process, the People Living Positive Voice (PLV) a.k.a Muryar Jama'a was linked to SOSACAT who will be providing nutritional support, educational, loan for small business to 150 of her members. Life Helpers Initiative (CSO); a recipient of the HAF 2 fund from World bank will be supporting Nasara and Muryar Jama'a with skill acquisition and Vocational trainings, Saving and Loan Association.

In addition, the team was involved in Scope of Work (SOW) development training and SOW modification meeting for grantee CSOs. This meeting was aimed at redesigning the grantees implementation plan to meet the current PEPFAR guideline. The technical capacity of other community structures, grantee CSOs implementing prevention, HTC/PMTCT, Vulnerable Children, Care and Support services was also strengthened.

Clinical HIV/AIDS Services

ART

A Continuous Medical Education meeting was held by the Clinical Team in 8 MSH supported facilities in the quarter under review in which a total of 150 health care providers participated. The topic of presentation (Definition of ART Eligibility) was purposefully selected to broaden the thinking of healthcare providers regarding ART eligibility criteria outside CD4 eligibility. The CME has resulted in 5% increase in those initiated on ARV compared to the number initiated in the previous quarter.

During the quarter under review Charts were audited within the 7 CCT sites, loss to follow up clients have been identified, active and inactive folders separated, exposed infants due for DBS, those discharged and those to commence ART were all identified. Pediatrics clinicians were put through the use of HIV exposed infant care card, this will help us keep track of due EID dates.

PMTCT

With continuous provision of technical support in form of supportive supervision and mentoring to 10 MSH supported sites, there has been up to 95% counseling and testing among pregnant women who attend ANC. The 'Test and Treat' approach is being practiced in accordance with WHO 2013 guidelines. The triple regimen for prophylaxis for pregnant positive women and Syrup Nevirapine were available at all PMTCT sites with proper mentoring on how to use the drugs. Out of the 56 DBS samples sent for DNA PCR, 50 (96%), were negative. This indicates that mother to child transmission of HIV is still high as such more needs to be done to eliminate the transmission.

Quality Improvement

The clinical team supported the monthly quality improvement team meetings in all the 7 CCT sites in which 160 service providers were in attendance. Issues surrounding infection prevention were

discussed. The NigeriaQual data collection exercise conducted in all the facilities has contributed significantly in completeness of documentation of patient folders.

TB/HIV

A total of 784 patients were screened for TB in the quarter as compared to 338 of last quarter signifying a 14% increase. Use of INH for IPT was fully implemented in all 7CCT sites. A total of 454 benefited from IPT prophylaxis in the quarter under review.

However, as result of power problem at SHS, the only Gene X-pert machine serving the north-west region has not been operational for 2 months. As such TB suspects are not being offered Gene X-pert services. The issue was communicated to the management of Specialist Hospital who promised to rectify the problem within the shortest possible time.

Laboratory Services

The main activities for Laboratory services team in the quarter under review were centered on capacity building, public private partnership, integration of PEPFAR supported laboratories into mainstream laboratories and sustainability mechanism.

Seven staff (two females and five males) in supported facilities were trained on Good Laboratory Practice (GLP). Another 7 participants drawn from private medical laboratories in Sokoto were trained on proposal development so as to strengthen public private partnership that will be providing quality services to customers. In collaboration with community teams, the laboratory system specialist facilitated the conduct of HTC TOT training for 33 healthcare workers and CSOs.

The team provided technical support to the management of UDUTH on infrastructure upgrade for the installation of automated platform DNA PCR machine. In addition, the laboratory team organized sample transportation for 76 DBS to Asokoro District Hospital in Abuja, as well as CD4 samples from other facilities to UDUTH.

Supply Chain Management Services

Continuous sensitization of SMoH and other stakeholders, led to the first stakeholders meeting (TWG) on the management of HIV/AIDS commodities in the state. The team also supported the conduct of Logistics Management of Health Commodities (LMHC) training for 14 healthcare workers from MSH supported facilities.

The Supply Chain Management team leveraged the CME organized by clinical team to emphasize on the need for service providers to comply with GoN circular on stream-lined ART regimens. This and other related efforts by the team have led to a commendable degree of adherence to the regimen streamlining directive as was observed earlier on in the quarter with 74.86% (131 patients) newly initiated on TDF/3TC/EFV, 9.71% (17 patients) initiated on AZT/3TC/NVP and 8.00% (14 patients) initiated on non-streamlined regimen (AZT/3TC/EFV - 2.29% (4 patients) and TDF/3TC/NVP - 5.71% (10 patients).

On waste management, the team conducted stock date tracking and rotation across the MSH supported facilities and conducted a mop-up waste drive which led to evacuation of 38 cartons of expired commodities from the state.

Bimonthly LMIS reports for laboratory commodities and pharmacy were collected and submitted to the country office and SCMS during the quarter. RTKs audit initiated last quarter was followed up to conclusion across all facilities this quarter. Problems which were highlighted through the exercise such as underutilization/overstocking by some units and inadequate documentation of test done on GON national harmonized tools were corrected with subsequent follow up within the period showing that the harmonized registers have been updated and in use. The SCM team also strengthened collaboration between HTC points of service and the facilities laboratories that have the oversight function of reporting and ensuring quality at these points of service.

IR 3. Strengthened public/CSO and community enabling environments

Monitoring and Evaluation Services

The M&E team provided technical support to the facility M&E staff towards improving data documentation and reporting processes across different thematic units within the facility. In the quarter under review, the team supported Sokoto SACA to conduct a jointly supportive supervision with special emphasis on data validation in 6 LGAs. The aim was to strengthen and improve data documentation at peripheral sites. The team likewise supported the conduct of HTC TOT for health facilities and grantee CSOs.

In the period under review, the M&E team has provided technical support to SOSACAT to conduct monthly M&E meetings. This is the forum where all the facility M&Es, LACA, SMoH M&E, SOSACAT M&E and the M&Es from the implementing partner come together to review their achievement, challenges in the field and way forward in the HIV/AIDs response in the state.

Health Systems Strengthening

Having identified the challenges of HSS grant implementation, the team paid a courtesy visit to the Permanent Secretary, SMoH who promised to support the implementation of the set-out targets. The visit made the Permanent Secretary sign the developed training curriculum which was lying on his table for a longtime.

Zamfara State

Overview

During the quarter under review MSH engaged CSOs to implement HIV prevention activities in one local government area in the state and support Provider Initiative Testing and Counseling (PITC) at the health facility level for the purpose of increasing access to the services.

During the reporting period 11,081 pregnant women received HIV C&T and received their test results, **141** new HIV+ infected clients enrolled into care (Pre-ART) while **158** were newly initiated on ART. While ART rose from 41% in the last quarter to 59% in the reporting quarter, HTC uptake also increased by 126% when compared with previous quarter. Similarly, number of positive tests rose from 95 to 159 (67%) when quarter 2 and quarter 3 are compared.

As part of the implementation of HSS grant provided to Zamfara State Government of Nigeria by Pro-ACT, the Center for Continuous Professional Development established by the State Ministry of Health was able to identify Master Trainers in various Thematic Areas. The Center also received letters of recognition of professional bodies at the state level as part of the requirement for securing registration with various professional bodies at national level in order to get all trainings for health workers in the state accredited by the professional bodies.

The activation of Yariman Bakura Specialist Hospital, Gusau in April 2014 as an additional site in the state for the provision Comprehensive HIV Care and Treatment Services (CCT) under Pro-ACT met with great success as the management of the facility pronounced its commitments to ensure the sustenance of quality care and treatment. The one year old health facility, that is located in the state capital and which is well staffed, is solely owned by Zamfara State Government of Nigeria. With this, the number of CCT sites supported by PEPFAR in the state is now four (4) while 16 other health facilities that comprise secondary and primary HFs continue to provide HTC. /PMTCT services.

IR 1: Increased Demand for HIV/TB Services

Community Services

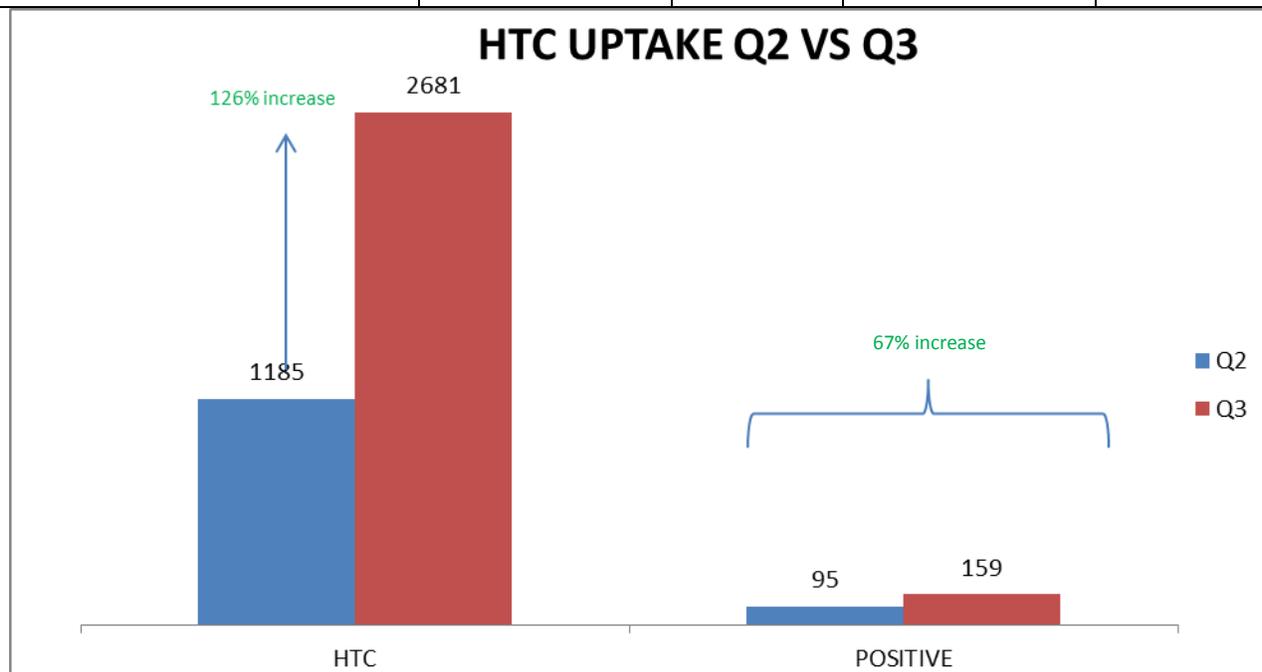
In an effort to increase the demand for HIV/TB services in Zamfara state, HTC training was conducted for 26 persons consisting of 12 persons from 4 CBOs and 14 persons drawn from SACA, HSMB, SMOH, and MSH supported Health facilities to form a faculty towards the sustainability of HTC services in Zamfara state. As a follow on, the CSOs conducted a step down training to selected volunteers who were deployed to selected health facilities to support HTC services in Zamfara state.

During the reporting period, 9 volunteers were engaged and distributed as follows – 2 PITC and 2 Adherence volunteers in FMC, 2 PITC volunteers in GH Kaura Namoda, 2 PITC and 1 adherence in GH Shinkafi. However, the 2 PITC volunteers in FMC now work for the State Government and so cease to be MSH paid volunteers. Following the new PEPFAR guideline and the SOW modification of the CSOs, volunteers have been deployed to 15 MSH supported sites out of which we have 3 CCT sites and 12 PMTCT sites across Gusau, Kaura Namoda, Tsafe, and Maradun LGAs to support HTC services across various PITC points. As a result, the MSH supported PITC volunteers were transitioned to MDC and so cease to be supported by MSH. Therefore, MSH no longer supports PITC volunteers in FMC and GH Kaura where the CSOs are based.

With the engagement of PITC volunteers in May and the formal entry of the CBOs into the facilities which took place in the first and second week of June, there has been a rise in the uptake of HTC services in the HF.

The table below shows an increase of **126%** of HTC uptake in 4 CCT sites, comparing Q2 and Q3 data:

CCT Site	Q2 HTC		Q3 HTC	
	CT	Pos	CT	Pos
FMC Gusau	134	50	1159	89
Kauran Namoda	439	22	565	23
Shinkafi	612	23	767	22
Yariman Bakura	0	0	190	25
Total	1185	95	2681	159



Also during the reporting quarter, 3 PLHIV support groups were supported to hold quarterly meetings in 3 CCT sites in a bid to improved retention in care and quality of life of PLHIV. Following the mandate to transition MSH supported support groups (SGs), the community team has worked with SACA, NEPWHAN and MDC to achieve a smooth transition. The SGs were linked to receive support from NEPWHAN and Hannun Tamaiko Foundation under the World Bank SACA HAF II grant. A formal introduction of MDC (the CSO implementing care) was made to Daraja Support Group as part of the transition process.

Prevention

During the reporting period, the prevention team supported the training of 4 grantee CSOs on scope of work development and implementation plans, as well as budget development which was followed up with three (3) day- PEP Entry Phase workshops. Five participants from 1 CSO, 1 LACA coordinator from

Tsafe LGA, 1 personnel from Zamfara State Agency for the Control of AIDS respectively were trained on entry phase strategies while state actors enhanced their skills in coordination and supervision. The trained CSO was mentored to carry out PEP Entry Phase activities in Tsafe (later relocated to Gusau) LGA.

Prevention activities also prioritized capacity building of ZAMSACA and Tsafe LGA LACA to take lead and participate in the CSOs entry phase activities. With technical support from the MSH prevention team, grantee CSOs concluded entry phase activities by selecting 21 people to be trained as Peer Educators in Gusau LGA having successfully completed advocacy, community mapping to ensure community support for quality assured program delivery.

IR 2. Increased access to quality HIV/AIDS and TB services and products

Community Services

Client Retention and Tracking

In a bid to increase access to quality HIV/AIDS and TB services and products, distribution of Basic Care Kits to health facilities is ongoing with the aim of improving sanitation and retention of HIV clients in supported facilities. Supervisory and mentoring visits to supported sites were carried out to enhance quality service provision. Tracking teams were constituted in 3 CCT sites following MSH tracking protocol of engaging support group members as volunteers for client tracking towards improving client retention in supported sites.

Clinical Services

PMTCT

During the quarter, 11,081 pregnant women received HIV C&T and received their test results at MSH-supported PMTCT service sites. Of those women, 57 (0.5%) tested positive for HIV. The analysis of Q2 and Q3 data of HCT in PMTCT setting demonstrates a remarkable increase of 18% HCT coverage among pregnant women making their first visit to ANC, the last quarter of January - March, 2014 recorded 41%, and the % of HCT uptake rose to 59% during the April-June, 2014 quarter.

The data revealed an upward and downward trend during the reporting period with April recorded (26%), May (49%), and June, (25%) respectively, state target for this indicator were met and surpassed during the quarter.

A total of 49 HIV-infected pregnant women received a complete course of antiretroviral prophylaxis at ANC and L&D during the quarter. During the same period a total of 16 infants received a PMTCT regimen.

ART

At the 4 CCT sites reporting, there were 141 new HIV+ infected clients enrolled into care (Pre-ART) and 158 were newly initiated on ART during the quarter. The number of enrollment for new HIV+ infected individuals has dropped by 10% in the April-June, 2014 quarter while for ART rose from 41% in the last quarter of January - March, 2014 to 59% in the April-June, 2014 reporting period.

There was a notable trend observed in both enrollment (Pre-ART) and newly initiated on ART data during the quarter, April recorded (33%), May (27%), and June, (40%) - Pre ART, but after a critical review of individual facility data, it's very evident that FMC Gusau contributed only 34% in April-June, 2014 quarter against 66% contributed in the last quarter of January - March, 2014. The strike action in FMC Gusau during the month of May, 2014 by the medical and health workers union might have clearly

affect HIV/AIDS services during the month, as FMC Gusau CCT site remain a major contributor to the state achievement.

Both ART and Pre-ART targets during the quarter were <35% achieve. Plans have been put in place by the team to strengthen intra-facility referrals to enable the project enroll every positive client into care and identify eligible HIV+ client in the program to be placed on ART using the new WHO guidelines.

In April the Yariman Bakura Specialist hospital was activated to provide comprehensive care, treatment and support for people living with HIV/AIDS with over 50 health care workers trained on MSH designed facility start-up training package for the uptake of service. Facility staff trained were drawn from different units, including administration and CSO to facilitate orientation on HIV services including how community service provisions are linked to the facilities. The hospital management demonstrated commitment to this course as it agreed to provide clinical chemistry services to PLHIV in a cost sharing manner with MSH. The management of the facility has also agreed to ultimately take up its responsibility in the long run.

ART focal persons in all CCT sites were continually mentored to support TB screen of all HIV positive patients (new and old clients) in congregate settings (PICT points, Adherence counseling rooms and triage units, consulting rooms, PMTCT setting) and documented in the appropriate TB/HIV registers and tools.

TB/HIV

During the reporting period, a system was developed that will ensure 100% TB screening/documentation by placing and using the HIV client intake form at all point of PITC (ANC/Maternity, GOPD, Wards and Laboratory) for all new clients and the use of ART care card for older clients. All clients identified as TB suspects are referred to TB/DOTS unit for further evaluation. More TB cases will be identified and started on treatment. Facility staffs were also mentored and provided technical assistance on TB screening/documentation using the HIV client intake form/screening criteria/symptoms in children (current cough, fever, poor weight gain and contact with contagious person) at the pediatric ward/clinic.

Supply Chain Management Services

During this quarter, In order to ensure uninterrupted availability of health commodities at all the health facilities, on-site technical support was provided to all the sites in the areas of data generation, validation, collection and collation of March-April 2014 bi-monthly reports. Stock balances were physically verified at the Pharmacy and Laboratory departments. The facility CRRIRF and PPR reports generated were transmitted to the central level and deliveries have since been made to the facilities. INH 300mg tablets were distributed to all the CCT sites to ensure that eligible clients are placed on Isoniazid Preventive Therapy (IPT). Auto Disable Syringe and Needles were distributed to health facilities in the state. Donation of hepatitis ag test strips received from the FMOH were delivered to the supported health facilities.

Yariman Bakura Specialist Hospital Gusau was activated to provide Comprehensive Care and Treatment services. Prior to the activation, BD FACSCount CD4 machine, Sysmex Hematology machine, Centrifuge, Laboratory reagents & consumables were supplied to the hospital.

On-site coaching of facility staff on LMIS tools is ongoing. This is to sharpen the skill of facilities staff to effectively manage health commodities and render quality pharmaceutical care to the clients. All the 16 PMTCT+HTC sites were invited to a Cluster Review Meeting where the capacities of the focal persons were built on completion of the PMTCT CRRIRF and PPR. The meeting ended with the generation of PMTCT CRRIRF and PPR reports. The reports were then validated by the SCMS Specialist before transmitting them to the central level.

Laboratory and pharmacy focal persons from supported CCT sites were trained on Logistics Management of Healthcare Commodities. The training was organized centrally organized in March and April 2014. Similarly, six (6) Medical Laboratory Scientist from the 4 CCT sites, namely FMC Gusau, GH Kaura Namoda, GH Shinkafi and Yariman Babura Specialist Hospital Gusau, participated in training on Good Laboratory Practice which was also centrally organized.

Good Pharmacy and Laboratory Practice

Regimen analysis of clients on HAART as at the end of April 2014 for all the CCT sites was done. The analysis shows that 82.78% of adult clients are on Zidovudine based regimen compared to 89.98% in February 2014, and 17.22% are on Tenofovir (TDF) based regimen as against 10.02% in February 2014.

Laboratory Services

As part of MSH commitments towards activation of Comprehensive Care and Treatment services at Yariman Bakura Specialist Hospital Gusau, the facility was supplied with CD4 machine, Hematology machine, Centrifuge, Laboratory reagents and consumables.

Logging of samples for CD4 tests from FMC Gusau to Yariman Bakura Specialist Hospital Gusau was done in April 2014. This is to ensure continuity of services for clients at FMC Gusau.

Eighteen (18) DBS samples were received from DBS Hub (FMC Gusau) and sent to the Country Office for onward delivery to PCR Laboratory. Equipment fault reporting forms for the Sysmex Hematology platform at FMC Gusau was completed and submitted to Country Office for further action.

An update of the database of all Laboratory Equipment in Pro-ACT supported sites was carried out. The report included details of the number of faults reported last year, the average duration of equipment downtime per month, average number of tests per month and functionality status of the equipment.

IR 3. Strengthened public/CSO and community enabling environments

Health System Strengthening

Four CSOs participated in scope of work development workshop. The document serves as a comprehensive reference for the implementation of the Pro-ACT project providing implementing organizations with clearly articulated objectives as well as intervention pathways for quality assured HIV intervention services.

Focal officers at the state and local government levels participated in the entry phase training. The training offered an opportunity for SACA and LACA focal officers to be provided with current trends and focus in HIV prevention in the country as well as enhanced skills in coordinating HIV prevention at the state and local government levels. This has strengthened the coordination of HIV prevention activities in the state with the alignment of intervention sites in Gusau among CSOs supported by MSH/USAID and Zamfara State Agency for the Control of AIDS/World Bank for avoidance of duplication of services and double counting.

The Zamfara State Center for Continuous Professional Development established by the State Ministry of Health was able to identify Master Trainers in various thematic areas. The Center also received the recognitions of professional bodies at the state level as part of the requirement for securing registration with various professional bodies at national level in order to get all trainings for health workers in the state accredited by the professional bodies. Implementation reports and other relevant documents have been submitted to MSH by the center for release of phase two of the HSS grant.

Implementation challenges

Some of the challenges encountered during the quarter across the five states included:

- **Frequent break down of lab equipment**

During the quarter, several lab equipment developed faults – the broken down equipment were retrieved from the facilities and taken to vendors for repair. For a number of them, the project is still awaiting the assessment reports and cost quotations for their repairs which will be completed in the fourth quarter. To ensure continued delivery of services, patient samples were transported to nearby facilities with functional equipment for testing. Plans are also being finalized to replace all worn-out equipment in the supported facilities.

- **Stock out of reagents particularly the CD4 Partec Cyflow reagents**

During the quarter several supported facilities across all the five states had shortages of CD4 reagents (Cyflow and FACSCount) hence they could not run CD 4 tests. These reagents are pool-procured by the SCMS, and the shortage has been a result of delays in receiving supplies from their vendor. While samples are being logged to facilities that still have some reagents, requests have been sent to SCMS for replenishment. There were also shortages of Selectra Pro cuvette and Vitros reagents – the latter mainly caused by the litigation case against importation of Vitros commodities. With the phasing out of some of

the platforms that use these reagents, replacing them with newer ones will be a major activity for the project in the fourth quarter.

- **Inadequate human resources compounded by frequent industrial actions**

During the quarter implementation challenges encountered ranged from attrition of health care workers, inadequate human resources for health at the facility level, knowledge base gaps in HIV management among health care workers, lack of ownership of the program by facility staff and staff strikes. MSH Pro-ACT project however tried to address some of these challenges in the five project states. For example in Niger state, ART treatment decentralization was emphasized with focus on building capacity of lower health care cadre staff to support patients' management and monitoring. Over 48 care providers' capacity were built in 5 CCT site to support services quality. In the five project states, the Pro-ACT project engaged facility level clinical mentors (8 experienced hands) in select high volume facilities. These mentors provide additional support to the facilities through oversight technical support across thematic areas. In addition, as ongoing support to improve HTC and structured adherence support to facilities, MSH engaged volunteers to bridge service delivery gaps including deploying additional CSOs to facilitate blocking of leakages along the continuum of care(Garners Cascade).

- **Poor documentation at some of the facilities**

Documentation challenges continued to appear in some Pro-ACT supported facilities despite the continuous support from the project due to poor M&E skills amongst personnel. In several facilities there was incomplete data documentation of clinical services (i. e. WHO Clinical Staging, TB screening, Filling of ART cards, etc.) by clinicians and other facility staff which inadvertently affected data reporting. As part of our transition plan, Pro-ACT and other IPs in the states have empowered LACA M&E officers who now collect the reports from health facilities. However the inadequate and/or poor knowledge of HIV/AIDS data interpretation and documentation among most M&E personnel of health facilities, LACA, and SMOH has led to inconsistency in the data collated by LACA M&E staff when compared with records at the health facility which has continued to affect data quality especially its validity, reliability, precision and integrity. The project has however continued with efforts to build capacity in data recording, management and use at all levels.

- **Low uptake of EID services**

There remains a huge challenge with early infant diagnosis (EID) of HIV exposed infants using DNA PCR testing. Only 14% of infants exposed had a virologic HIV test done within 12 months of birth. The identified challenges include: improper sample collection, delays with sample analysis at designated PCR labs, ineffective transport systems, infants not picked up at child follow-up clinics, mothers lost to follow-up after delivery and poor referral systems. MSH has recently installed a PCR Machine in UDUTH to serve as an EID Hub to Sokoto, Zamfara and Kebbi state which will reduce some of these challenges.

- **Health workers Strike in FMC Gusau**

Another implementation setback is the trailing behind of Zamfara clinical activities due to service interruption in FMC Gusau, a tertiary institution supported by MSH Pro-ACT project. In April 2014, staffs of Federal Medical Center, Gusau were on strike from April 29, 2014 to May 19, 2014. The three-week strike affected all services including HIV/AIDS and TB. To cope with the situation and continue to save lives, MSH collaborated with Yariman Bakura Specialist Hospital, Gusau to help FMC clients on treatment to access their drugs at the facility while ensuring that drugs needed were provided through ad-hoc arrangements which included mobilizing drugs from other facilities in Sokoto; from the Sokoto zonal store and from other patients around Gusau who contributed some of their drugs with an understanding that they would be replaced when regular services resumed.

M&E Plan Update

Building on the Pro-ACT M&E strategy of increasing emphasis on capacity building for ownership and sustainability, the project continued to strengthen capacity of the states by transferring skills for coordination and implementation, monitoring, reporting, and communication activities thereby instituting a culture of documentation and data use. The project has continued to strengthen data management and reporting by emphasizing capacity building for improved data documentation, reporting, and data use for informed decision making in Pro-ACT states, facilities, and CBOs.

Pro-ACT has continued to support the use of paper-based HMIS building on its previous achievements through strengthening data documentation and reporting capacity amongst facility medical records officers, instituting the use of the national HMIS tools using hands on mentoring and routine onsite mentoring, supportive and technical supervision in all states, communities, and facilities that Pro-ACT supports. Capacity transfer to SACA/LACA M&E officers has ensured routine reporting of data with Zamfara recording 100% in timely and quality data reporting.

Pro-ACT has conducted an initial assessment of EMR in UDUTH, UITH and GH Minna and is working towards ensuring that the Open MRS is fully operationalized. The project is exploring mobile reporting towards sustainable innovations that will significantly reduce data reporting burden and time. Such innovations include the mother mentors and medic mobile initiatives. These efforts are aimed at ensuring timely and accurate data for improved decision making at all levels.

Strengthening State Government M&E System

As the lead implementing partner supporting 195 health facilities in 59 of the 99 LGAs in Niger (114 HF in 24 of 25 LGA), Kwara (24 HF in 7 of 16 LGA), Kebbi (27 HF in 12 of 21 LGA), Sokoto (10 HF in 7 of 23 LGA) and Zamfara (20 HF in 9 of 14 LGA) States, MSH set as its priority to engage in activities geared towards achieving quality and sustainable M&E system in Pro-ACT project implementation states.

To strengthen the State government M&E systems, MSH Pro-ACT M&E unit in Niger State held a Stakeholders Meeting in Minna, on April 29, 2014. The Meeting sought to address the issue of harmonization in data collection systems by Implementing Partners in the State. The goal was to ensure that both the State and IPs have access to the same quality data at the same time that can be relied upon by interested persons/organization.

Participation in GON organized activities

To strengthen our relationship with the government of Nigeria, the MSH M&E Team has been involved in all government organized activities in the states and at the national level. This has helped to foster a better working relationship with the government and also to promote MSH's visibility as a key actor in M&E. MSH was actively involved in the health and non-health sector data validation exercise. All MSH supported States participated in the data validation exercise.

Strengthening Data Quality in supported States

As part of MSH Pro-ACT M&E transition plan, the transfer of skills to stakeholders in the state remains very crucial to ensure that the state take responsibilities in accurate and timely data reporting to GON/NACA through the DHIS eNNRIMS platform.

M&E Team is actively involved in the following:

- Developing and implementing the appropriate exit strategies to build sustainable systems in the States through regular Meetings and hands-on mentoring with LACAs and SACAs.
- Maintain and uplift the LGA, and State reporting rate in DHIS e-NNRIMS through timely reporting of data by all LACA M&E officers. For example, during this reporting period, Zamfara recorded a remarkable achievement of 100% submission/reporting of all indicators (HCT, ART and PMTCT) from 64 health facilities providing HIV services in the state across 14 LGAs.
- Review overall State HIV/AIDS achievements and provide technical support to sites through LACA M&E officers on quality data documentation, and reporting

INTEGRATION OF CROSSCUTTING ISSUES AND USAID FORWARD PRIORITIES

Sustainability Mechanisms

The project continued to support and to advocate for government actions that promote sustainability and ownership. Following some lobbying and advocacy by the project the Federal Ministry of Health provided 50,000 tests of Hepatitis-B Ag test strip (1000pks) and 150 packs of auto disposable syringes and needles for use in Pro-ACT supported sites.

In all the five states the government was actively involved in the implementation of HIV/AIDS activities. The project supported joint supervisory visits to sites – the visits included directors from the SMoH and SACA. In Kwara, the government committed resources of approximately N54 million (\$334,800) to the procurement of laboratory equipment for two Government CCT sites in the state. Other states have also registered an increase in the allocation of resources for HIV/AIDS activities in their budgets.

In Kebbi, the SACA provided to MSH prevention unit 100 pieces of Female condoms, 1 Carton of Male condoms and 35 pieces of Lubricant. These items were distributed to the CSOs and CCT sites to improve quality HIV prevention intervention. Two LGAs in the state, Wara and Yauri, supported the PEP intervention/exit phase training with venues, flip chart stands, projectors and generator at no cost.

Improvement in coordination has also been noted in Kwara. The quarterly partners' forum meeting was held during the quarter, and unlike the previous meetings, this time the forum involved all heads of hospitals in the state and health related agencies who gave updates of their monthly activities and plans to ensure better coordination and avoid duplication.

Local Capacity Development

Pro-ACT has supported several local capacity development initiatives during the quarter. In May the project worked with a group of representatives from 14 private medical laboratories across four (4) states - Niger, Kebbi, Sokoto and Zamfara to build their skills in proposal and grant writing. A pre-award proposal development workshop which was held in Gusau from 19th to 24th May 2014 to build the capacity of stand-alone (private) laboratories and provide them with equal opportunity for all potential grantees to acquire skills in writing winning proposals and be able to participate competitively in the award of in-kind grants. These skills will help them in getting funding from other donors. A total of fourteen (14) private medical laboratories across four (4) states (Niger, Kebbi, Sokoto and Zamfara) participated at the workshop.

In Niger, the project has continued to strengthen the technical capacity of the state and local governments as well as community structures 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. Some of these capacity-building approaches include but not limited to training of grantee CSOs on implementation of prevention interventions, on provision of HTC and VC services and delivery of care and support services across selected LGAs.

In Kebbi, part of the Capacity building efforts targeted CSOs. One CSO that has benefitted from capacity building this quarter is Bright Capacity Initiatives for Community Enhancement (BCiCe). The NHOCAT tool (developed with development partner including MSH support in 2012) was first administered to BCiCe in February 2013, by MSH in collaboration with the Kebbi State Agency for the Control of AIDS (Kebbi SACA). It was used to assess the Kebbi-based organization's baseline and post-intervention levels capacity. In the initial assessment BCiCe scored 37%, as it had weak operating systems like a board operating without a manual and meeting irregularly, poor HR systems and structures and a weak resource-base.

With MSH's technical support, BCiCe developed a six-month capacity-building plan to address the weaknesses identified, and was able to step up its NOHCAT assessment profile to 61.2% by December 2013. Achievements ranged from improved organizational functions with skilled and functional board meeting quarterly, to the establishment of two branch offices in Zamfara and Taraba states, and an improved resource-base. *More details about this improvement experience in Annexe II.*

In Kwara MSH-Pro-ACT continued to support capacity development of partners to ensure that they have the necessary skills to deliver services at the facility and in the Ministries. Facility staff in the different thematic areas continued to be mentored so as to be able to deliver quality service to their clients.

Science, Technology and Innovation Impacts

The project facilitated two initiatives that involved the use of mobile technology. In Kwara (in facilities piloting the use of LDP+ principles to improve quality of services), a Medic Mobile application was introduced to assist facility staff to collect and transmit service data using a mobile hand set. This has improved the timeliness and efficiency of reporting PMTCT data from the participating health facilities.

In Suleja LGA, in Niger state, the project piloted the use of mobile technology by Mentor Mothers to monitor progress of PMTCT service up-take and retention. Improvised phone applications (dhis2) were installed on mentor mothers' mobile phones for inputting and updating information and services being provided to the mentees (positive pregnant women) and their babies throughout pregnancy and breast feeding periods. A report providing more details and early results from this initiative is available.

STAKEHOLDER PARTICIPATION AND INVOLVEMENT

National level engagement on PMTCT

In line with GoN efforts to eliminate MTCT in Nigeria, a national task team was inaugurated to provide leadership oversight and coordination of PMTCT efforts. The National PMTCT task team draws its membership from all strategic stakeholders and meetings are scheduled to be held every quarter. The last task team meeting which was hosted by MSH was held in August 2013, a year after the next planned meeting in June 2014. The meeting was chaired by Professor Sagay of Jos University Teaching Hospital (JUTH) and was hosted by the HIV/AIDS Division (HAD) with funding support from World Health Organization (WHO). The objectives of the meeting were:

- To receive updates on PMTCT activities from GoN, implementing partners and donor agencies
- Chart a way forward for the harmonization and synchronization of all PMTCT activities in 2014 in line with the national scale-up plan.
- Provide technical input on the draft national policy on the Task Shifting
- Receive status update from the sub-committees on their activities since the last meeting.

The meeting had in attendance MSH and some PEPFAR partners, UN agencies, Global Fund (GF), representatives from PriceWaterCoopers, GoN agencies - NACA, FMOH-HIV/AIDS Division, Reproductive Health (RH) Division, Saving One Million Lives (SOML), Clinton Health Access Initiative (CHAI) and other members of the task team drawn from the academia and civil society groups. The PEPFAR Nigeria agencies (CDC/USAID/DOD) sent their apologies as they were unable to obtain travel approval due to security concerns.

Major outcomes from this meeting at the end of three days of deliberations were the need for the Task Team to pay a high level advocacy visit to the Minister for Health, for the release of funds, to bridge funding gap for the proposed discontinuation of support for some elements of laboratory services by PEPFAR. Additionally the Task Team reached a consensus to pay an advocacy visit to the leadership of tertiary teaching hospitals to absolve the highly skilled professionals previously supported by PEPFAR who were disengaged as a result of the new policy trust on HRH support. Lastly, the Task Team also

agreed on the need to advocate to the GoN for the establishment of a common funding basket for Early Infant Diagnosis (EID) activities, in order to address the current gaps and challenges, which are significantly impacting on pediatric HIV diagnosis nationally.

PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS

- In the subsequent quarter, the team will focus on setting up integrated technical working groups in the five project states to enhance coordinated service provision at the facility level in each state
- The clinical team will equally build capacity of state management teams (SMT) on integrated HIV management. The clinical team plans to consolidate this exercise through a bimonthly skills building sessions for the SMT
- Joint supervisory visits with the SMT will be emphasized in this quarter as part of the post training follow up plan for successful program transition
- Strengthen PMTCT patient retention/Adherence by scaling up the mother mentor concept in Kwara and in additional facilities in Niger.
- Scale up of QI projects across 5 states in 41 comprehensive sites will be a focus to continue to bridge service quality gaps in the project
- Continue with the engagement of clinical mentors to work with SMT to support service delivery optimization in 10 CCT site in 5 MSH supported states
- Collaborative learning through the cluster model of service delivery will be strengthened and scaled up to Zamfara and Kwara states including the introduction of 6 teachers of TB screening in the states mentioned earlier
- Strengthening of hospital networking on GeneXpert sample transport, and mapping of facility clusters around facilities with GeneXpert machines will be carried out
- Complete the renovation and construction at facilities to improve service delivery
- Replace non-functional and obsolete lab equipment in selected facilities and repair the faulty equipment
- Facilitate the finalization of the draft reference range determination protocol by stakeholders
- Strengthen Internal Quality Assurance across the states
- In collaboration with clinical teams, strengthen DBS samples, GeneXpert TB and Viral load uptake.
- Finalize grant awards for private medical laboratories
- Scale up NIPOST EID/DBS services across the other supported sites
- Strengthen injection and blood safety activities across selected networks of facilities
- Strengthen laboratory revolving fund programs across the state to enhance integration and sustainability
- Facilitate the installation and commissioning of the automated PCR machine
- Continue to provide technical support to State's Ministry of Health in the implementation of HSS Grant for Continuous Medical Education in Sokoto and Kwara States

- Technical Support to Kwara State Ministry of Health on the scale up plan for PMTCT & Family planning services using the LDP+ approach.
- Inaugurations of State HIV/AIDS Management Team in the remaining states (Niger, Kebbi and Zamfara)
- Facilitate and development of Pro-ACT Sustainability Plan in one additional state and conduct readiness assessment using the AIDSTAR ONE transition capacity assessment tool in Niger, Kebbi, Sokoto and Zamfara States.

		PMP Indicator progress											
		[Strategic Objective]											
		Standard Indicators	Data Source	Baseline		FY 2014		Quarterly Status- FY 2014				Annual Performance Achieved to the end of reporting period (in %)	On Target Y/N
				Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
		Intermediate Result (IR): 14.1 Increased demand for HIV/AIDS and TB services and interventions, especially among selected target groups											
		Sub-IR: Prevention/Prevention of Mother to Child transmission											
1		Indicator #P1.3.D Output: Number of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site	ProACT Database	COP 08	21	198	198				0	100%	Y

2		Indicator #P1.1.D Output: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	ProACT Database	COP 08	30,260	159,941	163663	45623	63686	54354	0	102%	Y
3		(Denominator) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	ProACT Database	COP 08	New indicator	5,236	2122	555	805	762	0	41%	N
4		Indicator #P1.2.D Output: Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	ProACT Database	COP 08	399	2,970	1785	423	696	666	0	60%	N
5		Numerator: Number of infants who had a virologic HIV test within 12 months of birth during the reporting period	ProACT Database			2,970	413	105	135	173	0	14%	N
6		<i>Number of infants born by HIV+ pregnant women</i>	ProACT Database			0	1218	349	406	463	0	0	
		Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	ProACT Database			57%	34%	30%	33%	37%	0	59%	N
		Sub-IR:					Prevention/Sexual						

and other Behavioral Risk Prevention													
7		Indicator #P8.2.D Output: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	ProACT Database	COP 08	0	2,721	6758	3248	3376	134	0	248%	Y
8		Indicator #P8.1.D Output: Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	ProACT Database	COP 08	0	8,137	13559	6629	4461	2469	0	167%	Y
9		Number of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet minimum standards	ProACT Database	COP 08	0	5,367	2063	1175	724	164	0	38%	N
10		Indicator #P.8.4.D Output: Number of targeted condom service outlets	ProACT Database	COP 08	21		28	24	4	0	0	0	
		Sub-IR:											

Prevention/Testing and Counseling														
11		Indicator # P11.1.D: Output: Number of individuals who received testing and counseling services for HIV and received their test results (including PMTCT)	ProACT Database	COP 08	114,383	581,379	352758	103,128	121,003	128,627	0	61%	N	
12		Indicator # P11.1.D: Output: Number of individuals who received testing and counseling services for HIV and received their test results (HCT Sites Only)	ProACT Database	COP 08	114,383	410,585	195204	56,935	65,681	72,588	0	48%	N	
13		Indicator #P11.3.N:Outcome: Percentage of health facilities that provide HIV testing and counseling services	ProACT Database			100%	100%				0	100%	Y	
		Sub-IR: Care/"Umbrella" Crae Indicators (formerly Adult Care and Support)												
14		Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services (Newly enrolled)	ProACT Database			12,000	1594	0	0	1594	0	13%	N	
15		Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (DSD)	ProACT Database			40,000	2120	0	0	2120	0	5%	N	

		Sub-IR: Care/Clinical Care												
16		Indicator #C2.1.D Output: Number of HIV- positive adults and children receiving a minimum of one clinical service	ProACT Database	COP08	8031	53,615	45123	17,22 3	19,3 90	851 0	0	84%	Y	
		Sub-IR: Preventive Care Services - Additional TB/HIV												
		Care/Clinical												
17		Indicator # C2.4.D Number of HIV-Positive patients who were screened for TB in an HIV care or treatment settings	ProACT Database			48,254	16186	5284	580 9	509 3	0	34%	N	
18		TB/HIV: Percent of HIV- positive patients who were screened for TB in HIV care or treatment setting	ProACT Database			90%	36%	31%	30%	60%	0	40%	N	
19		Numerator: The number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	ProACT Database			48,254	16186	5284	580 9	509 3	0	34%	N	
20		Numerator: The number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	ProACT Database	COP 08	927	2,515	308	88	112	108	0	12%	N	

		Denominator: The number of registered TB cases with documented HIV-positive status during the reporting period	ProACT Database			0	496	131	242	123	0	0	
		Sub-IR: Treatment/ARV Services											
21		Indicator #T1.1.D Output: Number of adults and children with advanced HIV infection newly enrolled on ART	ProACT Database			11,538	4990	1550	159 4	184 6	0	43%	N
22		Indicator #T1.2.D Output: Number of adults and children with advanced HIV infection receiving ART therapy	ProACT Database			35,744	26681	2456 8	259 10	266 81	0	75%	Y
23		Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	ProACT Database			9801	0	0	0	0	0	0%	To be reported at APR
24		Indicator #T.1.3.D Number of adults & children who are still alive and on treatment at 12 months after initiating ART	ProACT Database			8331	0	0	0	0	0	0%	To be reported at APR

25		Indicator #T1.4.D Output: Number of adults and children with advanced HIV infection who ever started on ART	ProACT Database			0	124854	3994 0	415 34	433 80	0	0	
26		Indicator # T.1.5.D Output: Number of health facilities that offer ART	ProACT Database			41	41					100%	Y
Intermediate Result (IR): 14.2 Increased access to quality HIV/AIDS and TB services, practices and products in selected states													
Sub-IR: Prevention/Prevention of Mother to Child transmission													
27		Indicator #H1.1.D Output: Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	ProACT Database	COP 08	17	41	41	41	41	41	0	100%	Y
R14.3: Strengthened public, private and community enabling environments													
Systems strengthening of state and local governments to decentralize HIV/AIDS service delivery													
28		Output: Number of state and local governments who have annual operational plans for the current year with budgets that are used to monitor activities and outputs (LMS Indicator Menu)	HSS State report	COP 08	0	5	5	5 states	5 states	5 states	0	100%	Y
29		Output: Number of state governments and LGAs demonstrating increased capacity for using data for decision making (LMS Indicator Menu)	M&E report	COP 08	0	5	5	5 states	5 states	5 states	0	100%	Y

30		Output: Number of CSOs receiving grants to deliver community HIV/AIDS services linked with health facilities	Community /Grants Report	COP 08	0	22	22	11	22	26	0	100%	N
31		Output: Number of states in which a system for quality assurance has been institutionalized and maintained (LMS Indicator Menu)	QI report	COP 08	6	5	5	1	4	5	0	100%	Y

Success stories

Positioning Community-Based Organizations for Improved Service Delivery - the BCiCe Story

Despite steady reduction of the national HIV infection rate which went down to 3.7% by 2013* from as high as 5.8% in 2001**, Nigeria still has the third highest number of People Living with HIV (PLHIV) globally. With over three million PLHIV, it is crucial to have a concerted response at federal, state and community levels and to continuously monitor capacities to ensure that prevalence stays down.

With development partner (including Management Sciences for Health (MSH)) support, the Federal Government developed a capacity assessment tool called the National Harmonised Organizational Capacity Assessment Tool (NHOCAT) in 2012, to appraise stakeholder' capacities at various levels of the HIV & AIDS response. The tool was designed to identify capacity gaps, provide evidence-based data on areas of weakness and develop a capacity-building plan for improvement.

The NHOCAT tool was first administered to Bright Capacity Initiatives for Community Enhancement (BCiCe) in February 2013, by Management Sciences for Health in collaboration with the Kebbi State Agency for the Control of AIDS (Kebbi SACA). It was used to assess the Kebbi-based organization's baseline and post-intervention levels capacity. In the initial assessment BCiCe scored 37%.



Prior to the assessment, BCiCe had a weak board operating without a board manual and meeting irregularly. It had no shared vision or mission, and its lines of communication were disjointed. There was also no standardised recruitment system, policy guide on human resources, or organogram. Staff members were employed without job descriptions or appointment letters.

BCiCe's goal was to deliver quality health and social services to its client communities, but its' resource-base was too weak to achieve even 10% of its objectives. In summary, the organization was weak with an absence of systems, processes and policies for organizational development.

Consequently, with MSH’s technical support, BCiCE developed a six-month capacity-building plan to address the weaknesses identified. Within a short time, numerous milestones were recorded, ranging from improved organizational functions with skilled and functional board meeting quarterly, to the establishment of two branch offices in Zamfara and Taraba states. The organization developed a larger networking and collaboration system with relevant partners at state and national levels, touching the lives of over 7674 community members with health and other social services. It also improved membership strength with experience work force and volunteers.

Its funding-base also increased with well over five funding sources; (Management Sciences for Health, Taraba State Agency for the Control of AIDS, Kebbi SACA, Zamfara State Agency for the Control of AIDS (ZAMSACA), Voluntary Services Organization (VSO), and The Leprosy Mission). BCiCE’s funding base increased five-fold; from N21, 570, 059 to N99, 000, 480. Today, the CSO has a self-sustaining internal revenue generating source (an IT and business centre) and a micro-finance unit supporting its activities for care-givers and vulnerable community members. It also now has a self-sustaining youth friendly centre with well over 600 members.

These dramatic changes were documented from the beginning of the NHOCAT assessment process in February 2013, to its end in December the same year. Changes were notable in areas like human resources management which improved from 1.0% to 7.5%, and networking and referral systems which improved from 4.9% to 8.3% within the period. Overall, the NHOCAT (conducted by MSH, BCiCE, Kebbi and Zamfara SACAs) shows a steady improvement from 37% in February 2013 to 55.4%, right up to 61.2% by December 2013.

The BCiCe Executive Director, Usman Buhari Ali, attributes these positive changes to “our efforts in learning from others and sharing knowledge and experience while tapping into new innovations for improvement.” “The NHOCAT assessment is an innovation that has helped us in BCiCe to see our organization through an external lens and enabled us to move to a better position using the resources available to us more proactively,” he concludes.

***National AIDS and Reproductive Health Survey, 2013**

****Nigeria ANC Sentinel Survey, 2001**

ProACT helps to Commission GeneXpert Machine at FMC Bida, supporting State Ownership and Sustainability



During the launching of the GeneXpert machine at FMC Bida

Bida, Niger State, 29 May, 2014. A GeneXpert machine for tuberculosis (TB) - especially drug resistant (DR-TB) diagnosis and testing - was officially donated to the Federal Medical Center, Bida, Niger State, by the **Federal Ministry of Health** recently. The donation came after a facility assessment instigated by two Management Sciences for Health (MSH) interventions, the

Prevention Organizational Systems AIDS Treatment and Care Project, ProACT and TB Care I, both US President's Emergency Plan for AIDS Relief (PEPFAR) funded through the US Agency for International Development (USAID).

The Hospital Medical Director, Dr. A.S. Usman enthused: "I consider what is happening today as a dividend of democracy. Today is a public holiday but I just cannot help the excitement of having this GeneXpert machine up and running here. Without democracy and a stable polity, development partners like MSH wouldn't be here. This is a tertiary health institution with the technical ability required for TB diagnosis. On behalf of management, I assure MSH and the National Tuberculosis and Leprosy Control Program (NTBLCP), that we will use this equipment for the benefit of the community we serve."



In his stead, the State TB Program Manager, thanked MSH for facilitating the donation, stating; “this is the second GeneXpert MTB/RIF machine that has been supplied to the state; General Hospital, Minna has one GeneXpert machine and now FMC, Bida has been supplied with this one again by MSH. This machine will go a long way to improving MTB detection, diagnosis and drug resistant strains. The facility will serve as a referral hub for other hospitals in three Local Government Areas: Agaie, Lavum and Edati.”

Tuberculosis is a major public health concern in Nigeria, with epidemiological evidence suggesting that the transmission of the deadly disease is still rampant in Nigerian communities. This is partially attributable to the continued prevalence of HIV/AIDS amongst the population (the 3.7% infection rate identified in a 2013 national survey increases to up to xxxx in some states/community settings).

Accurate and rapid detection of tuberculosis, especially DR-TB is critical for improving patient care and decreasing the spread of TB. To optimize treatment of drug sensitive (DS) and DR-TB, the National Tuberculosis and Leprosy Control Program (NTBLCP), is taking significant steps to reduce the public health burden of this disease. One of these is the deployment of the GeneXpert machine, an automated polymerase chain reaction (PCR) molecular testing utilizing the GeneXpert platform. GeneXpert is a single test that can both detect *M. tuberculosis* complex and rifampicin resistance within two hours after starting the test, with minimal hands-on technical time.

Following site assessments of some Niger State Health facilities in, the Federal Medical Center (FMC) Bida was selected for installation of the machine (donated to Niger State by PEPFAR through the Federal Ministry of Health). The selection followed sites assessments conducted with technical support from KNCV/TB CARE I, and NTBLCP. Some structural changes were made to provide space and an effective cooling system for the equipment, including the provision of a Split System Air-Conditioning unit for the sample processing room and a refrigerator to hold 80 to 120 cartridges, amongst other upgrades.

Nine Medical Laboratory Scientists (six from the facility and three from MSH) underwent a four-day hands-on user training with the Xpert, using sputum samples from patients meant for microscopy were used. Of eight samples tested, *M. tuberculosis* was detected from two, with one showing Rifampicin resistance. The NTBLCP head-quarters was immediately notified. Three Local Government Area TB focal officers, clinicians, nurses, also had a one-day overview of programmatic issues relating to diagnostic workflow, national algorithm, referrals and classification of clients. The role played by the technical leadership of NTBLCP as facilitators and the undying commitment of the health-facility management in collaborating with a development partner, MSH, showcased the paradigm shift towards ownership and sustainability in the State.