

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

Quarterly Progress Report, April – June, 2015

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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

Quarter 3 - April to June 30, 2015

Submission Date: July 30, 2015

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

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

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Acronyms

ACT	AIDS Care and Treatment Project
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
CCT	Comprehensive Care and Treatment
CME	Continuing Medical Education
COP	Country Operational Plan
CRRIRF	Combined Report Requisition Issue and Receipt Form
CSO	Civil Society Organization
DATIM	Data for Accountability, Transparency and Impact
DBS	Dried Blood Spot
DHIS	District Health Information System
DOTS	Directly Observed Therapy Short Course (for TB)
e-NNRIMS	Electronic Nigeria National Response Information Management System
EID	Early Infant Diagnosis (for HIV-Infection)
EMTC	Elimination of mother-to-child transmission
FEFO	First to Expire First Out
FMC	Federal Medical Centre
GH	General Hospital
GOPD	General Outpatient Department
HAART	Highly active anti-retroviral therapy
HF	Health Facility
HFG	Health Finance and Governance
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTC	HIV Testing and Counselling
INH	Isoniazid
IPT	Isoniazid Preventive Therapy
IR	Intermediate Result
JSSV	Joint supportive supervisory visits
LACA	Local Action Committee on AIDS
LDP	Leadership Development Program
LMS	Leadership, Management and Sustainability Program
LRF	Laboratory Revolving Fund
LTFU	Lost to follow-up
M&E	Monitoring and Evaluation
MSH	Management Sciences for Health
MTCT	Mother-to-child transmission
NACA	National Agency for Control of AIDS
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NNRIMS	Nigerian National Response Information Management System for HIV/AIDS
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PCR	Polymerase Chain reaction
PEPFAR	US President's Emergency Plan for AIDS Relief

PHC	Primary Health Centre
PHDP	Positive Health, Dignity Prevention
PITC	Provider-Initiated Testing and Counselling
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
PPR	Patient Per Regimen
PPW	Positive Pregnant Women
Pro-ACT	Prevention organizational systems AIDS Care and Treatment Project
PLHIV	People living with HIV/AIDS
QA	Quality Assessment
QI	Quality Improvement
RADET	Retention and Audit Determination Tool
RTKs	Rapid Test Kits (for HIV)
SACA	State Agency for Control of AIDS
SCMS	Supply Chain Management System
SG	Support Group
SHS	Specialist Hospital Sokoto
SIMS	Site Improvement through Monitoring Systems Tool
SMoH	State Ministry of Health
SMT	State Management Team
STRIDE	Strengthening Retention through Documentation and Evidence
SPEEiD	Strengthening the Processes and Effectiveness of Early Infant Diagnosis
TB	Tuberculosis
TCS	Treatment, Care, and Support
TWG	Technical working group
UDUTH	Usman Danfodio University Teaching Hospital
USAID	United States Agency for International Development
UITH	University of Ilorin Teaching Hospital
USG	United States Government

Financial Report

Quarterly Progress Report (Apr - Jun 2015)

<i>ACTIVITY SUMMARY</i>
Implementing Partner: Management Sciences for Health
Activity Name: Leadership Management Sustainability – Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT). Management Sciences for Health (MSH)
Activity Objective: To build the capacity of Nigeria’s public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated with the health system <ol style="list-style-type: none">1. To increase demand for HIV/AIDS and TB services and interventions, especially among target groups.2. To increase access to quality HIV/AIDS and TB services, practices, and products in selected states3. To strengthened public, private, and community enabling environments
USAID/Nigeria SO: SO 14
Life of Activity (start and end dates): July 16, 2009 – November 15, 2015
Total Estimated Contract/Agreement Amount: \$74,934,242
Obligations to date: \$71,201,339.99
Current Pipeline Amount: \$6,586,227.98
Accrued Expenditures this Quarter: \$2,320,580.12
Activity Cumulative Accrued Expenditures to Date: \$64,615,112.01
Estimated Expenditures Next Quarter: \$3,091,293.00
Report Submitted by: Med Makumbi, Project Director Submission Date: 07/30/2015

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Program Overview/Summary

Program Name	MSH - Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT)
Activity Start Date and End Date	July 15, 2009 – November 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 2015

Program Description/Introduction

MSH's Leadership, Management and Sustainability Program (LMS) is a global five-year USAID funded Cooperative Agreement designed to develop leadership and management skills at all levels of health care organizations and programs to effectively address change and improve health outcomes in the areas of family planning, reproductive health, HIV and AIDS, infectious disease, and maternal and child health. In Nigeria, the LMS Program implements the Prevention Organizational Systems AIDS Care and Treatment Project (LMS Pro-ACT), a PEPFAR-funded associate award with the goal of building the capacity of Nigeria's public, private, and community sectors for sustainable HIV and AIDS and Tuberculosis (TB) prevention, control, care, and treatment. LMS Pro-ACT began operations in August 2009 taking over from the AIDS Care and Treatment (ACT) Project that started in October 2007. Up to July 2013, Pro-ACT supported 6 state governments in Kogi, Niger, Kwara, Kebbi, Adamawa, and Taraba states, and operated 30 comprehensive HIV and AIDS treatment centers. In August 2013 the project received a modification which extended its life by one year and changed the geographical focus to the five states of Niger, Kwara, Kebbi, Sokoto, and Zamfara. The project now supports 41 comprehensive HIV and AIDS treatment centers. With its main office in Abuja, Nigeria, Pro-ACT is decentralized to the state government level and has offices in each of the 5 states that bring technical support closer to the areas of greatest need.

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

- IR1: Increased demand for HIV, AIDS, and TB services
- IR2: Increased access to quality HIV, AIDS, and TB services and products
- IR3: Strengthened public/Civil Society Organization(CSO) and community enabling environments

SUMMARY OF RESULTS TO DATE

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):14.1Increased 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					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	1,355,800	41,578	42,255	51,747	0	84%	Y
(Denominator) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	5,236	1,759	489	562	708	0	34%	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	1,674	456	542	676	0	56%	N

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
Numerator: Number of infants who had a virologic HIV test within 12 months of birth during the reporting period	2,970	575	100	170	305	0	19%	N
Number of infants born by HIV+ pregnant women	0	1,086	321	315	450	0		
Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	57%	53%	31%	54%	67%	0%	58%	N

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
Numerator: Number of infants who had a virologic HIV test within 12 months of birth during the reporting period	2,970	575	100	170	305	0	19%	N
Sub-IR: Prevention/Testing and Counselling								
Indicator # P11.1.D: Output: Number of individuals who received testing and counselling services for HIV and received their test results (including PMTCT)	581,379	304,894	107,953	87,052	109,889	0	52%	N

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
Indicator # P11.1.D: Output: Number of individuals who received testing and counselling services for HIV and received their test results (HCT Sites Only)	410,585	166,043	65,053	44,023	56,967	0	40%	N
Indicator #P11.3.N: Outcome: Percentage of health facilities that provide HIV testing and counselling services	100%	100%					100%	Y

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
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	17,842	0	17,842	0	0	>100%	Y
Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (DSD)	40,000	10,293	0	10,293	0	0	26%	N

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
Sub-IR:Care/Clinical Care								
Indicator #C2.1.D Output: Number of HIV-positive adults and children receiving a minimum of one clinical service	56,296	52,822	50,054	51,410	52,822	0	94%	Y
Sub-IR: Care/Clinical Preventive Care Services - Additional TB/HIV								
TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	90%	36%	31%	30%	60%	0%	52%	N

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
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	20,543	11,153	4,757	4,633	0	43%	N
Numerator: The number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	2,515	220	38	53	129	0	9%	N

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
Denominator: The number of registered TB cases with documented HIV-positive status during the reporting period		272	72	79	121	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	5,021	1,694	1,517	1,810	0	44%	N
Indicator #T1.2.D Output: Number of adults and children with advanced HIV infection receiving ART therapy	35,744	32,923	30,967	31,688	32,932	0	92%	Y

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
Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	11,538	7,062	0	7,062	0	0	61%	
Indicator #T.1.3.D Number of adults & children who are still alive and on treatment at 12 months after initiating ART	9,807	4,738	0	4,738	0	0	48%	

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
Indicator #T1.4.D Output: Number of adults and children with advanced HIV infection who ever started on ART		51,448	49,566	51,083	51,448	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

- 92% (45,726/49,915) of all new women attending antenatal care (ANC) services in Q3 FY15 received HIV counselling and testing and received their test results in Pro-ACT-supported prevention of mother-to-child transmission (PMTCT) service sites. This is comparable to quarter one and two results. This brings the cumulative achievement to 83% of the annual projected target.
- 97% of all HIV positive pregnant women were placed on anti-retroviral (ARV) prophylaxis to prevent mother to child transmission of HIV. Although this represents a significant improvement from Q1 (93%), our total cumulative achievement for FY 15 (1,674) remains at 75% of our set Q3 ending progress report target (2,227). This represents 95% coverage (1,674/1,745).

- Early Infant Diagnosis (EID) services were expanded through the promotion of the SPEEiD model and 91% of all pending Dried Blood Spot (DBS) samples from last quarter have now been analyzed.
- For the 5 supported states, the HIV exposed infant seropositivity rate is at 5.6 % , which is below the national rate of 7%, but remains above the national elimination of mother-to-child transmission (EMTCT) target of 1%.
- With the deployment of the retention calendar, there has been a steady reduction in the number of clients lost to follow up from Q1 to Q3, and retention remains 67%.
- Over 96% of patients attending clinics this quarter were screened for TB which was enabled by using the task shifting strategies as a core intervention strategy.
- Continued uptake of GeneXpert services through sample referrals has ensured increased TB detection to 70%.
- 3 of the project supported states recorded increased budgetary allocation. Kwara state recorded a 20% increase, Kebbi state recorded a 170% increase, and Zamfara state recorded a 6.5% increase.
- The Pro-ACT project end date is currently under review for a possible one year extension. MSH submitted a costed extension proposal to USAID to continue activities until November 2016.

Community Services

In this quarter we continued our efforts to strengthen the capacity of the states and facilities to provide quality services so as to ensure a successful transition of services. The outstanding Pro-ACT grants to the five remaining Civil Society Organizations (CSOs) were successfully closed out during the quarter.

Eight months into the implementation of the PEPFAR policies to maintenance states to scale down HTC services, reduce PITC service points, provide HTC only on clinical suspicion and stop all HTC demand creation activities including outreaches, MSH Pro-ACT handed over some previously supported PITC points to the facilities to run independently. The state Ministry of Health or State Agency for the Control of AIDS (SACA) are supposed to supply RTKs to these PITC points. 89% of these transitioned PITC points are functional in Zamfara state and receive RTK supplies from the state SACA. In Sobi Specialist Kwara state, the HTC uptake is also being sustained at the pre-transition levels due to the leveraging of students from the school of health technology who come to complete their field work. These students are trained to provide HTC services.

In Kwara state the percentage uptake of HTC services was 47.6%, and 47.2% in Zamfara state. The reason for the inability to meet expected targets can be attributed to the new PEPFAR guidance on HTC and the provision of HTC only based on clinical suspicion and in special circumstances. Another reason for the above percentages is the attitude of some healthcare workers in providing services as they complain of being overwhelmed with work. The project is increasing mentorship efforts.

The capacities of the state's training facilities were strengthened during the quarter. 25 health care workers were trained as master trainers on Positive Health Dignity and Prevention (PHDP). The overall goal of the training was to enhance the capacity of MSH Pro-ACT partners, comprising of community based service providers, caregivers, support group members and volunteers, on PHDP intervention and to maintain less risky behaviors for prevention of HIV/AIDS and STIs. The PHDP team developed a protocol to evaluate the perception of clients on Retention challenges across MSH supported health facilities. A total of 30 clients on ART interviewed on their perception of retention challenges in the facilities and communities where they access HIV treatment, care and support services. Results will inform the gap for PHDP step down training. This capacity strengthening has improved the provision and uptake of adherence services. As part of the PHDP interventions, a pilot study protocol to evaluate the perception of clients on retention challenges across Pro-ACT supported health facilities was implemented with the aim of using the outcome to improve retention efforts. Pro-ACT also joined the USG Gender team to articulate gender related activities building on the ongoing gender activities of the project such as promoting couple counseling as means of mainstreaming gender to ensure that homes are kept stable even in the face of HIV/AIDS as well as male involvement in PMTCT (LDP+ program) towards increasing uptake of PMTCT & EID services .

In Kwara state the referral system and collaboration between the communities and facilities was strengthened with the inauguration of the LACA stakeholder's forum (LSF) in two Local Government Areas (LGA) with support from Pro-ACT. The presence of the LSF has improved the referral linkages between the communities and the comprehensive care and treatment sites in the LGA. The LSF has facilitated positive community influence on the delivery of HIV/AIDS services in in an appropriate, well-coordinated, equitable and accessible to all who need it.

We continued to provide technical support to the Savings and Loans Association (SLA) formed by support group members. In Kwara state, these SLAs had continued to disburse loans to their members and recorded 70% repayment of loans disbursed to their members.

Clinical Services

HIV Counselling and Testing

In this quarter, **109,889** individuals, including pregnant women, were reached with HTC services bringing the cumulative achievement at the end of quarter three to 52% (304,894/581,379) . In the same period, the total number of HIV-positive individuals identified is **3,182** representing 3% of the total number of individuals tested and receiving test results.

PMTCT Services

Within the third quarter of FY 15, Pro-ACT's PMTCT activities focused on maintaining the delivery of qualitative services to HIV+ pregnant women and their exposed infants.

As part of Pro-ACT's goal to continually evaluate the quality of PMTCT services, this quarter was also used to pilot a retrospective study for the review of 6 week MTCT peripartum transmission rate in select facilities of supported project states. A review of key achievements in all 198 supported PMTCT sites revealed that 91.6% (45,726/49,915) of all new women attending ANC were provided with HIV counselling and testing (HCT) within the quarter. This is comparable to Q2 achievement of 92.8%, and remains in line with the global target of reaching at least 90% of all pregnant women attending ANC, in pursuance of elimination of mother to child transmission of HIV (see Table 1).

Table 1 PMTCT cascade overview

PMTCT Indicator	Q1 FY 15'	Q2 FY 15'	Q3 FY 15'	Cumulative Achievement
New women attending ANC	40974	42473	49,915	133,362
No of women counselled and Tested	37904	39446	45,726	123,076
Gap	3070	3027	4189	10,286
% ANC C&T Coverage	93%	93%	92%	92%
Total no Positive pregnant women	489	562	708	1759
Total no of HIV+ positive pregnant women who received prophylaxis including those on treatment for their disease (Antenatal +Maternity+ART Site)	456	542	676	1674
% Newly diagnosed pregnant HIV pregnant women provided with Prophylaxis	93%	96%	96%	96%

A further review of Pro-ACT's program data revealed that over the first 3 quarters of FY15, a total of 133,777 women in ANC, labor and postpartum period were counselled, tested, and received their results. This represents 84% of Pro-ACT's overall annual program (APR) target of 159,941. The project is on course to achieve 75% of its annual target in Q3 for this indicator. Also over the last quarter, 97% (676/694) of all identified HIV + pregnant women were placed on ARV prophylaxis to PMTCT of HIV. This is an improvement over the previous quarter

of 96%, however over the first 3 quarters of FY'15, the project had cumulatively reached 1,674 HIV + pregnant women with ARV medications for both prophylaxis and treatment. This represents 56 % of the annual program target of 2970 for FY'15.

The follow-up of HIV exposed infants remains a challenge with 5.6 % (17/299) of exposed infant testing HIV positive in Q3. Although this is an improvement from Q2 (8.8%), this remains above the 5% EMTCT target for breastfeeding population exposed to HIV virus. To further review this, we conducted a pilot study in this quarter to determine the 6 week peripartum MTCT rate. Data were extracted retrospectively from 209 charts of exposed infants in 4 supported states. DBS results were available for 62% (130/209) of the entries, with 88 exposed infants tested before 8 weeks of birth. 4.5% of tested samples (6/130) were HIV positive. However, only 2 of the 6 positive infants were provided with

maternal HIV prophylaxis. The data also showed that 79 of reviewed exposed infant were > 18 months, with only 22% of them receiving a second DBS test. This data suggest that although the Pro-ACT peripartum MTCT rate may be less than 5%, our coverage for the second DBS test (with 18 months used as a proxy) still needs further improvement. Efforts are being made to address this with improved mother-baby pair follow-up until cessation of breastfeeding, utilizing facility tracking teams and mentor mothers where available.

Also, over the last quarter, the industrial crisis in Osun state affected the analysis of DBS samples sent from Pro-ACT sites in Kwara to the PCR lab in Ife. As a stop gap measure, DBS samples from Kwara were sent to the PCR lab in Asokoro for analysis, pending the resolution of the crisis.

During the quarter, Pro-ACT SPEEiD model (Strengthening the Process of Efficient and Effective early infant Diagnosis) for the transportation of dried blood spots (DBS) and results, selected as one of two best PMTCT practices in Nigeria for documentation by the African Union, was again presented by the Federal Ministry of Health to AU at a meeting in Uganda for further evaluation. The final phase of documentation by an independent Malawian consultant is currently on-going.

HIV Care and Treatment

In the quarter under review, Pro-ACT continued to align interventions at the facility level to meet the PEPFAR strategic treatment shift in maintenance states including improving ART program retention and consolidation of specific project state transition plans. Supported facilities continued to ensure that PLHIV have access to life saving ART. **1,950 new patients** (Paediatric = 105; Adult = 1,845) were enrolled into care. Cumulatively, the number of HIV positive clients enrolled into care by the end of quarter three stands at **72,140** (Niger **34,275**; Kwara **12,707**; Zamfara **5,067**; Sokoto **10,669**; and Kebbi **9,422**).

32,710 patients are currently on ART which represents 92% of the annual program target. Program retention across supported facilities has continued to show improvements from 34% in Q1 to 67% in Q3. This achievement could not have been possible without a robust retention program through deployment of the retention calendar and scale up of tracking activities, re-activation of support group meetings, improved adherence counseling program which are all technical intervention package under the MSH-STRIDE Model. The model is a multi-pronged approach using a Two Care Clinic Model and Defaulter tracking teams (DTT). The model includes Peer2Peer patient education; use of Patient Appointment Cards (PAC), Appointment Diary (AD), Tracer Cards (TC), and Retention Calendars (RC); and Mobile Health; and requires a multidisciplinary team of service providers to improve retention and adherence to care and treatment for PLHIVs.

Respective treatment, care and support technical working group members continued to receive technical support as a component to consolidating transitioning of technical capacity to the group. Within the quarter, advocacy to state stakeholders continue to take center stage of program implementation.

Table 2: Pro-ACT TOTAL ART cascade analysis

Pro-ACTTOTAL ART cascade analysis			
Indicators	MSH TOTAL		
	Q1	Q2	Q3
Tested positive	2,608	2,634	2,191
Newly enrolled Pre ART	1,584	1,847	1,286
Newly enrolled (ART)	1,694	1,517	1,810
Number with CD4 Count < 500	1,026	932	708
Pre ART DROPPED OUT (DEATHS +TRANSFER OUT +LOSS TO FOLLOW UP)	979	1,084	735
ART DROPPED OUT	892	1,085	631

As of Q3, the number of HIV+ clients on ART is 32,932 (92% of the FY15 target of 35,744). Also, 51,448 clients are currently on care (92% of the FY15 target). By the end of the quarter under review, the total number of clients newly initiated on ART treatment is 5,021 (44% of the FY15 target of 11,538).

Early this quarter, following the elections and Easter break, steps were taken to ensure uninterrupted access to quality comprehensive HIV care during this period. Clients that required a longer medication coverage period as a result of traveling plans where provided adherence services including drug refills to cover for the length of time they will be gone. Appropriate measures were taken through the preparation of transfer letters for patients who desired to relocate.

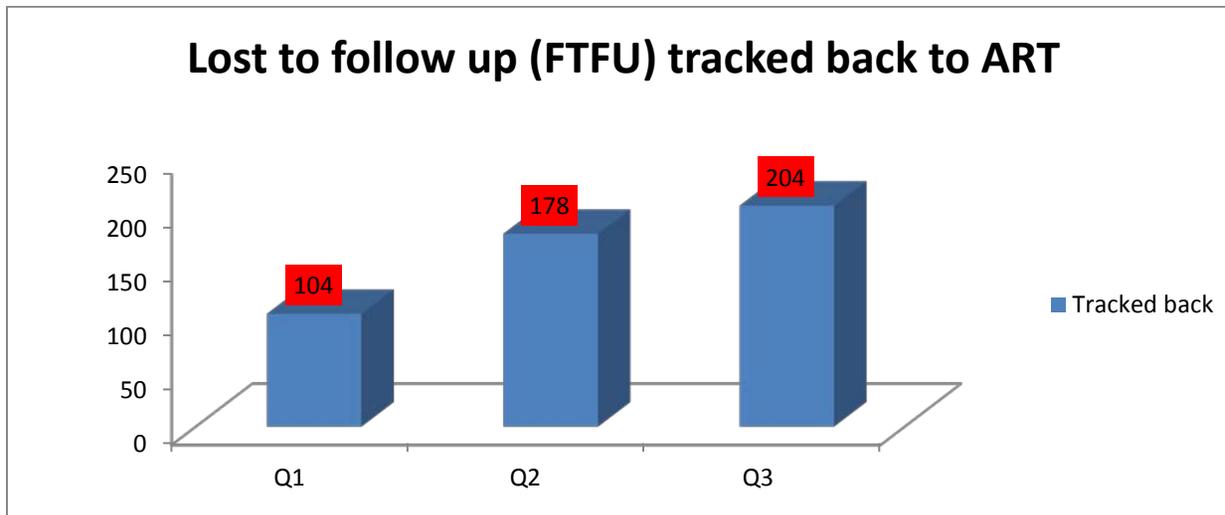


Figure 1: Client's Retention chart

Currently, leakages from the program are attributable to LTFU, death, and transfer out. Transfer and death contribute the least, while LTFU contributes the most. Transfer outs occurred more during the early part of the quarter due to increased demand as a result of fear of post-election violence. However, there are gradual improvements among these indices that account for leakages in the program. For example, there is a clear reduction in the number of LTFU in this quarter compared to the last quarter (from 797 to 459) with an increasing number of PLHIV being tracked back to care. A review of client retention shows a gradual improvement from 34% in Q1 to 67% in Q3.

TB/HIV

Technical support in this program area across supported facilities continued to promote WHO recommended strategies as adapted by the National Program. Areas of emphasis included: intensified case finding, Isonicotinic Acid Hydrazide Preventive therapy (IPT), and infection prevention control interventions. The MSH Pro-ACT team continued to ensure PLHIV accessing clinical care in supported facilities across the five project states with access to TB screening for early TB suspect evaluation, diagnosis, and treatment. This intervention has been possible through periodic mentoring on TB screening at site visits, continued promotion of SOP use, and gradual scale up of multiple point TB screening interventions at various services delivery units. Periodic gap analysis during the quarter has also addresses TB screening challenges at the site

level through 1) continued development and promotion of quality improvement projects focused on TB screening, and 2) prioritization of conducting targeted CMEs on TB screening in facilities (with most gaps in TB screening).

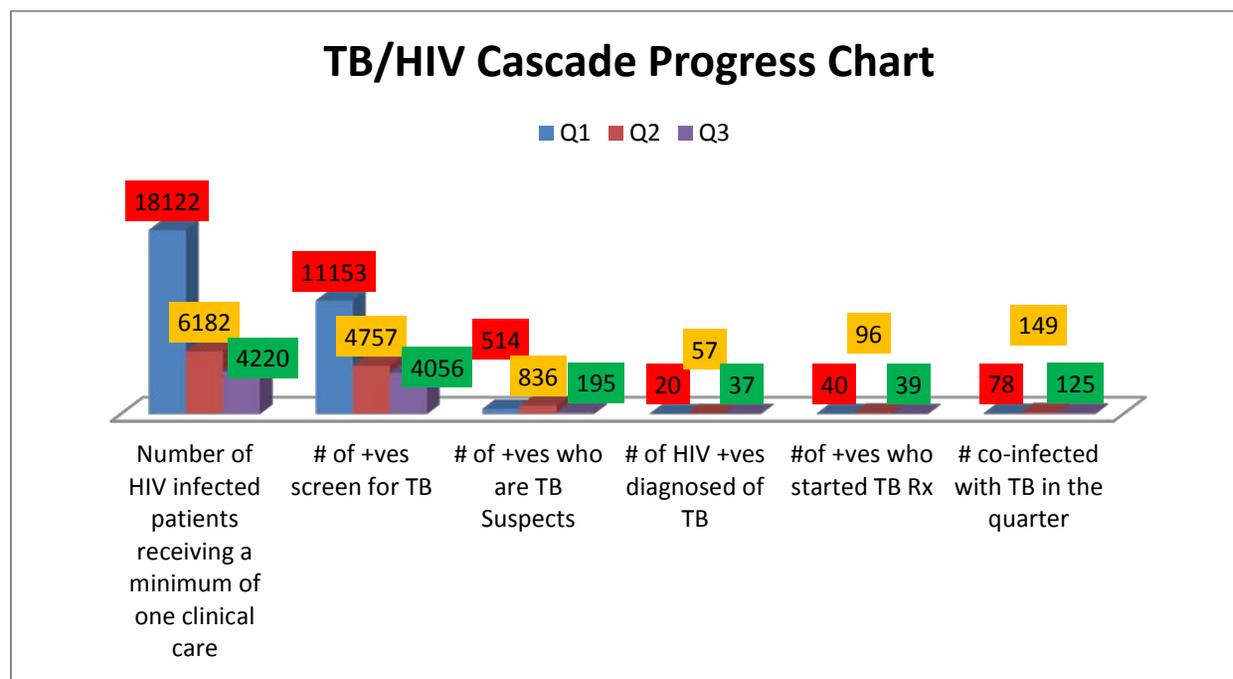


Figure 2: TB/HIV Cascade Progress

In the quarter under review, 96% of PLHIV receiving a minimum of one clinical care service were screened for TB. This is an improvement over the two previous quarters (62% and 77% respectively). This demonstrates a 19% increase in screening rate over the last quarter, including increasing awareness in project supported facilities on TB screening in meeting the 90% benchmark for TB screening for PLHIV. However, current project screening rate of 70% is 20% short of the 90% screening target for PLHIV. This could be attributed to adhering to the SOPs in screening for TB, conducting targeted CMEs on TB screening, and introduction of an innovative task shifting approach to TB screening which encourages the use of non-clinicians at different service delivery points to screen for TB, due to the effectiveness of IPT. Suspects identified through screening across project states is not increasing despite increasing numbers of screenings. In Q3, 195 suspects were identified following

screening while 37 were confirmed TB positive cases and 39 commenced on TB treatment, while in Q2 836 patients were TB suspects with 57 confirmed to have TB and 97 commenced on treatment. For the quarter under review, the number of co-infected TB cases reported was 125, a decline of 24 patients compared to the previous quarter. This could be explained by continued scale up of the IPT intervention across supported facilities. These achievements in the quarter can be attributed to strategies deployed above to address challenges with TB screening at the site level.

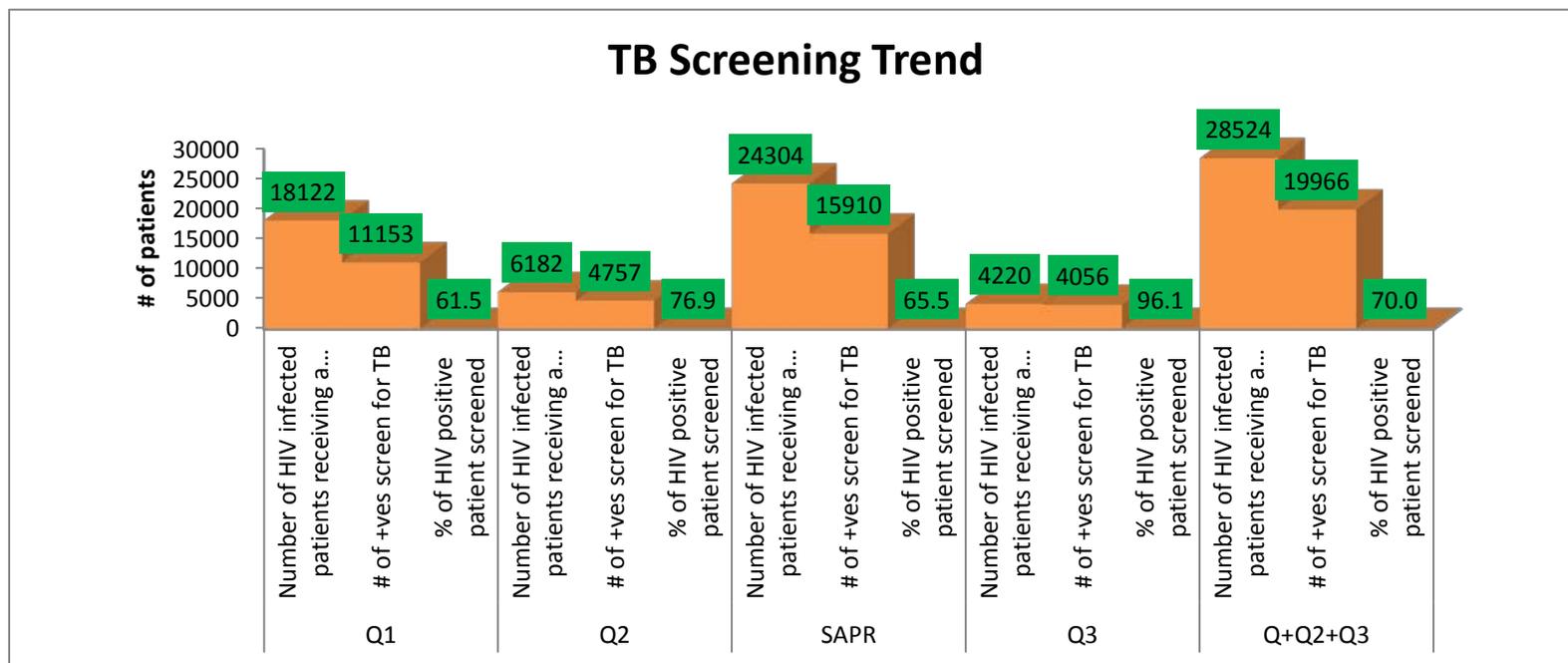


Figure 3: TB Screening trend

Isoniazid Preventive Therapy

The MSH Pro-ACT team continued to support TB preventive services across 41 secondary health facilities by ensuring PLHIV have uninterrupted access to INH 300mg, and active monitoring of PLHIV who have commenced INH 300mg. Pro-ACT achieves this through periodic process evaluations of IPT intervention packages, and reporting INH 300g utilization to the National Tuberculosis and Leprosy Program. In Q3 1,163 new PLHIV were commenced on INH 300mg, compared to 341 who had accessed it and 884 who completed the recommended six-month course of

INH 300mg. 6 selected facilities supported in Kwara (4), Sokoto (1) and Zamfara (1) benefited from IPT processes and outcome evaluation which provided the opportunity for addressing gaps identified in the course of service provision. The evaluation showed that 1,443 PLHIV commenced INH300mg, 719 completed a six-month course, 387 defaulted, and 338 patients were still on IPT across the 6 supported facilities in 3 project states. Of the 719 patients who completed a six-month course of IPT, none have developed TB. The defaulter rate of 27% was a result of lack of adequate monitoring between prescription points and dispensing units, as most of the defaulting patients are still retained in the ART program. These findings have led to improved monitoring in the affected facilities.

Infection Control

In the quarter, the Pro-ACT technical team commenced implementation of a comprehensive infection prevention and control package. The new package is a more robust intervention plan that addresses monitoring and reporting infection control at the facility level. The plan is set out to harmonize and standardize all infection prevention control interventions in project states supported by Pro-ACT, emphasizing the transition of a proven technical package of interventions to state stakeholders for continued facility support. Excerpts from the new package includes: identification of the need to use TB infection prevention and control assessment tools to evaluate infection control policies and practices in health care settings; the need for supported facilities to have technical packages specific to the facilities for addressing identified gaps following assessment at the beginning of each program calendar; and the introduction of effective monitoring and evaluation of interventions at the facility level through reportable monthly performance indicators.

Following the expansion of infection prevention and control intervention this quarter, supported facilities are at different levels of implementation with Kebbi state achieving 100% implementation across the 6 supported facilities in the state. Review of infection control policies and plans have been achieved in over 70% of supported facilities as a result of rapid infection risk assessment conducted across facilities. These interventions were supported by functional infection prevention and control teams at the site level.

GeneXpert Technology

Pro-ACT continued to promote GeneXpert use in supported facilities through improving linkages across a network of hospitals supported by Pro-ACT including inter facility cartridge re-distribution. During the quarter, 447 samples were analyzed, with 124 samples reported positive for TB (including 11 samples positive for MDR TB). This demonstrates an additional 225 analyzed, with an additional 120 positive results found compared to the previous quarter across the five project states. This shows a GeneXpert positivity rate of 28%.

Quality Improvement (QI)

In Q3 FY15 (April – June 2015), Quality Improvement (QI) activities centered on the synergistic use of the Site Improvement through Monitoring Systems (SIMS) Tool and Mentorship Logbook to assess program quality across Pro-ACT supported sites. Assessment findings led to implementation of targeted interventions/remediation plans to bridge programmatic gaps; continued technical support was provided for the implementation and monitoring of facility-level QI projects and conduct of monthly QI meetings.

Activities:

Facility Assessment (SIMS Tool):

Pro-ACT continued to deploy the SIMS Tool at routine mentoring visits to supported CCTs and also supported USAID assessment of sites in Niger, Kebbi and Sokoto states. Following an assessment, remediation plans have been developed and currently being deployed to address noted program gaps such as documentation of WHO staging, CD4 counts and 4-symptoms TB screen at last clinical assessment. Below is one of the reports provided to the Pro-ACT team by the USAID SIMS assessment of facilities in Sokoto state. Following this visit, urgent steps were taken to improve domains that scored poorly, such as provision of feedback to the affected HFs and technical assistance through remediation plans. Efforts are also geared towards strengthening and sustaining domains with positive findings.

Table 3: SIMS Domain for Sokoto Assessment

Total Domain assessed	Domains which surpass expectations	Domains which meets expectations	Domains which need improvement	Domains which need urgent remediation
84	29	22	13	20
%	61%		15%	24%

NigeriaQual Data Abstraction: Data abstraction for the June – December 2014 reporting period of the National Quality Management Program, the NigeriaQual, was completed in all 41 supported CCTs. Trend

analysis of national averages from program states over 3 cycles of data collection revealed the following:

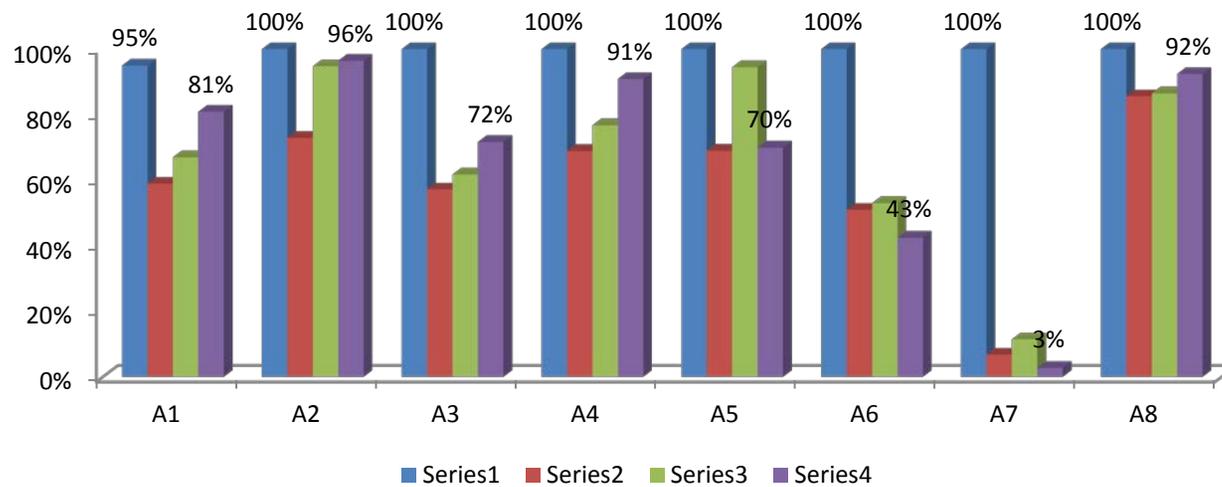


Figure 4: National Adult ART Performance Measures (Cycles 1 – 3)

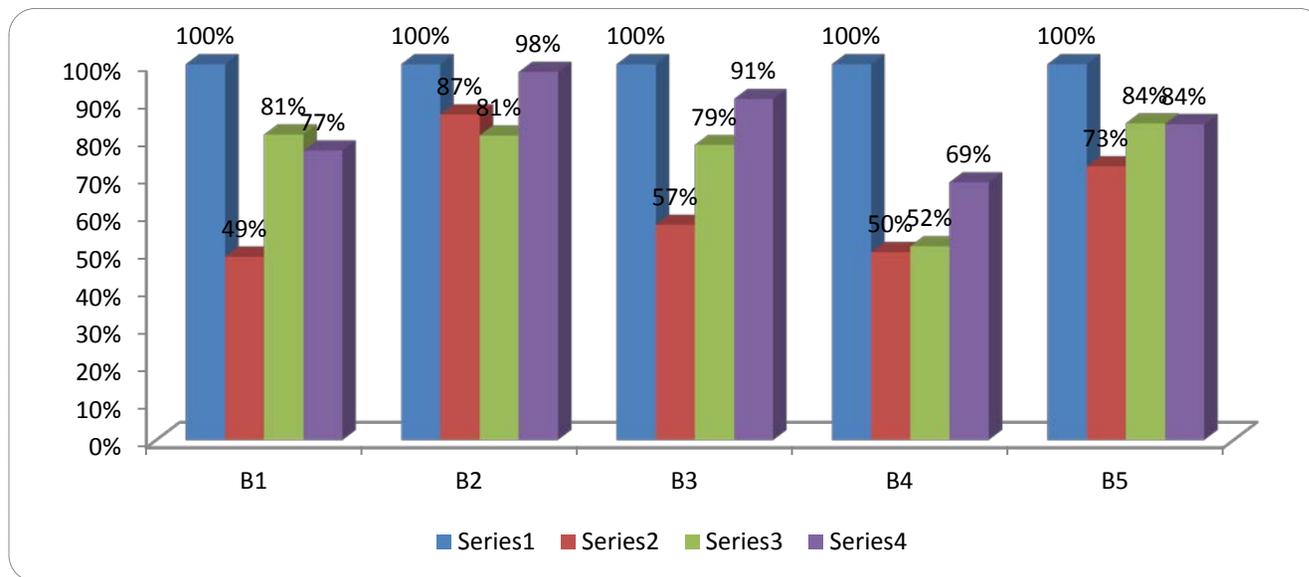


Figure 5: National Paediatric ART Performance Measures (Cycles 1 -3)

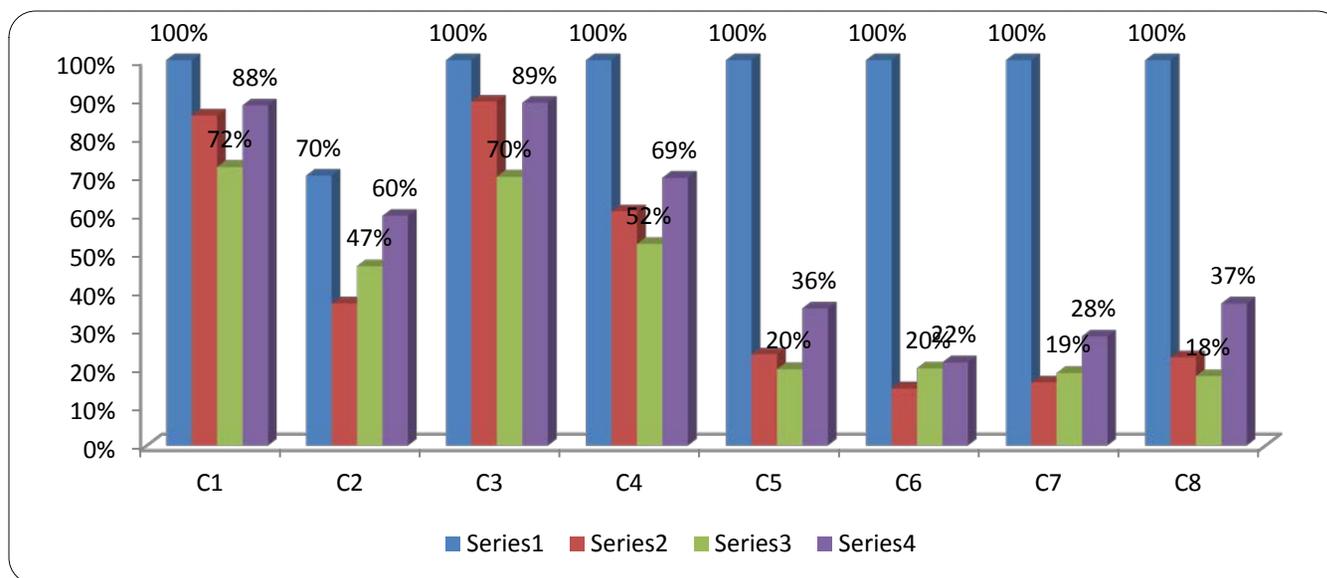


Figure 6: National PMTCT Performance Measures (Cycles 1 – 3)

A steady improvement in Adult ART performance measurement indicators was noted with the exception of indicators A6 and A7; which declined from Cycle 2 to Cycle 3. Evaluation of the reasons behind the decline will be conducted in the next quarter.

- A6 : Percentage of patients with at least one clinical visit within the last 6 months who have a CD4 test result; dropped from 53% to 43%. This decrease may be connected to frequent and prolonged machine down time including HCWs attrition which create knowledge gaps among newly posted HCW.
- A7: Percentage of ART patients with at least one clinical visit within the last 6 months who have the entire relevant laboratory tests conducted declined from 12% to 3%. Both declines may be attributed to withdrawal of support of laboratory services for hematology and blood chemistry by PEPFAR.

There was an improvement in Pediatric ART performance measured across all 3 cycles, and also an improvement in PMTCT performance measured across all 3 cycles, although actual performance of indicators C5 - C8 were below expected targets. These indicators relate to Early Infant Diagnosis and 18-month Rapid Confirmatory Tests, which fell below 50% of target values.

Implementation of facility Quality Improvement Projects:

Data abstraction and analysis was used to identify programmatic gaps and served as a basis for the development and implementation of facility-specific Quality Improvement projects. Currently, 35 QI projects are being implemented, representing 85.3%. All supported CCTs in Sokoto, Zamfara and Kebbi states and all CCTs in Kwara with the exception of the University of Ilorin Teaching Hospital (UIH) are implementing QI projects. In Niger state, 11 of 16 supported CCTs are implementing QI projects.

Technical Support for monthly facility QITeam Meetings:

Pro-ACT provides technical support for the conduct of monthly facility-level QI meetings, which serve as a forum to highlight challenges to quality service delivery to PLHIV. This is followed by resolution of challenges with support from MSH. In Q3, Pro-ACT supported a total of 76 monthly QI meetings (representing 62% of the target).

Laboratory Services

In the quarter under review, focus was on measuring the functionality of the laboratory revolving fund (LRF) programs across the states. To enhance ownership and sustainability, Pro-ACT continued its handing over of functional PEPFAR supported laboratory equipment platforms in the states. Pro-ACT provided support towards shipping of Government of Nigeria (GoN) donated reagents to state government facilities as well as Federal tertiary institutions in the states. These GoN donated commodities were aimed at strengthening laboratory revolving fund programs across the states. The team provided technical assistance to the Kwara state government in submitting an overarching policy document to drive the management of revolving fund programs in the states.

Strengthening Laboratory Revolving Fund (LRF) Programs for Sustainability

Technical assistance for the operationalization of the LRF program was provided across all Pro-ACT supported states. A cursory review of achievements so far achieved show that out of the 41 CCTs supported by the project, an average of 63.36% provide haematology services whereas 64.61% provide clinical chemistry services to PLHIVs. Out of this, an average of 4% of the sites across the 5 states provide these services at a fee (i.e. Usman Dan Fodio University Teaching Hospital Sokoto). Future achievement will be measured against this as we aimed at sustainability of these systems (see Table 4).

Table 4: Lab Revolving Fund Programs for sustainability analysis per state

	States	Haematology (% of sites providing services)	Clinical Chemistry(% of sites providing service)	Fee for Service (% of sites collecting fee for service)
1	Kebbi	100%	100%	-
2	Kwara	14.3% (1 of 7)	14.3%(1 of 7)	-
3	Niger	87.5% (14 Of 16)	93.75% (15 of 16)	-
4	Sokoto	40% (2 of 5)	40% (2 of 50)	20% (1 of 5) UDUTH
5	Zamfara	75% (3 of 4)	75 % (3 of 4)	-

Strengthening Laboratory Improvements towards Accreditation (SLIPTA)

Laboratory accreditation has remained a major quality indicator for the laboratory program in Nigeria towards sustainability. During the World Accreditation Day, which held in June 2015, the Federal Ministry of Health had directed all federal tertiary health institutions to commence the process of getting their laboratories accredited. In the period under review, a revalidation of the baseline assessment was conducted and results shared with management of the various institutions. Some of the facilities where revalidation has been conducted include Sobi Specialist Hospital in Kwara State, Federal Medical Center Bida in Niger State, Usman Dan Fodio University Teaching Hospital in Sokoto State, Federal Medical Center Gusau, and Yarima Bakura Specialist Hospital bot in Zamfara State. Federal Medical Center Gusau and the Usman Dan Fodio University Teaching Hospital Sokoto have indicated an interest in making a formal request for technical assistance to develop their quality lab systems for accreditation.

TA for Laboratory Commodities Management

To improve the access of PLHIVs to laboratory services in the facilities, Pro-ACT continued to support the states to source commodities to support the LRF as a strategy to improve their financing for services. In the quarter, Pro-ACT received donations of clinical chemistry reagents for health

facilities in the states supported. The total monetary value of commodities received from the FMOH in the last quarter equals \$33,122.35 USD. These donations will continue to ensure that PLHIVs continue to access services at no cost while general populations will continue to receive services at a fee in a manner that supports sustainability as marginal surpluses are to be invested back into the LRF.

FACSPresto Utilization Report across facilities

An initial site performance assessment shows that there is a progressive uptake of services following delivery of the FACSPresto. The highest uptake was noticed in sites that included the delivery of FACSPresto in the last quarter of 2014 such as Adewole Cottage and Aisat Memorial Hospital Ilorin in Kwara State and Maryam Abacha Women & Children Hospital Sokoto in Sokoto. The rest of the facilities took delivery of the POCs in the first quarter of 2015 after the abridged standardization was concluded while Women and Children Welfare Clinic (WCWC) in Sokoto and PPFN in Niger, which took delivery in April 2015 after a re-assessment of the sites' state of preparedness in those states was concluded.

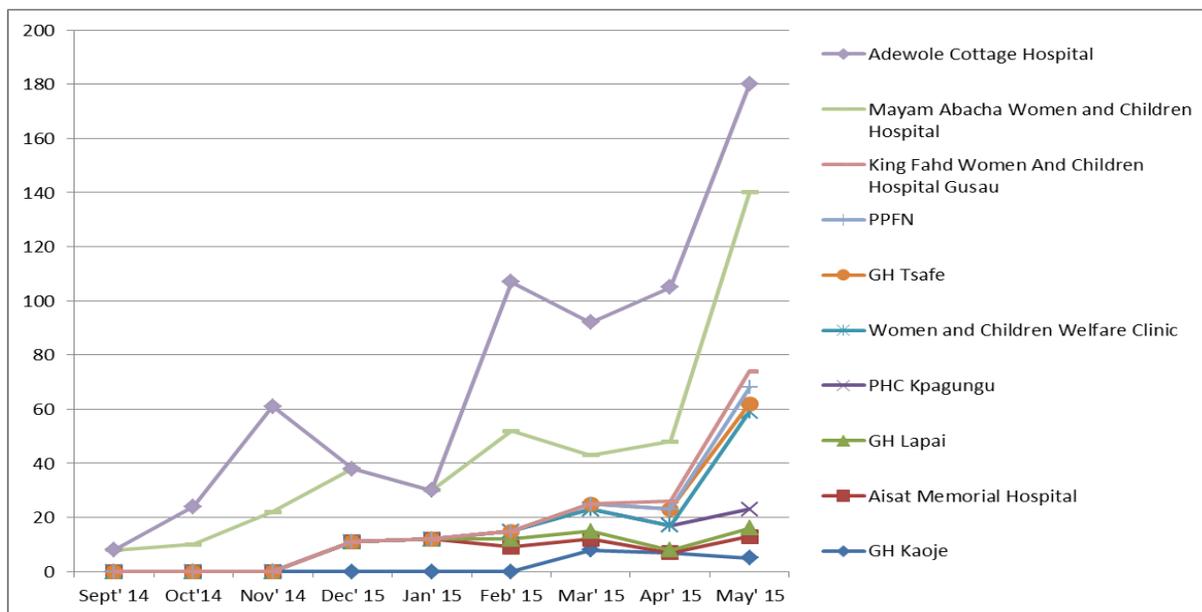


Figure 7: FACSPresto Utilization analysis by health facilities

Transition and Eventual Equipment Hand Over

We have continued to drive our transition efforts to getting the states' buy-in and ownership of services in all areas including laboratory. Our efforts to support the states to draw down on reagents and commodities donated by the Federal Ministry of Health serves as a financial alternative to complement existing funds available to the facilities. Importantly, our commitment to hand-over only viable and functional equipment is on course as the repair process for yet to be transitioned equipment is being finalized. By the end of Quarter 4, 2015, all equipment would have been transitioned to the state government.

Health Care Waste Management(HCWM)

There continued to be a structured re-appraisal of the HCWM/IS/BS implementation across supported sites. The Pro-ACT team shared the baseline assessment with the health facility management during advocacy visits and some of the health facilities have shown remarkable improvement afterwards. In Federal Medical Center Bida, Niger State, for instance, about 500 units of colour-coded bin liners had been purchased by the center's Logistics Committee. Also the management ordered the immediate evacuation of the temporary waste storage point which was over filled and not properly secured. Job aids have been developed for temporary waste storage facilities, and engagement with organizations to which waste transportation from health facilities had been out-sourced is on-going. A pilot of our recently developed custom indicators to test-run HCWM/IS/BS in our supported facilities was carried out in University of Ilorin Teaching Hospital (UIH). Source documents were identified providing ample evidence that the indicators could be tracked successfully when rolled out.

Monitoring of private laboratories with in-kind grant

MSH Pro-ACT support to private laboratories under the in-kind grant has shown improvement in test menu expansion and improvement in quality management systems. Practitioners have deployed supplied equipment and have continued to service the said equipment with procurement of reagents for their use. The project provided tools as well as quality documentation TA to improve quality management systems. All equipment supplied to the private laboratories are in good working conditions.

Supply Chain Management

Activities for this month focused on the provision of technical support to facility staff on data entering, data collection, LMIS and Patients Per Regimen (PPR) reports preparation, validation and collation of March/April 2015 and May/June 2015 reports from the facilities. Redistribution of commodities between supported health facilities were also carried out to address minor stock imbalances and also reduces the incidences of stock out and expiries at the facilities.

Support was provided to Kwara state Ministry of Health in the quantification of RTKs and OI medicines for their hospitals and also used logistics technical working group (LTWG) platform to borrow some laboratory commodities from Hygeia to forestall stock outs at some of our supported health facilities. Some RTKs were also donated by the state ministry to support services. At the close of the quarter Pro-ACT participated in the National Supply Chain Management System review and re-design workshop which was held at the request of the National HIV/AIDS Procurement and Supply Management (PSM) technical working group (TWG). The workshop is specifically targeting the Nigerian HIV/AIDS Logistics System and serves as follow-on to last year's meeting where it was agreed that the current system required an update and redesign of the system and LMIS tools to mitigate the current challenges. This meeting also serves as a base for the National Supply Chain Integration Project (NSCIP) that was recently approved by the National Council on Health to cover five programs areas -HIV, TB, Malaria, reproductive health, vaccines and epidemiology. Various recommendations have been made across LMIS and data tools, reporting procedures, Inventory Control Systems, warehousing and distribution, coordinating mechanisms as well as roles and responsibilities of structures and personnel. One of the key recommendation is to harmonize GF and PEPFAR report collection process to using the LGA structures towards sustainability even at the lowest level of government All adopted recommendations will be reflected in the SOPs Manual for the Management of HIV/AIDS Commodities.

Health System Strengthening

MSH Pro-ACT continued to work towards strengthening key health systems areas, providing technical assistance to the SMOH and other key stake holders, improving government stewardship of HIV/AIDS and TB programs in the Pro-ACT focus states, and supporting healthcare workers to own and deliver quality HIV/AIDS and TB services using an integrated approach. During this reporting period, the health systems strengthening (HSS) unit activities focused on the provision of technical assistance to State Agency for Control of AIDS (SACA), SMOH, and health facilities in conducting strategic activities aimed at improving coordination and government stewardship. The section below documents the progress made by the HSS unit project during the period of April – June 2015.

Strengthening HIV/AIDS Domestic Financing through Resource Mapping and Mobilization

In line with the continued response to key findings from the 2013/2014 Transition Capacity Assessment, National Harmonized Organizational Capacity (NHOCAT) Assessment as well as the new realities of dwindling national resources from the fall in international oil prices, the project, in collaboration with the Health Finance & Governance project (USAID/ABT Associates), supported the development of draft documents on situational analysis, resource mobilization mapping, resource mobilization strategic plan and implementation plans at a 5 day workshop in Sokoto State. This initiative was geared at transitioning ownership of the HIV care and treatment program to Sokoto state government while facilitating sustainable change and strengthening broad stakeholders' participation. The workshop included capacity building sessions on the concept of resource mobilization, mapping out sources of resources within the state and deliberating on ways to increase government spending

on HIV/AIDS. A total of 25 state-actors and non – state actors ranging from top government officials from ministries of health, finance, planning commission, internal revenue, SACA, LACAs, Civil Society Organizations and Private Sector Practitioners from within the state were engaged in the process.

The project also recorded several outcomes from last quarter’s activities on resource mobilization. Niger State Policy, Advocacy, Gender and Resource Mobilization Technical Working Group (TWG) was officially inaugurated and the project provided technical sessions to enhance structure, roles and responsibilities of members of the TWG. The TWG has developed a resource mapping tool and have shared with all IPs and development partners working on HIV/AIDS in the State.

In addition, Kebbi State passed its 2015 budget into law and earmarked 300 million Naira for the HIV/AIDS response, an improvement on previous years. In April, Zamfara State House of Assembly passed the 2015 budget and the allocation for HIV/AIDS remains at 100M.

Strengthening Health Systems Governance

To strengthen the health sector governance, the project engaged with the newly inaugurated Sokoto State legislators during a 3-day retreat held from June 15 -17, 2015. The engagement was done in collaboration with USAID RTI/LEADS project and was aimed at improving health governance through effective oversight functions and canvassing for increased state government responsiveness towards sustainability of PEPFAR support for HIV/AIDS in the State. As a result of this engagement, the project contributed to the health sector agenda that was submitted to His Excellency the Executive Governor of Sokoto State.

Strengthening Capacity for HIV/AIDS response

Pro-ACT supported the states’ SACA to facilitate the NHOCAT Assessment and harmonized the results, findings and capacity support plan for the state HIV/AIDS response for SACA, SMOH, LACA, line ministries, networks organizations and MSH supported CSOs in 2013 and 2014. To ascertain the level of improvement in technical and management capacity of these institutions/organizations, another assessment was carried out in the reporting quarter. Below is a summary of the results compared to the capacity baseline from 2013/2014.

Table 5: NHOCAT assessment by state

	Zamfara		Niger		Kwara		Kebbi		Sokoto	
	Baseline	2015	Baseline	2015	Baseline	2015	Baseline	2015	Baseline	2015

CSOs	47.9	65.1	44.5	87.8	72.93	81.07	20.9	57.2	41.3	69.78
SACA	62.6		38.7	60.1	49.7	56.1	63.5	76.2		71.7
SMOH	19.2	31.0		43.2	33.1	39.2	39.4		43	

Across the 9 domains assessed for the CSOs M&E, gender, governance shows significant increase ranging from 18% - 20%. Some of the improvements witnessed were:

- Increase in funding from across most of the grantee CSOs due to enhanced capacity in proposal writing.
- Better M&E, reporting structures, and documentation in all the grantee CSOs.
- Increased participation and engagement of the CSOs' boards in the management of the organization as stipulated in their constitutions.
- Improved quality of the HIV/AIDS services due to technical training received from MSH.

However, the project will continue to provide technical support and engage with CSOs for improvement in the areas of networking and referral system; experience, knowledge and skill where the score ranked least amongst the other domain.

Strengthening LACA Coordination for Effective HIV/AIDS response

In an effort to provide effective and efficient coordination of HIV/AIDS/TB interventions at the community and local levels, LACA Stakeholders Forum (LSF) in Wamakko and Gusau LGA conducted their first quarterly coordination meeting for 2015. At the meeting Pro-ACT facilitated a session on the key roles and responsibilities of members of the forum. To further strengthen understanding and participation of members of this forum the term of reference (TOR) for the committee was translated in Hausa language and disseminated to members. Also members of each of these for a developed a 3 month work plan for implementation, highlight of the work plan are advocacy visits to Chairmen and traditional rulers, training of members on basic facts on HIV/AIDS among others.

Strengthening coordination of State HRH capacity building

Following the creation of the Center for Health Professional Continuing Education in the Pro-ACT supported states, It has become necessary to track the training activities carried out since inception and those which will be done in the future. This is to help accountability and future implementation of programs within the centers. In order to monitor and track health care training activities by the Center, the project plans to support the states to develop a database that will track trainings of personnel, report number of HCWs trained and CPD point awarded by the training among other things. Pro-ACT engaged with Niger State MOH, HMB and the faculty members of the Center to review, get state contextual inputs and discuss the management of the database by the state. Deployment and training of the finalized database will be done in the next quarter.

Support Operational plan development for Health Facilities

In a bid to improve the quality of services provided at the health facilities and transition the capacity building program of the project to the state structures, promising practices have been recommended to strengthen these efforts. It is in this regard that the team engaged the various government agencies to deliberate on the recommended interventions with the aim of achieving a unified contribution of the health facilities to the overall state health response plan.

At the Hospitals Management Board across Sokoto, Zamfara, Kebbi and Kwara states, the concept of developing facility operational plans was shared and discussed. This initiative have received tremendous support from Zamfara, Kebbi and Sokoto states where facilities have been selected with a commitment to writing letters notifying these facilities of the exercise and tentative dates set for the first, second and third weeks of August respectively.

Increasing budgetary allocation on HIV/AIDS for sustained PEPFAR investments

Following budgetary process mapping, several strategic engagements and lobbying at the state level, the 2015 state budgets have been passed into law and here are the achievements regarding approved funding levels for HIV/AIDS across our states.

- Kwara state recorded a 20% increase from over 712 Million NGN in 2014 to 858 Million NGN in 2015.
- Kebbi state recorded a 170% increase from about 111 Million NGN in 2014 to 300 Million NGN in 2015. In addition to this Kebbi SACA has mobilized 10 Million NGN from the World Bank HPDP II funds for the procurement of Laboratory reagents (Chemistry & Hematology).
- Zamfara state recorded a 6.5% increase from 355 Million NGN in 2014 to 378 Million NGN in 2015. Furthermore, Zamfara SACA has procured chemistry and hematology laboratory reagents to tune of 12.9 Million NGN with funding from the World Bank HPDP II.

- Sokoto state suffered a 45% cut from 220 Million NGN in 2014 to 120 Million NGN in 2015.

A window of opportunity exists to increase the 2015 allocation through a supplementary budget and advocacy is ongoing in this regard.

- Niger state also suffered a 54% cut from 250 Million NGN in 2014 to 115 Million NGN in 2015.

A window of opportunity exists to increase the 2015 allocation through a supplementary budget and advocacy is ongoing in this regard.

Other Activities

Engagement with the National HRH Partner's forum to understand the operationalization of the country's HRH strategic plan and align Pro-ACT's proposed HRH interventions with the national and state priorities. A preliminary assessment to evaluate the readiness of Kebbi and Zamfara states for the development of the State Health Workforce Registry has been carried out.

The team attended a meeting organized by NASCP to present their 2015 work plan and also appeal for support from all implementing partners in carrying out activities in the work plan. MSH made a commitment to support some of the activities in the work plan, but it was clearly stated that support could only come in areas of the work plan that were in line with the direction and goal of the Pro-ACT project and also, the new PEPFAR guidelines. It was also stated that the support could only be given at the state level. MSH support was focused on the areas of training.

Monitoring and Evaluation

In the quarter under review, the major activities that took place were aimed at providing the relevant programmatic and technical support in the generation and documentation of quality service delivery data using the recently introduced USAID DATIM. Targeting quality and timely reporting Pro-ACT embarked on a bi-annual Data Quality Assurance (DQA) exercise and data review meeting. In addition, the project worked closely with the states' SACA on transition of activities/processes as well as with the various health facilities through hands-on mentoring sessions on the new MER template to relevant data entry personnel across the facilities.

To strengthen our relationship with the government of Nigeria (GoN), the project 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. Pro-ACT participated in the Second Quarter 2015 SKM National Technical Working Group Meeting on the 3rd of June 2015 where diverse national M&E issues were discussed including interoperability of DHIS and 1st national draft gender mainstreaming tools were presented. The pilot EMR implementation has also advanced within the quarter under review.

Data Quality Assurance Exercise

A Bi-annual DQA exercise was conducted internally by the M&E Unit across some selected health facilities in the 5 Pro-ACT-supported states (Kebbi, Kwara, Niger, Sokoto, and Zamfara) from June 1st - 5th, 2015. The key aim of the exercise was to carry out an internal assessment of the quality of data that has been reported to the donor, and establish uniformity between data documented in the DHIS, DATIM, and MSH database. To reduce bias an inter-exchange of staff between states was employed. The main tools used for assessment were the Routine DQA Tool, the National DQA Tool which was modified to suit our areas of interest (ART, PMTCT, and ANC), and the M&E part of USAID SIMS Tools. Focus was on data availability, data consistency, data validity, and M&E systems.

1. Data Availability: This is checking that the correct national Health Management Information System(HMIS) tools are available and correctly filled with all columns in the tools completely filled.
2. Data Consistency: Correct transcription of information in forms to registers. This is to ensure that data are correctly transcribed at all levels.
3. Data Validity: This will ensure that correct data are reported at all levels. Data reported in the monthly summary forms must correspond with the data in the registers.
4. Systems Issues: Ensures that M&E is practiced according to guidelines and standards.

At the end of the exercise in each health facility, the team debriefed the hospital management and MSH state offices of their findings and recommendations on how to improve the M&E system. Each tool was properly signed and filed in line with best practice. The result of the DQA across the states includes but not limited to incomplete documentation and poor commitment of health facility staff.

Table 6: DQA performance by state

States	Data Availability	Data Consistency	Data Validity	M&E Systems	Average Score	Rating
Kebbi	68	57	50	67	61%	4th
Kwara	57	63	63	75	65%	2nd
Niger	66	55	46	75	61%	4th
Sokoto	81	63	38	70	63%	3rd

Zamfara	86	63	71	85	76%	1st
Average Score	72%	60%	54%	74%	66%	-

From the table above the overall DQA rate for the Pro-ACT project was rated 66% after reviewing the documentation of service forms, registers, monthly summary forms site copy versus state copy and reported data on DHIS. Zamfara came in first with 76%, Kwara 65%, Sokoto, 63%, Kebbi, and Niger 61%. Some factors like high staff attrition affected the data quality of the HFs and states in general. Subsequent DQA will be measured against this baseline to monitor improvement per facility per state.

M&E Data Review Meeting

As part of activities aimed at ensuring quality data documentation and reporting, a 2-day Data Review Meeting was held in the Abuja office on June 18 - 19, 2015. All State M&E teams and the Country Office M&E Team, as well as advisors in other thematic areas participated in the Meeting. The DQA findings were presented by each Team Lead and relevant questions and comments were taken to address issues that emerged from the exercise. The recommendation includes further advocacy to reduce staff transfer and targeted hands on mentorship for better skills transfer. Also at the review meeting key reporting indicators were discussed to ensure uniformity across states.

Strengthening State Government M&E System

Through the monthly SACA meetings in the states, Pro-ACT provided technical support in the interpretation of data-level indicators and reporting to the participants from the various LGAs, especially the newly-engaged data personnel. Zamfara State has continued to demonstrate ownership and sustainability, by the State SACA taking full responsibility in the sponsorship and coordination of the monthly M&E meetings for the quarter and it is showcasing the gains of the project effort towards transition of Pro-ACT. In Pro-ACT supported states, the team was actively involved in data validation exercises, providing technical support to staff of SOSACA and SASCP/SMoH to collect and validate data using national District Health Information System (DHIS) 2.0 platform and relevant source documents such as summary forms and database as the means of verification.

Strengthening Data Quality in supported states

As a result of regular mentoring and hands-on sessions with State LACAS and health facility (HF) personnel, there are visible changes in some states in regards to data accuracy and reporting. For instance, in Zamfara, HFs M&E officers are now reporting accurate and timely data to both SACA and IPs using the Nigerian National Response Information Management System for HIV/AIDS (NNRIMS) monthly summary form.

Evaluation, Planning, and Management Training

2 M&E staff participated in the recent Evaluation, Planning, and Management Roll-Out Training (Batch 3) organized by MEMS II targeting implementing partners M&E persons in June 16 – 18, 2015 at MEMS Office in Abuja. The training modules focused on performance evaluation based on using different evaluation methods for managing and using evaluations; development of Scope of Work (SoW), and a Critique of a Survey Report using extracts from the Niger Agricultural Survey Report as a model. At the end of the training, participants were able to review some key values to guide evaluation and understand the need for evaluation, and understand USG policy on evaluation and USAID contexts, among other expectations.

Implementation Status by State

Pro-ACT supported states during the reporting quarter continued to demonstrate Pro-ACT's commitment to strengthen the facility based HIV services towards improving the quality of services across all supported health facilities while strengthening the technical capacity of the stakeholders for increased ownership and sustainability and putting enabling structures on ground for the transitioning of responsibility for services to the state governments.

Kebbi State

Overview

The Pro-ACT project has continually strived to identify and develop both human and organizational capacity as a way of strengthening the health systems and improving service delivery across the supported facilities. The shift in program focus from service provision to measuring quality of services offered has been made easier to monitor with the introduction of the PEPFAR Site Improvement through Monitoring Support (SIMS) tool. The application of this tool has streamlined HIV/AIDS and other related services and integrates other key components of HIV program through effective and documented referral services.

Within the reporting period, the project recorded significant increases in HTC and PMTCT service uptake and quality improvement issues were identified and resolved. Activities focusing on sustainability and transitioning were put in place and joint site visits were conducted with representatives of the SMOH and Kebbi State SACA. Support provided in increasing HCT and PMTCT uptake in 21 health facilities (general hospitals and primary health centres) as well as PMTCT services across 13 LGAs included laboratory equipment, drugs and other consumables.

1.1 Implementation Status

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

Community Services

- The Savings and Loan Group now has a constitution to guide its operations. Based on this achievement, the group has concluded discussions to commence disbursement of loans on May 30, 2015 to its members.
- Referral system strengthened by providing needed tools (referral forms and registers) and hands on training provided to all service points on how to complete a two way referral with proper documentation.
- SOPs adapted and developed, registry updated, internal referral system strengthened and support given to staff on the use of the SIMS tool.

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

Clinical Services

ART

CD4 uptake improved due to improved functionality of the CD4 machines across the facilities. A total of 247 new patients were initiated on ART within the reporting period. This brings the current on ART to 4,032 and total ever on ART to 6,179.

Table 7: ART achievement by health facility in Kebbi, April to June 2015

Indicator	FMC	SYMH	Koko	Jega	Argungu	Yauri	Total Q3	Total Q2
Pediatric initiated on ART	1	0	1	0	1	0	10	10
Adults initiated on ART	38	55	27	16	40	48	237	117

TB/HIV

The TB focal persons were mentored on proper documentation of their register/ tools. All DOT centres across the 6 CCT sites are carrying out care and treatment with the exception of the DOT unit at FMC since this is in close proximity to an HCT unit. A total of 45 samples were sent to Genexpert this quarter as against 24 samples sent last quarter. From the samples sent this quarter, 4 were confirmed TB positive and 31 samples negative while 10 samples gave error readings. As against 8 samples that were confirmed TB positive and 14 TB negative while 2 samples gave error readings last quarter. Last quarter 248 clients were placed on IPT as against 340 clients placed on IPT this quarter. From the infection control assessment of DOT centres at SYMH, GH KOKO and FMC, these centers need to be renovated. There is no cross ventilation for the DOT centres at GH Koko and SYMH. There is a need to create windows in these DOT units for cross ventilation, while there is no office space for the DOT unit at FMC. The DOT focal person uses the corridor to dispense drugs. DOT focal persons are reluctant to transport sputum samples for Genexpert because the State TB programmes no longer support logging of sample to Genexpert. This has resulted in sending patients directly to the Genexpert or even charging patients for logging of samples. The project team are already discussing the situation with facility management team to find a last solution.

Table 8: GeneXpert Q3 achievement by HFs in Kebbi, April to June 2015

FACILITY	# SENT	TB POS	TB NEG	ERROR
GH ARGUNGU	6	0	6	0
GH JEGA	4	0	2	2
GH YAURI	4	1	2	1
GH KOKO	2	0	2	0

FMC	1	0	1	0
SYMH	28	3	19	6
TOTAL Q3	45	4	31	10
TOTAL Q2	24	8	14	2

Table 9: IPT Q3 achievement by HFs in Kebbi, April to June 2015

FACILITY	# STARTED	#COMPLETED	# STARTED SINCE INCEPTION	#COMPLETED SINCE INCEPTION
GH KOKO	57	0	698	368
GH JEGA	64	40	473	210
GH YAURI	77	77	362	145
GH ARGUNGU	45	19	511	237
SYMH	80	1	432	355
FMC	17	**Yet to get data	129	**Yet to get data
Q3	340		2600	
Q2	248		2471	

*** No data yet due to medical doctors strike action in FMC.*

PMTCT

PMTCT data extraction was done and some gaps identified include: poor/no linkages between PMTCT and paediatrics as most infants were not registered in the exposed infant register making the process challenging. Also noted were mix-ups of DBS result from other facilities that were not supported by Pro-ACT (e.g. GH Kamba results being sent to SYMH).

Table 10: PMTCT Q3 achievement per HF in Kebbi

INDICATOR	FMC	SYMH	KOKO	JEGA	ARGUNGU	YAURI	TOTAL Q2	TOTAL Q3
NEW ANC ATTENDEES	326	1166	420	376	760	521	2698	8074
C&T	323	1166	531	375	1090	406	2676	9051
POSITIVES	0	0	2	2	10	4	15	18
PROPHYLAXIS	0	0	2	2	10	4	15	18
POSITIVE DELIVERY IN THE FACILITY	12	2	2	0	8	2	15	26
EXPOSED BABIES	9	1	0	0	6	5	34	21

NVP	9	1	0	0	9	5	34	21
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Quality Improvement (QI)

14 Quality Improvement team meetings were held this quarter as against 18 that were held last quarter. Four out of six Pro-ACT supported sites has been transitioned and are now able to conduct their monthly QI meeting without Pro-ACT financial support.

This quarter was marked with a USAID visit in June to 4 CCT sites to assess the quality of care rendered to clients through the application of the SIMS tool. From the assessment of patients care for CD4 count, adherence, TB screening, staging, cotrim, the four CCT sites had an average of over 80%.

One CME was held at SYMH this quarter with the topic paediatric HIV/AIDS management. The need for the CME arose due to the knowledge gap identified among clinicians in paediatric HIV management and the need to update their knowledge. It was also noted that most of the paediatric clients were lost to follow up and the paediatric unit were not doing HCT for paediatric patients both in the in-patient and out-patient unit, hence the need to bridge the gap.

Training was held for eight (8) members of the state TWG treatment care and support to build their capacity on the application of the SIMS tool. In the training, the analysis of data from the last Nigeria Qual was presented which led the state TWG to adopt their state QI project to be implemented across all facilities in the state. The projects are:

1. By the end of three months from June to September 2015, the TWG hopes to improve access to CD4 for adult and paediatric PLHIV from 53.5% to 90% in Kebbi state.
2. By the end of three months from June to September 2015, the TWG hopes to improve access to DBS collection for exposed infants from 32.1% to 90% in Kebbi state.
3. By the end of three months from June to September 2015, the TWG hopes to improve access to rapid test for exposed children who turn 18 months from 34% to 90%.

The state TWG also embarked on its first JSSV to two CCT sites to apply the SIMS tool. Some gaps identified were:

- Weak referral systems

- Poor linkage between various units and the ART service unit. e.g poor linkage between PMTCT, paediatric EID, and TB units with the ART unit
- SOPs not available
- Care cards for exposed infants were not used and for GH Koko, it was initially being used and later stopped
- At GH Yauri, exposed infants were not being registered at the M&E unit
- Poor/no cross ventilation at the DOT unit at GH Koko

To bridge these gaps, referral forms and registers were provided for each unit and emphasis was put on feedback. For poor linkage between ART and other service units like ANC and DOT, it was proposed that the unique ID of the client be written on the cards and registers of the referring unit and vice versa. SOPs were also provided and the M&E units mentored on the use and proper filling of the exposed infant care card as well as the register.

Laboratory Services

Laboratory Revolving Fund (LRF) Activities/Update

The SMoH opened separate bank accounts for LRF. All PLHIVs accessing care in these facilities are receiving free haematology and clinical chemistry investigations. Federal Medical Centre, Birnin Kebbi, a tertiary health facility under the FMoH, is yet to commence the creation of a laboratory-specific revolving account that could support the provision of these services free of charge.

IQA Activities

An IQA review meeting was conducted during the quarter. The review meeting focused on the way forward in the improvement of quality intervention in all supported facilities. A total of 27 health facilities, comprising of 60 HTC points are listed in the IQA HIV serology panel testing program in the state. However, 53 testing points received the panels during this quarter. All 53 facilities returned the results. This 100% return rate was matched with a 100% concordant result. of the wrong combination in the serial testing algorithm was observed in 3 PMTCT sites. This was attributed to the transfer of already trained staff to other facilities. The IQA Focal Person who provides technical oversight in these facilities had provided feedback and corrective actions. A comprehensive report, with cost implication of the IQA program in the state, will be used as an advocacy tool to the SMoH, Hospital Management Committees and Kebbi SACA as a strategy to transition the program to the state.

Routine Laboratory activities: (sample logging, equipment maintenance, commodity logistics)

The laboratory and logistics teams collaborated to facilitate inter- facility CD4 reagent transfers to cushion the effect of the reagent shortages in GH Yauri. 50 CD4 reagent tubes and one pack of CD4 control were transferred from Sir Yahaya Memorial Hospital BK and GH Koko respectively to GH Yauri.

Repairs of BD Facscount equipment for GHs Koko, Yauri and Argungu have been done during the quarter under review. Repairs at Argungu has not been concluded due to replacement of a part that is needed as pointed out by the engineer.

FMC Birnin Kebbi is still logging CD4 samples to Sir Yahaya Memorial Hospital BK because the Partech Cyflow has not been repaired. Due to equipment break down sample logging was used to bridge this quality gap in Federal Medical Centre, Birnin Kebbi.

Capacity Building

A-one day on-site training on biosafety risk assessment was conducted in GH Koko for 5 laboratory personnel including the HOD lab and the Biosafety Officer. One of the aims of this training is to meet the criteria of selecting and training a biosafety officer as identified in the SIMS tool. The topics covered included tools for performing biosafety risk assessment, biosafety management, health and medical surveillance and waste handling.

Leverage of safety boxes

150 safety boxes (GH Kaje (50), MCH Bagudo (35), PHC Felende (40) and PHC Lailaba (25)) were leveraged from KBSACA and distributed to facilities identified with no safety boxes during the SIMS tool application.

IR 3. Strengthened public and private sector enablement for ownership and sustainability

Health System Strengthening

ENGAGING THE STATE GOVERNMENT

During the quarter meeting TWG sub committees were formed with committee leads and secretaries appointed. Roles and responsibility of each committee were drafted with timelines and date of reporting.

Monitoring and Evaluation

Improved data reporting to the State and HF Management Board

Continuous hands-on mentoring and capacity building of facility M&E has ensured better data documentation across all supported sites and strengthened M&E linkages with other service delivery points. Client file storage systems across all sites have been enhanced for easier data capture, prompt accessibility of clients' medical information for informed decision-making, and prevent further loss of clients' information at the facilities. This quarter about 200 worn out folders were replaced at GH Argungu. This process has already been carried out last quarter in all other supported comprehensive sites.

Support SACA to document and report quality data using NNRIMS and DHIS e-NNRIMS reporting platform Pro-ACT provided technical support/assistance to Kebbi SACA on the recent development of a Referral Directory. The ultimate goal of this directory is to enhance the state referral system and ensure that clients have easier access to health care services and utilize these services appropriately across the state. Copies of the Referral Directory are being distributed to health facilities across the state alongside referral registers to monitor trends and patterns.

To ensure data reliability and validity, data validation of key indicators for this quarter was done through the triangulation of various data sources between the various service delivery points. The data sources included extracted data from the e-NNRIMS as the secondary data source, facility source documents, and data transcribed into the MSH and USAID reporting platforms. Observed data weakness and discrepancies were corrected on all platforms.

Support Quarterly Data Quality Assurance (DQA) across all HFs. To assess the quality of the state data, a baseline DQA exercise was carried across 3 CCT sites (FMC, SYMH, GH Jega). The average assessment scores across the four data quality criteria used are highlighted below.

Table 11: DQA performance per component in Kebbi

Data Availability	Data Consistency	Data Validity	M&E System
68%	57%	50%	67%

Major findings from the DQA conducted are poor skills, the irregular site supervision visits alongside LACA, SASCAP, and SACA M&Es and the need for more hands-on mentoring in the facilities.

Kwara State

Overview

During the quarter, the project continued to focus on strengthening ownership and frameworks for sustainability of HIV/AIDS investment in the state. Efforts continued with government to entrench sustainability and ownership in terms of financial commitment by the government to HIV/AIDS interventions in the state. As part of this process, Pro-ACT supported the State SACA with the training of critical stakeholders from the public and private sector on resource mobilization and increasing funding for HIV/AIDS activities from state sources.

Activities within the quarter focused on strengthening government ownership and sustainability of the State HIV/ AIDS response. A State Laboratory Revolving Fund was set up, treatment care and support technical working group involving the public and private practitioners were also inaugurated. With technical support from Pro-ACT, the State Ministry of Health activated PMT services in 10PHCs, increasing state ownership of the HIV/ AIDS response.

2.1 Activity Implementation Status

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

Community Activities

Progress on Village and Savings Loan Associations (VSLAs)

A new VSLA consisting of 7 members (1 male, 6 females) was formed in Omu Aran. Executives of the association have been elected and N3,000 deposited in their account.

HIV Testing and Counselling

15291 clients (44% of quarterly target) were counselled, tested and received their results. The increase from the last quarter was associated with testing based on clinical suspicion.

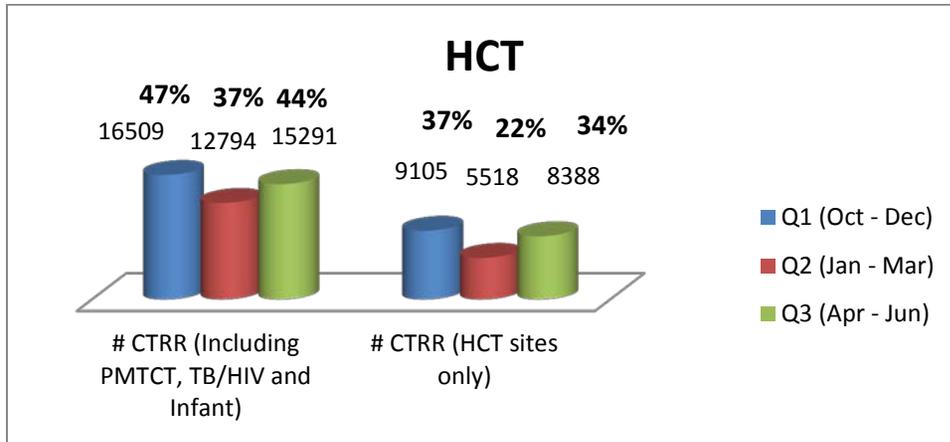


Figure 8: C&T achievement by quarter

Client Retention

Capacity building support was provided to 8 volunteers and 6 facility staff in charge of adherence counselling and tracking. They were mentored on the basics of adherence, adherence counselling and building and maintaining good relationships with the clients. 3796 patients received adherence counselling. 709 defaulted and were tracked with a total of 360 returning. This represents a 50.8% return rate in the state following tracking activities.

The Oct-Dec, 2014 quarter has the highest number of LTFU - 683 persons (18%) while the current quarter has 16% LTFU. In the Oct-Dec quarter, out of the 806 persons tracked, 369 or 45.8% returned back to the facilities, 40% and 50.8% returned to the facilities in the Jan-March and April-June quarters respectively.

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

Clinical Activities

Client Retention on ART

The retention calendar was closely monitored, updated and used to track clients during the quarter. This retention calendar was reviewed and the status of clients in the cohort that had completed a 12 month period (**October 2013 to July 2014**) by the end of the quarter (**June 2015**) was analysed and is shown below

Table 12: Retention calendar review by HFs in Kwara

<i>RETENTION CALENDAR REVIEW BY JUNE 2015 (OCTOBER 2013 – JULY 2014 COHORT)</i>						
<i>FACILITY</i>	<i>NUMBER ACTIVE</i>	<i>NUMBER LFTU</i>	<i>TRANSFERRED OUT</i>	<i>DEAD</i>	<i>TOTAL</i>	<i>%</i>
<i>SSH SOBI</i>	<i>97</i>	<i>61</i>	<i>2</i>	<i>2</i>	<i>162</i>	<i>59.88</i>
<i>CSH ILORIN</i>	<i>80</i>	<i>23</i>	<i>2</i>	<i>5</i>	<i>110</i>	<i>72.72</i>
<i>SH OFFA</i>	<i>117</i>	<i>10</i>	<i>5</i>	<i>14</i>	<i>146</i>	<i>80.14</i>
<i>GH OMUARAN</i>	<i>75</i>	<i>14</i>	<i>3</i>	<i>8</i>	<i>100</i>	<i>75.00</i>
<i>GH LAFIAGI</i>	<i>55</i>	<i>32</i>	<i>1</i>	<i>4</i>	<i>92</i>	<i>59.78</i>
<i>CISH ILORIN</i>	<i>44</i>	<i>14</i>	<i>2</i>	<i>0</i>	<i>60</i>	<i>73.33</i>
<i>ADEWOLE COTTAGE</i>	<i>35</i>	<i>10</i>	<i>3</i>	<i>4</i>	<i>52</i>	<i>67.31</i>

<i>UITH</i>	<i>185</i>	<i>102</i>	<i>2</i>	<i>1</i>	<i>290</i>	<i>63.79</i>
<i>Average</i>						<u><i>68.99%</i></u>

Within the period, there was LTFU of 266 across all facilities putting the retention rate for the October 2013 to July 2014 cohort at 68.99%. There is an urgent need for a robust and targeted tracking program from now till end of the COP year.

Priority facilities with large LTFU include UITH (102), SSH Sobi (61), GH Lafiagi (32) and Adewole Cottage Hospital (10).

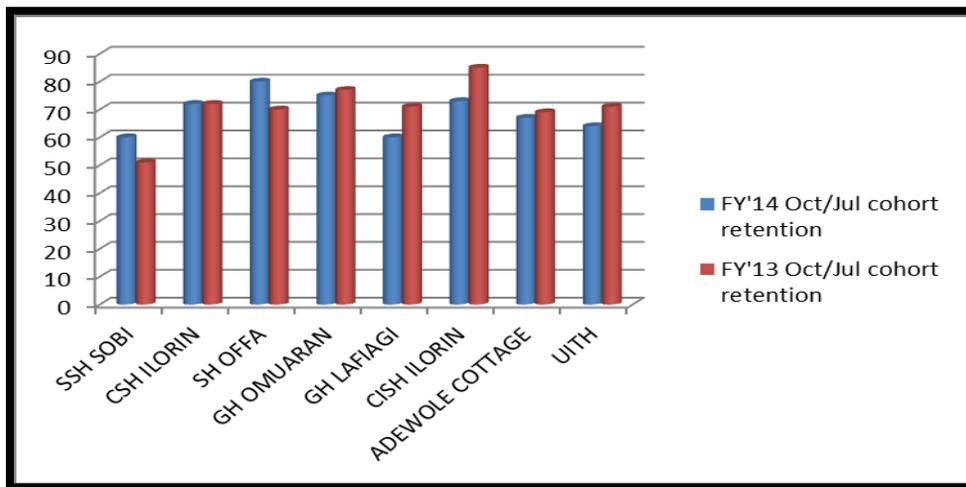


Figure 9: Comparing Retention cohort of FY14 & FY13

The table and graph above shows two facilities - SSH SOBI and SH OFFA doing better at this point in the year compared to the same time last year. CSH ILORIN is exactly at the same level of retention as the previous year. This comparison further points to urgent remediation plan in terms of targeted tracking program with adherence counselling.

TB/HIV and Quality Improvement

3 of the state’s CCT sites (CSH ILORIN, SSH SOBI and SH OFFA) were supported to set up new QI projects based on their performance data.

The ongoing QI project in GH OMUARAN has shown improvement (increased adherence and documentation from a baseline of 43.7% to 90%). Another QI project “to increase the percentage of patients with at least one clinical visit within the last 6 months who have a CD4 test result’ from 79.9% in May 2015 to 100% by October 2015 was set.

A review of GH Lafiagi’s QI project shows marked improvement in line with the expected goal which was to increase adherence assessment and documentation for PLHIV from a baseline of 38.67% to 50% from April to June 2015. Using the NIGERIAQUAL indicator A3: “percentage of ART patients who had at least one documented adherence assessment during the last three months of the review period”, a review at the end of May 2015 showed an increase from the baseline of 38.67% to 90%.

A review of the ongoing QI project in Civil Service hospital (to increase laboratory investigations (CD4) for all PLHIV in Civil Service hospital from 61.86% to 100% by October 31st 2015) showed a marginal increase to 70% at the end of June.

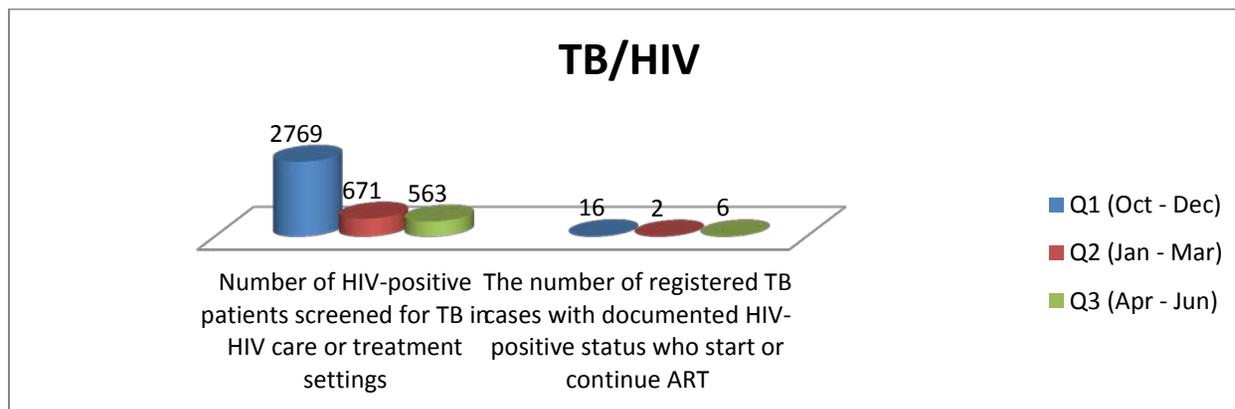


Figure 10: Comparing TB/HIV achievement of Q1, Q2 & Q3 in Kwara

As with other quarters, there was a decrease in the number of clients screened for TB in HIV setting to 563 patients and 6 were found to be HIV positive. This reduction is associated with the single screening of clients once in a fiscal year.

Prevention of Mother To Child Transmission of HIV (PMTCT)

7 PMTCT stand- alone sites within the state met the criteria for PEPFAR support beyond September 2015. The SIMS tool was administered in these sites and remediation plans to address gaps seen were put in place.

- Technical assistance, support and mentoring continued across all the supported facilities. Of the pregnant women screened this quarter, 129 (1.9%) were found to be HIV positive and 119(93%) of them received prophylaxis.
- Dried blood sample (DBS) transportation by the SPEEiD model: 20 DBS results from samples sent in the 1st and 2nd quarters were received in June 2015. No results were received from DBS samples sent from the hub in CSH Ilorin to the reference laboratory in Ife during the quarter (April -June 2015). This was due to HCWs’ strike and subsequent reagent stock-out. The table below shows an analysis of the results received.

Table13: DBS sample outcome

Number of Negative results	16
Number of Positive results	1
Number to be repeat sample collection	3
Minimum TAT for samples sent	3 months
Maximum TAT for samples received	8 months

Table 14: Sample of DBS per month

Month	Number of DBS samples sent to Ife
April	34
May	10
June	16
Total	60

An alternative plan of sending DBS samples to the Asokoro laboratory was used and 12 samples were sent in June.

A meeting between MSH, the reference laboratory in Ife and NIPOST to address the long turnaround time has been scheduled to hold in the first week of July.

SMT SUB-COMMITTEE ON TREATMENT, CARE AND SUPPORT (INTEGRATED TECHNICAL TWG)

The TWG harmonized and integrated the on-site state supervisory visit checklist. Technical assistance in the form of on-site demonstration was provided to the TWG on NIGERIAQUAL data abstraction.

IPT Cohort Event Monitoring

IPT cohort event monitoring review and update has been completed for GH Offa, GH Omuaran, SH Sobi and ongoing Children's Specialist Hospital.

A CME on implementation of IPT program was carried out in UITH. The team at the moment is still not convinced that the 4 symptoms-based approaches for screening and ruling out active TB are sufficient to place a patient on IPT. As a result, IPT program is yet to commence in UITH which is the only remaining CCT site not implementing an IPT program in the state.

Laboratory Services

Process control

The quarterly trend shows reduced CD4, viral load (2) and TB Gene expert investigations in May and June. This was as a result of the JOHESU strike at UITH. In spite of the strike, there was an uninterrupted uptake of laboratory investigations for CD4. This is attributed to Pro-ACT interventions such as strengthening sample logging where there are no functioning equipment, addressing reagent stock out and equipment failure.

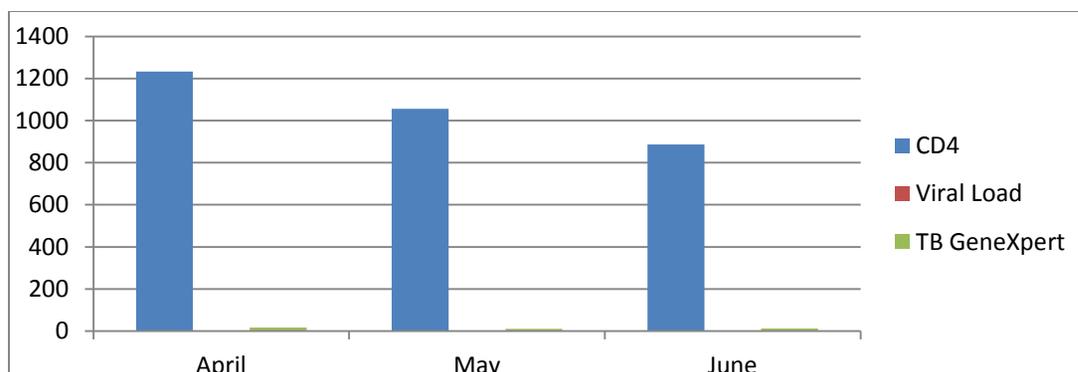


Figure 11: Lab achievement by category of test

HIV IQA Serology

A total of 27 HFAs with 27 testing points participated in this quarter's IQA activity. A 100% score was recorded across sites in both accuracy and technicality. Laboratory team supported this activity through TA to state and hub focal persons on DTS (dry tube specimen) preparation, distribution and collation of results from spokes.

QUALITY Management Systems (QMS)

The team introduced sample rejection rate log register as a tool to improving QM essentials. Coaching and mentoring was given to laboratory staff on its operationalization and staff are now able to know when to reject samples based on given criteria.

Laboratory Revolving Fund (LRF)

A State laboratory revolving fund was set up and stakeholders developed a laboratory policy document which has been submitted to the SMOH for approval by the State Government. This is aimed at ensuring that the state's Essential Drug Program (EDP) is more robust and efficient as regards laboratory commodities necessary to ensure that PLHIVs continue to access chemistry and hematology test at no cost.

BD Presto Utilization

There is currently a stock-out of BD Presto cartridges in the state. However, the two affected sites have been logging samples to ensure uninterrupted CD4 laboratory service and maintain ART enrollment and client follow up services.

Health Care Waste Management, Injection, and Blood Safety

Within the quarter, through effective advocacy, 2 HFs stopped open pit burning and 2 others have commenced the use of incinerator for final hospital waste disposal.

Supply Chain Management System

Good Pharmacy Practice, Pharmaceutical Care and Good Laboratory Practice

Within the quarter, guidance was provided to facility staff on prescription review, ADRs and PEP monitoring, evaluation and documentation.

ADR: A client at UITH could not tolerate AZT, EFV and TDF and was placed on ABC/3TC 300/ 600/ and NVP 200mgs tabs.

PEP: 4 patients were placed on PEP at Civil Service Hospital.

Integrated Supply Chain Management

TA was provided to the state LMCU in the preparation of Mar-Apr, and May-June, 2015 last Mile Delivery (LMD) for re-supply of HIV health commodities. Hands-on-mentoring was also provided to facility staff on pharmaceutical care and pharmacy best practices.

Waste Management

Within the quarter, biohazard bags and sharp boxes were supplied to Pro-ACT supported health facilities. Expired commodities from facilities were retrieved for waste drive. 2 cartons of expired commodities were handed over to JSI/SCMS third party logistics.

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

Health Systems Strengthening

Site Improvement through Monitoring Systems (SIMS)

Remediation plans based on USAID observations during their visit to the facilities, were implemented. Also, facilities that had not had the SIMS assessment were assessed and joint remediation plans made by the hospital and MSH. Observations include no evidence of facility Community Care and Support Services linkage and no documentation of PHDP. The teams are providing hands on support to facility staff to improve documentation in the affected areas and strengthen all linkages in the facilities

Monitoring and Evaluation

Data Management including DQA

Routine data collection, validation and reporting were carried out throughout the quarter in all the 27 supported facilities. Analysis of the data from the two previous quarters was presented to the state team and stakeholders during the data review meeting. *Semi-Annual Project Report* (SAPR) was submitted to DATIM in the DHIS and Country Office Data Base. Data from the M&E unit were triangulated with other units such as Pharmacy and ANC to minimize discrepancies of some key indicators. All retrospective data of Pre-ART and ART were submitted using the PEPFAR MER template. An internal *Data Quality Assurance* (DQA) exercise was conducted by the Pro-ACT team with support and full participation of M&E staff of KWASACA and SASCAP in four comprehensive centers (CCTs) : Sobi SH, SH Offa, Adewole CH and UITH, to ascertain and improve the quality of data from the state. The table below shows the state DQA performance at a glance.

Table 15: DQA performance per component in Kwara

States	Data Availability	Data Consistency	Data Validity	M&E Systems	Average Score	Rating
Kwara	57	63	63	75	65%	2nd

Capacity Building

The M& E team participated in the project M&E review meeting where DQA feedback was given and further explanation on some key indicators was given. In addition the team increased the capacity of facility data entry clerks through continuous mentoring during routine facility visits.

Government partnership

In order to ensure the sustainability and ownership of HIV program in the state, the M&E team supported KWASACA in printing data collection tools which were out of stock; ART/Care card (4,500), HIV client-intake form (250) and HCT register (150). MSH also supplied some of tools to SMoH; General ANC register (100), PMTCT C&T register (100), Partner register (50), Child-follow-up register (50), PMTCT ART register (50), General L&D register (50), and Delivery register for HIV+ pregnant women (50). This partnership was part of the transition process to the state.

Niger State

Overview

During the quarter the project continued its commitment on improving quality of service and technical capacities across all supported health facilities, whilst engaging stakeholders for increased ownership and sustainability. The Niger team continued its commitment to strengthening

facility based HIV services and improving the quality of services across all supported health facilities. Focus was also on strengthening the technical capacity of the stakeholders for increased ownership and sustainability and creating enabling structures for the transitioning of its services to the State Government. The state demonstrated ownership and sustainability in this quarter as SACA initiated, supported and provided all the logistic support towards the inauguration of the policy, advocacy and resource mobilization technical working group (TWG).

Implementation Status

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

Community Services

12,493 clients were counselled tested and received their HIV results; 805 (6.4%) were found to be positive and all were referred for enrolment into care.

721 patients defaulted 665 (92.2%) were actively tracked and 258 (38.8%) returned to care and treatment services.

Table 16: HTC Q3 achievement by indicator in Niger

HTC Indicator	Q3
# of individuals who received counseling and testing for HIV and received their test results (Including PMTCT, TBHIV, Infants)	12493
# of individuals who tested positive to HIV and received their test results (HTC sites only)	805
Total # of clients who received adherence counseling	5904
Total number of defaulter for the reporting period	721
Total number of defaulter who were Tracked	665
Total tracked and returned to care	258

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

Community Services

7 mentor mothers supported 40 new mentees enrolled into the mentor-mother program increasing the total number of participants to 139.

24 deliveries were taken in the quarter, all had their DBS samples collected and sent to the PCR laboratory and results are yet to be received. Of the 24 deliveries, 4 deaths were recorded. 8 results from the 16 DBS samples sent to the PCR laboratory last quarter were returned this quarter.

All 8 tested were negative.

5 persons (2 males and 3 females) were selected from 2 facilities in Niger State to attend a TOT training on PHDP in Ilorin.

Clinical HIV/AIDS Services

PMTCT/EID

PMTCT achievements during the quarter are shown below:

Table 17: ANC attendee & C&T achievement by month in Q3

Month	New ANC attendees	No CTRR	Percentage of new attendees CTRR(counselled, tested and received result)	Identified No of HIV positive pregnant women	No commenced on triple ARV prophylaxis	Percentage of PPW commenced on prophylaxis
April	6555	5832	89%	52	49	94%
May	5885	5223	89%	58	50	86%
June	5889	5323	90%	62	62	100%
Total(Q3)	18329	16377	89%	172	161	93%

Table 18: PMTCT intervention at ANC by month in Niger

Months	No HIV Exposed Infants (HEI) delivered in the facility	No of HEI delivered outside the facility that presented after delivery		Total number of deliveries by HIV positive women	No of HEI who received NVP prophylaxis after delivery		Total number of HEI who had NVP prophylaxis after delivery	Percentage of HEI that received NVP prophylaxis after delivery
		Within 72hrs	After 72hrs		Within 72hrs	After 72hrs		
April	27	40	26	93	62	19	85	91%

May	21	42	13	76	57	13	67	88%
June	42	24	36	102	64	21	59	58%
Total (Q3)	90	106	75	271	183	53	211	78%

The state experienced stock out of RTKs and ARVs (Triple and infant NVP) in some facilities this quarter. Advocacy to SACA is being undertaken to ensure that this gap is closed.

DBS Samples/Results Transfer in Q3

154 dried blood spot (DBS) samples were sent to the PCR laboratory this quarter. Of the samples sent 7 were rejected due to poor sample collection and packaging.

230 DNA/PCR results were received from the PCR laboratory. 14 (6% tested positive for HIV. 8 (61%) were started on ART, 1 was reported dead and there is on-going tracking for the remaining 5 patients.

Table19: Monthly DBS samples and results for Q3

		April	May	June	Cumulative
1	No of DBS Samples Sent to PCR Lab.	22	55	79	156
2	No of DBS Results Received from PCR Lab.	49	159	22	230
3	Total DBS Samples Rejected.	Nil	Nil	7	7
4	Total Positive DBS Results.	4	9	1 (child dead)	13
5	Total Commenced on ART	4	4	Nil	8
6	Percentage commenced on ART	100%	44%	0%	61%

ART

12 CCT sites were assessed using the SIMS tool. Gaps identified include:

- Lack of standard procedures for tracking defaulted ART patients
- Poor performance in adherence services across several facilities as well the absence of SOPS for adherence;
- Challenges with ART patient monitoring particularly CD4 testing across several facilities;
- Inadequate documentation in patient care cards
- Lack of current SOPS and job aids.

The project team are providing necessary technical support to address all the identified gaps.

TB/HIV

The state recorded a 117.49% increase in TB screening from the last quarter. 1451 PLHIV including 73 children were screened for TB. 96 were presumptive cases (3 paediatric patients) 16 were confirmed TB positive and 19 were commenced on TB drugs.

369 PLHIV were commenced on IPT in the quarter (174% of achievement attained in previous quarter); with 195 PLHIV successfully completing the 6-month course in this quarter.

Gene Xpert Analysis Uptake in supported CCTs: A total of 481 sputum samples (a 50.8% increase in the 319 samples analysed in the previous quarter) were analysed. 96 samples were positive for TB and 9 were found to be Rifampicin resistant.

Table 20: Monthly GeneXpert Uptake

Months	Facilities with GeneXpert Machine resident in it (GH MINNA)					
	# of HIV +ve TB Suspect with smear -ve sputum	HIV +ve TB suspect with smear -ve sputum		Error	Rif Resistant	Invalid
		TB Positive	TB Negative			
April	47	10	28	7	2	0
May	37	11	23	0	2	1

June	32	12	19	0	0	1
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Quality Improvement (QI)

NigeriaQual data abstraction and analysis: Cycle 3 NigeriaQual data abstraction and analysis was conducted in 5 supported CCTs. Results from Cycles 1 and 2 was shared with the facilities and QI projects where developed.

NigeriaQual data abstraction and analysis on adherence was conducted and results are shown in the chart below:

- An improvement in adherence services of 50% (8 out of 16 CCTs) of Pro-ACT supported CCTs
- A shortage of adherence counsellors was associated with facilities that had the greatest decline. GH Tunga Magajiya (from 91.9 % to 14%) and GH Mokwa (from 50% to 3.7%).

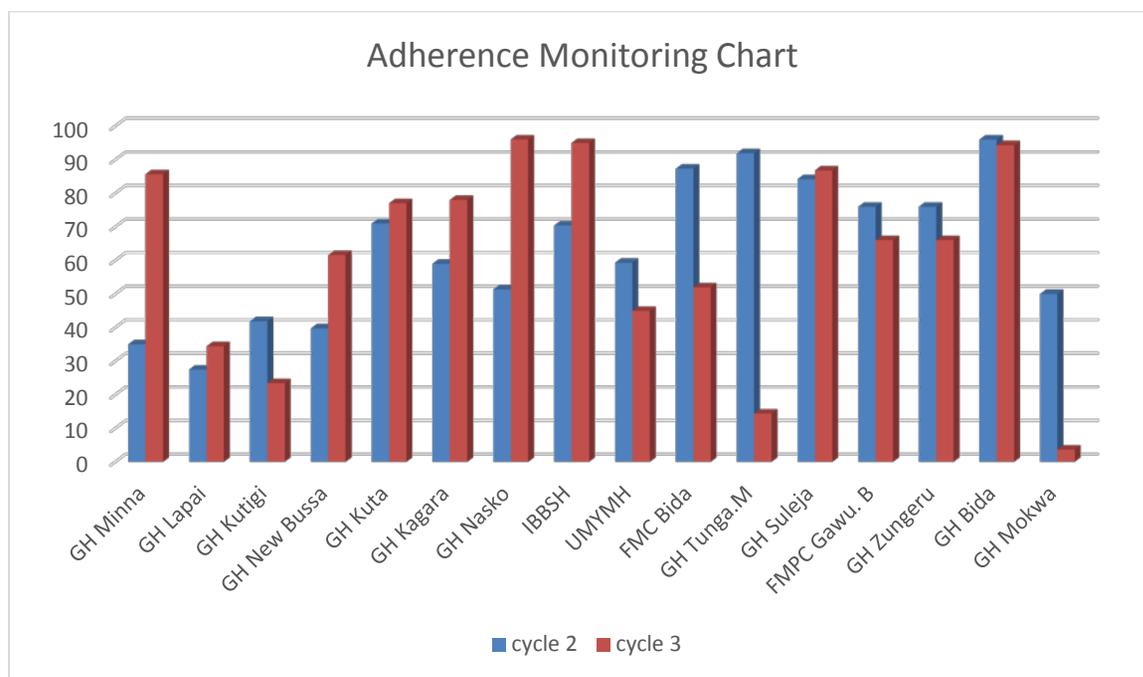


Figure 12: Comparisons of Adherence services in cycle 2 and cycle 3 of Nigeria Qual.

Impact of facility QI Projects: 13 Quality Improvement meetings were held in the quarter, representing an 18% increase in the number of QIT meetings held from the previous quarter. 10 QI Projects were developed and QI projects have been completed in GHs Bida and Suleja.

Laboratory Services

Strengthening Laboratory Revolving Fund (LRF): Advocacy visits were made to the hospitals management of 8 MSH supported sites. UMYM Sabon Wuse and GH Kutigi have fully integrated the LRF scheme for routine investigations with the exception of transfusion services.

Assessment of Health care waste management (HCWM), Injection safety (IS) and blood safety (BS) practices: To enhance the quality of injection and blood safety practices as well as improve on the HCWM, an assessment of HCWM, BS and IS a practice at GH Kuta, GH Kutigi, GH Mokwa, GH Kagara, IBB specialist, and GH Minna was conducted, using a checklist, across various service delivery units of these facilities. Gaps like poor HCWM systems , where the waste handlers do not use the right personal protective equipment (PPE) and waste segregation not observed by health care workers were identified. Following assessments, immediate remedial actions, such as on-the spot hands-on coaching and provision and distribution of sharp containers to aid segregation, were instituted.

The project continued to support logging of CD4 specimen samples across supported comprehensive care and treatment sites and viral load estimation. This has helped to prevent disruption of relevant diagnostic services (CD4 and viral load estimation) in these facilities and have ensured the provision of quality care and treatment services to PLHIV.

Logistics and Supply Chain Services

Distribution of Laboratory Consumables: Distribution of laboratory consumables from Abuja was completed in the month of June 2015 following the distribution matrix. The March-April laboratory report was reviewed with the facility HODs, focal persons and relevant stakeholders.

Integrated Supply Chain: Meetings between MSH and NURTW were held to address the challenges encountered in the distribution of PMTCT commodities.

IR 3. Strengthened public/CSO and community enabling environments

Health System Strengthening

Niger State Agency for the Control of AIDS with technical support from Pro-ACTinaugurated the Advocacy and Resource Mobilization TWG and provided funding for the 2 meetings held.

Monitoring and Evaluation

Table 21: Performance against key indicators

Indicator	Annual Target	Quarter's achievement <i>This is as of June 2015</i>	Cumulative achievement FY15 (Oct 2014-June 2015)
Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	25,591	17,827	50,761
Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	1,267	161	464
Number of individuals who received counseling and testing services for HIV and received their test results disaggregated by Sex/Age	175,299	39,199	109,967
Number of adults and children with HIV infection newly enrolled on ART	5,037	773	2,230

***Data quality checks over the quarter revealed a number of under/ over reporting and were adjusted in the current reporting period to avoid cumulative under or over reporting effect following best practice

The state also had DQA exercise and the table below:

Table 22: DQA result per component in Niger

States	Data Availability	Data Consistency	Data Validity	M&E Systems	Average Score	Rating
Niger	66	55	46	75	61%	4th

2.0 Capacity Building and Hands-on Mentoring

A 2-day on site CME for health care workers on PMTCT and EID was conducted by the state team (clinical and laboratory) in Shehu Shagari General Hospital (SSGH) Nasko using integrated national training curriculum for PMTCT and EID. A system for providing EID services in the facilities were established.

A one day technical assistance/capacity building workshop was organized for all HOD laboratory and pharmacy staff of the 23 General Hospitals in the state by the State Hospital Management Board. Areas addressed include the use of LMIS tools, improving the quality of the bimonthly CRRIRF (Pharmacy and Lab) reports and issues relating to HIV/AIDS commodity supply and re-distribution.

Pro-ACT conducted mentoring and supportive supervisory activities across 24 PMTCT sites inclusive of four CCTs to address service delivery gaps PMTCT patient management and monitoring (PMM) and program monitoring and evaluation (PME) tools were reviewed, technical assistance in form of support for decentralization of ART services to PMTCT service points and on-the-spot hands-on mentoring of health care workers at various service delivery units was provided. These activities resulted in enhancing the capacity of healthcare workers as well as successful decentralization of ART services to PMTCT service unit in three CCTs – GH Bida, GH Suleja and SSGH Nasko with continuous supply of ARVs and established linkage with other service units within these facilities.

Local Capacity Development

A joint supervisory, support and mentoring visit involving Pro-ACT and TWG members was carried out in GH Minna, IBB Specialist Hospital and GH New Bussa. During the visit five domains of the PEPFAR SIMS tool were applied. Technical assistance was provided to the TWG and available facility staff on SIMS tool application; field testing of PMTCT peri- partum transmission rate using the new extraction tool; IPT data abstraction and retention calendar evaluation to review the impact on client's retention in the supported CCTs.

Sokoto State

Overview

During the quarter under review, the Sokoto State focused on improving the quality of HIV/AIDS services through the use of Site Improvement through Monitoring Systems (SIMS) tools in all its supported sites.

6023 women were registered for ANC, 5441 (90%) were counselled and tested for HIV, 43 (0.8%) were identified as HIV positive and 38 (88%) were placed on Anti-Retroviral (ART) prophylaxis. The decline in performance compared with the previous quarter that recorded 100% across the cascade was due to poor documentation and loss to follow up in GH Tambuwal and Sokoto Specialist Hospital respectively.

Close mentoring and supportive supervision are presently being put in place to address the situation.

Optimization of Early Infant Diagnosis and viral load services is one of the major accomplishments recorded by the team. 92 samples were analysed for viral load in UDUTH PCR laboratory during the quarter and 40% were identified to have detectable viral load of more than 1000copies/ml of blood. This suggests a need for increased focus on adherence counselling which was the root cause of the finding. 73 dried blood spot (DBS) samples were analysed for DNA-PCR and 4 (5.5%) were found to be positive. The babies were tracked and 3 of them placed on ART and 1 was reported dead. In its efforts to improve documentation of HIV exposed infants, the team devised a strategy that put all exposed infants into their appropriate birth cohorts for easy reporting and tracking of their final status at the end of a follow-up period. This initiative was piloted in Usmanu Danfodiyo University Teaching Hospital (UDUTH).

In line with PEPFAR's strategic shift towards streamlining HIV services in maintenance states, the team recorded a 32% decrease in the number enrolled in April to June 2015. All the enrolled patients were screened for TB, found to be positive and started on TB treatment. In order to influence and sustain improvements in health and HIV/AIDS services in the state the team strategically engaged with the 30 newly inaugurated state legislators in collaboration with the USAID RTI/LEAD project to canvas for increased state government responsiveness towards sustainability of PEPFAR support for HIV/AIDS in the state. The think tank committee preparing sectoral agenda for the new governor has invited MSH to contribute to the Health sector agenda for the new government.

A resource mobilization training of 20 key stakeholders drawn from various ministries, CSOs, CBOs, networks and community leaders was conducted and led to the development of state resource mobilization plan and resource mapping for HIV/AIDS services. The team also provided the state government with technical support on the Laboratory Revolving Fund (LRF), leading to the establishment of the LRF committee set up to establish a unified State LRF.

Some challenges were encountered during the quarter under review. These include but not limited to prolonged downtime for laboratory equipment for chemistry and haematology services which directly hampered establishment of LRF in the facilities; breakdown of the air conditioner in UDUTH PCR lab which halted DNA-PCR and viral load investigations for about one month.

IR 1: Strengthened CSO, Community structures for sustainable HIV/AIDS and TB services

Community Care Services

Pro-ACT supported CSOs in the state to conduct the 2015 organisational capacity assessment using NHOCAT. All the CSOs had increased scores showing improvements across all domains.

Vulnerable Children (VC) Programme

A 2 day strategy meeting was held to update the community team on the new PEPFAR guidelines with focus on core, near core and non-core activities and develop strategies to implement the PRO-ACT OVC program following the new guideline. Priority activities were outlined and state specific plans for implementation were developed. It was agreed that the state Ministry of Women Affairs will be engaged in carrying out these activities. The State OVC TWG reviewed and adopted the OVC State Priority Agenda (SPA).

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

Community Care Services

HIV Testing and Counselling

8102 patients were counselled, tested and received results and 268 (2.8%) were identified as HIV positive. All were appropriately linked-up to care/treatment. Across the state, 45 patients defaulted, 32 (71%) were tracked through phone calls by Pro-ACTsupported trackers and 9 (28%) have returned to care and treatment.

Table 23: HTC uptake by indicators in Niger

Indicator	Q3
# of individuals who received counselling and testing for HIV and received their test results (Including PMTCT, TBHIV, Infants)	11,846
# of individuals who tested positive to HIV and received their test results (HTC sites)	382

only)	
% positive	2.8%
Total # of clients who received adherence counselling	958
Total number of defaulter for the reporting period	45
Total number of defaulter who were Tracked	34
Total tracked and returned to care	9
% of defaulters tracked and returned to care	20%

CARE AND SUPPORT SERVICES

Technical support was provided to adherence counsellors and contact trackers for improve service delivery and documentation in all the supported CCT sites. This has enhanced drug compliance, reduce risk of drug resistance and improve patients' retention. The focus still remains that client who missed appointments and defaulters are actively track to avoid them being LTFU and the quarter under view had 20% defaulters tracked and returned to care. Training of trainers on PHDP were provided to adherence counsellors, support group members and members of the Network of People Living with HIV (NEPWHAN). Through training of trainers on PHDP, the trainers are expected to step down the training received through the Center for Health Professional Continuing Education (CHPCE).

Clinical HIV/AIDS Services

Data abstracted from the NigeriaQual process was presented to the 7 CCT sites and new QI projects were set up in all the facilities based on the data. Using the SIMS tool, the state noticed a marginal increase in adherence documentation from 65% to 67%, and 95% documentation of WHO clinical staging at the last clinical assessment from the previous quarter.

ART

210 patients were newly initiated on ARVs in the state and 5 (2.3 %) of them were children. Following stakeholders' meeting on optimization of viral load services, the team witnessed an increase in uptake where a total of 92 samples were analysed for viral load and 40% were identified to have detectable viral load of more than 1000copies/ml of blood. This suggests that an increased focus need to be placed on adherence counselling.

TB/HIV

There was continuous mentoring on TB infection control this quarter resulting in improved TB/HIV collaborative activities in supported facilities such as improved routine TB screening of all HIV clients and provision of HCT services to all TB suspects. Gene Xpert services were provide to 43 HIV positive patients and 9 were found to be positive for TB. All were placed on anti TB drugs. No cases of Multi-Drug Resistant (MDR) TB were recorded this quarter. Synchronization of ART and Isoniazid Preventive Therapy (IPT) appointments as a strategy introduced early in the quarter to improve IPT uptake among ART patient has significantly reduced default rate on ART from 51% in the previous quarter to 13% in the present quarter. About 65% have completed IPT in the quarter.

PMTCT

6869 new ANC attendees were recorded in the state, 6212 (representing 90%) were counselled and tested for HIV, 49 (0.8%) were identified HIV positive and 44(90%) of these patients were placed on Anti-Retroviral (ART) prophylaxis. When compared with the last quarter, there was a decrease in performance and this was due to poor documentation and loss to follow up in GH Tambuwal and Sokoto Specialist Hospital respectively. Close mentoring and supportive supervision are presently being put in place to address the situation. 13 HIV exposed babies were delivered this quarter and all received Nevirapine prophylaxis within the first 72 hours after birth.

73 dried blood spot (DBS) samples were analysed for DNA-PCR and 4 (5.5%) were found to be positive. The babies were tracked and 3 of them have been placed on ART and the last reported dead. All mothers initiated ART during ANC in the index pregnancy.

Birth Cohort Outcomes for HIV Exposed Infants in UDUTH, Sokoto

The MSH Pro-ACT team in Sokoto introduced an innovative system for tracking the final outcomes of all exposed infants within a birth cohort. Follow-up outcomes are reported monthly, selecting children who were 2, 12 and 18 months old in the respective reporting month. Outcomes are determined from the latest visit details recorded on each card.

There were 14 infants in the 2 months age cohort. 7(50%) had received a DNA- PCR results and all were confirmed HIV negative. 1 infant was enrolled in a study by UDUTH and was offered a HIV rapid test which turned out positive. The remaining 6 (43%) were not offered any HIV test. The team is making a follow-up to track the affected infants for PCR to be done on them.

Of the 21 children in the 12 months age cohort, 8 had rapid test done of which 5 were positive, while the remaining 13 (62%) were not offered any HIV test. On the follow –up outcome, 8 (38%) have defaulted care, while 1 was transferred to another site. This large proportion of defaulters is a source of concern to the team; as such close collaboration with other thematic areas and facility staff is very necessary.

There were a total of 19 infants in the 18months age cohort. HIV infection status was known for only 3 (16%) children (DNA-PCR or rapid antibody test) and 2 (11%) of these were confirmed HIV infected and have started on ART. However, breastfeeding status was documented in only 2 (11%) of the children in the cohort. In addition, the vast majority 16 (84%) have unknown HIV status at 18 months. 2 (11%) have been discharged HIV negative from the exposed infants follow up. It is also worrisome to have 11 (58%) of the children defaulted the clinic. Strategies to track them have been put in place.

This baseline analysis points towards unacceptably high HIV transmission rate from mother to child in our program. Likewise, high default rate affecting all the three age cohorts is of great concern and concerted effort is required to address both situations. In addition, the team observed some level of poor documentation despite enthusiasm by the service providers.

Going forward, all thematic areas will have to continue providing specific technical support to the facility in order to improve on documentation, track all defaulters, and to ensure all exposed children are tested as at when due.

Quality Improvement (QI)

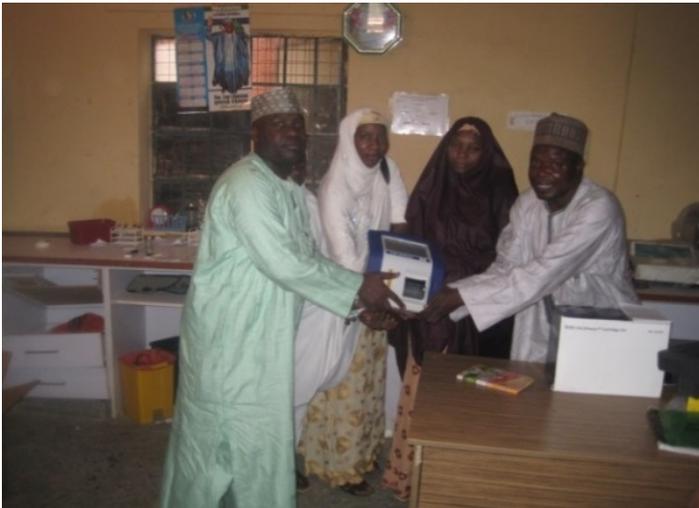
Quality improvement meetings were supported in all the 7 CCT sites where gaps were identified regarding HIV service provision. It was agreed, that going forward, attention need to be paid on documentation of TB status on the patients' care cards, the use of pharmacy order forms should be ensured when prescribing TB drugs, and strict adherence to the TB National Guidelines in all centres. The facilities have chosen fresh QI projects to implement within the next quarter.

Laboratory Services

Within the quarter the laboratory unit successfully supported the analysis of 142 viral load and 192 DBS samples through advocacies and meetings with facilities stake holders to optimize samples analysis aimed minimizing wastages of short dated reagents. The laboratory unit supported and supervised the conduct of quarterly Internal Quality Assurance (IQA) meeting held at Dogon-Daji General Hospital. The participants were pulled from 5CCT and 2PMTCT sites, where gap/issues identified were discussed and suggested way forward. A total number of 85 CD4 samples were logged from Holy Family and WCWC to Sokoto Specialist Hospital.

The team also provided the state government with technical support on Laboratory Revolving Fund (LRF) leading to the establishment of LRF committee set up to establish a unified State LRF.

A BD Facs Presto CD4 machine was given to the management of Women and Children Welfare Hospital (WCWH), Sokoto. This was to improve the quality of HIV/ AIDS services among pregnant women. However, at the time of handing over, the reagents accompanying the machines were short dated. To minimize wastage, the machine was temporarily relocated to Specialist Hospital (a high patient volume site) where up to 200 CD4 tests were carried out. Five staff of WCWH were trained on the use and minor servicing of BD Facs presto Point of Care Machine newly installed in the facility.



Sokoto STL handing over BD Facspresto CD4 machine to Management of WCWH

Supply Chain Management System

Capacity Building

Towards ensuring stable logistics system within the HFs and ensure commodity security, hands on mentoring were continued with two newly posted intern pharmacists in UDUTH on basic LMIS documentation, use of inventory tools, pharmaceutical care in HIV/AIDS management. This measure continues to mitigate HR shortages in UDUTH ART pharmacy for this month as the interns showed a great commitment to improve services in the unit.

Commodity Management

In order to maintain uninterrupted availability of health commodities across supported health facilities in Sokoto State, an SCM consultant provided on-site technical support to all the sites in the areas of various needs such as data entries, analysis, and report preparation. Stock statuses were reviewed with facility staff and with reference to stock date monitoring and best practices in commodities management. Review of the stock statuses reflected shortages of EDTA vacutainer tubes and created challenges to the smooth running of viral load in UDUTH and CD4 in UDUTH and SHS. Prompt resupply of EDTA vacutainer tubes from the Abuja office to these sites helped in a great measure to boost availability and services delivery.

Optimization of Viral Load Service Delivery

Following the need for optimal utilization of stock within seven months expiry (September 2015), the state team instituted a Viral Load Optimization Strategy to ensure maximum benefit to the supported populace. These coordinated efforts resulted in an increased utilization and have brought down the currently stock status to 4.8 months of stock (480 tests). It is much hopeful that with current efforts sustained, the remaining stock would be exhausted for maximum benefit of the supported populace and waste due to expiry prevented.

Redistribution

Supported facilities are generally stable in terms of commodities availability owing to adequate replenishment of ARVs, OIs, laboratory reagents and consumables supplied; and LMD for cold chain items (CD4, PCR) completed in early June. However, there were shortages of EDTA vacutainer tubes necessitating redistribution across the facilities especially to UDUTH in order to sustain the Viral Load Optimization services and SHS for the benefit of the large number of clients requiring CD4 services.

Table 14: Summary of inter facility redistribution

Commodities	Units	Volume (m ³)	Weight (Kg)	Value (\$)	Value (N)
ARVs/OIs	104	0.0517	11.37	585.36	115,315.92
Laboratory Reagents & Consumables	14	0.0212	4.0836	420.82	82,903.00

IR 3. Strengthened public/CSO and community enabling environments

Health Systems Strengthening

The team supported HSMB to lead a joint supportive supervision to 5 health facilities and also helped to develop a state action plan for structures supervisory visits.

Resource mobilization training of 20 key stakeholders drawn from various ministries, CSOs, CBOs, networks and community leaders was conducted and a state resource mobilization plan and resource mapping for HIV/AIDS services was developed.

To influence and sustain improvements in health and HIV/AIDS services in the state the team engaged with the thirty newly inaugurated State legislators in collaboration with USAID RTI/LEAD project to increase state government responsiveness towards sustainability of PEPFAR support for HIV/AIDS in the state.



Sokoto State Speaker House of Assembly and his Deputy at the meeting

The team also provided TA to Sokoto SACA to pay an advocacy visit to His Excellency, the Executive Governor of Sokoto State where the need for increased ownership of HIV response was made very clear to the governor specifically, considering gradual transitioning of some services by USAID through MSH.

Monitoring and Evaluation

M&E team provided technical support to the facility M&E staff and data clerks to ensure improved documentation and reporting across thematic units within the facility.

The M&E team visited all comprehensive/feeder sites and administered SIMS, identified and proffered solutions to challenges.

Data Quality Assessment was conducted within this period in 3CCTs (MAWCH, Holy Family and UDUTH). Some of the findings include:

- I. ART care card not completely filled
- II. Incorrect used of client intake form
- III. Improper client folder filling system-folder are not filed according to unique IDs
- IV. Some missing monthly summary form (MSF).

The DQA performance result across the component is as in the table below.

Table 25: DQA performance by component in Sokoto

States	Data Availability	Data Consistency	Data Validity	M&E Systems	Average Score	Rating
Sokoto	81	63	38	70	63%	3rd

Follow up actions were drawn up and immediate actions were taken. Some of the follow up actions were:

- I. Follow up with the M&E officers and data entry clerks to ensure that data are correctly transcribed from the patients' folders to the registers.
- II. Improve client filing systems-file folders according to the unique IDs.
- III. Continuous on-site mentoring and supportive supervision.

Zamfara State

Overview

During the quarter, the Zamfara team focused on improving the quality of service delivery across supported health facilities. Full integration of HIV services into the mainstream hospital operations was achieved at Federal Medical Centre, Gusau.

Using the retention calendar, retention of ART has slightly improved from **67%** reported in FY15Q2 to **69.6%** in FY15Q3. This is also partially due to intensified tracking at some facilities.

In the area of co-ordinating HIV/ AIDS activities at the LGA level, Gusau Local Government is to held its inaugural meeting of LACA stakeholders and developed a work plan for the next quarter of the year.

Implementation Status

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

Community Services/Prevention

HTC Services

As part of efforts to transition HTC services to the health facilities, a follow up was done on the usage of RTKs distributed from SACA to ensure proper documentation and accountability.

Another batch of RTK was made available by SACA to other health facilities that have not been supported by Pro-ACT. 170 packets of Determine and 810 Unigold and 130 Stat-Pak were distributed to 13 MSH supported facilities by ZamSACA.

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

Community Services

PHDP Services

A 5-day ToT on PHDP was conducted for Pro-ACT technical staff, 2 facility staff from FMC Gusau and GH Shinkafi and 1 Support Group member. This was aimed at improving delivery of PHDP services across Pro-ACTsupported CCT sites. Trained personnel will facilitate the state based PHDP training .

Table 26: PHDP services by HFs in Zamfara

<u>Facility</u>	<u># of Clients who received PHDP services</u>		<u># of active referrals made</u>
	<u>Males</u>	<u>Females</u>	
<u>FMC Gusau</u>	<u>26</u>	<u>45</u>	<u>9 (referred for STI treatment)</u>
<u>GH Shinkafi</u>	<u>41</u>	<u>87</u>	<u>2</u>
<u>Total</u>	<u>67</u>	<u>132</u>	<u>11</u>

Clinical Services

Quality Improvement

Monthly QI meetings were held in 3 of the CCTs. The 4th CCT, FMC Gusau, had an ongoing local strike action in the hospital. The QI project in Yerima Bakura Specialist Hospital was to increase CD4 assessment among adult clients from **14%** to **60%** by July 31 2015. The strategies were to test for clients whose last CD4 test was 5 months or more and also increase the number of test days to 2 days a week. Last assessment showed that CD4 requests are at about **90%** of the eligible adult population.

FMC Gusau’s QI project was to increase TB screening of adult clients from baseline **61%** to **90%** by June 31st 2015. This was achieved. Strategies used were task shifting to ART nurses who were trained to screen GOPD clients and training GOPD doctors on ART service delivery. GH Shinkafi’s QI project was to increase TB screening among adult clients from **79%** to **91%** by end of July 2015. This has been surpassed and presently a current rate is **95%** screening rate has been achieved. This was achieved by training more ART nurses at the facility to screen the clients for TB.

GH Kaura Namoda planned to ensure every client presenting to the clinic is screened, to achieve 100% from 91% screening rate by July 31 . The strategy was to train more ART nurses and ensure that they document in the care cards. This is yet to be achieved as the current rate is still **90%**, a month ahead of targeted deadline. The slight set back was due to the death of the TB focal person who also assisted in seeing clients. The new TB focal person is still undergoing continuous mentoring.

TB/HIV

Case Finding and infection control

The TB screening rate was scaled up in all the facilities due to the QI projects focused on TB screening. Plans are being made to optimize TB screening in Yerima Bakura Specialist Hospital that had a low value. A fully functional infection control committee has been set up in GH Shinkafi. The committee conducts routine facility assessment and ensured proper segregation of sharps by providing sharp bins at every ward.

Table 27: Table Screen result by HFs in Zamfara

Facilities	Clinic attendance	Screened for TB	TB suspect	TB confirmed	Started treatment
<u>FMC</u>	<u>751</u>	<u>595</u>	<u>33</u>	<u>12</u>	<u>9</u>
<u>YBSH</u>	<u>104</u>	<u>21</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>GH KAURA</u>	<u>353</u>	<u>317</u>	<u>7</u>	<u>0</u>	<u>0</u>
<u>GH SHINKAFI</u>	<u>134</u>	<u>124</u>	<u>3</u>	<u>0</u>	<u>0</u>

147 sputum samples were sent for Gene Xpert test, 46 tested positive for TB with 5 of them identified as MDRs. Only 25 of samples had known HIV status. Plans are being made for the laboratory to reject samples without known HIV status.

IPT

From the on-going IPT chart review, the defaulter rate is lowest in GH Shinkafi at <5% and highest at FMC with over 40%. There was a significant defaulter rate on IPT at FMC Gusau because the prescription pattern was not properly followed. Plans have been made to ensure that all clients on INH have their 6 month drugs packed separately to avoid such occurrence.

Table 28: IPT implementation status across supported sites

Facility	# started IPT April to June	# completed IPT April to June	# started IPT since inception	# completed since inception	stock remaining
----------	-----------------------------	-------------------------------	-------------------------------	-----------------------------	-----------------

FMC	15	45	Yet to be collated	Yet to be collated	222
GH KAURA	27	5	96	65	11
GH SHINKAFI	37	43	107	68	2
YBSH	8	19	103	26	44

ART

150 new clients tested positive and were enrolled into care. 161 clients were enrolled into ART. Adherence to ART has improved significantly in two of the CCTs; GH Shinkafi and Kaura. The other 2 CCTs- FMC and YBSH have only recorded slight improvement which has been attributed to strike actions by the HCWs and lack of an adherence counsellor respectively. The new adherence counsellor at YBSH is currently undergoing training.

Using the retention calendar, retention on ART has slightly improved over the last quarter. There was an increase from **67%** in FY15Q2 to **69.6%** in FY15Q3. This has been associated with intensified tracking at the facilities.

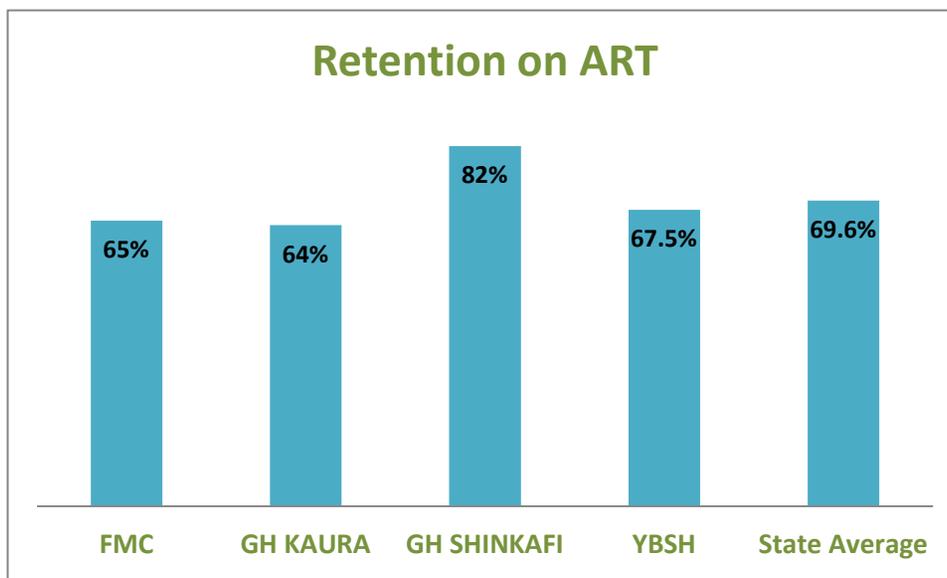


Figure 15: ART retention by HFs in Zamfara

PMTCT

Routine investigations were combined with ANC HIV testing leading to a 1-week delay in getting results at FMC. Advocacy visits were made to HOD Obsgyn, ANC matron and laboratory focal person with the hope that there will be improvement in the coming quarter.

23 DBS samples were collected, 14 sent for PCR analysis and 13 of them have been returned. 3 tested positive and 1 of them has been placed on drugs, the other 2 are still being tracked.

SIMS: The SIMS tool was administered at 3 of the 4 CCTs. Gaps were identified in areas of adherence counselling, lack of SOPs and protocols for service provision. Advocacy visits to hospital management and mentoring of HCWs were done to improve adherence. In addition, posters and booklets on SOPs and protocols were distributed to every service delivery point across the 4 CCTs.

Several challenges occurred during the quarter. This included the inability of the nurses in the maternity ward at YBSH to test for HIV among un-booked patients. All the nurses in the maternity ward were trained to test for HIV.

CMEs: Continuous Medical Education (CMEs) to address gaps identified during site visits were conducted across different facilities in the quarter. They include:

- CME on C & T was conducted with practical demonstrations for 14 nurses and two doctors in the maternity unit were trained in Yariman Bakura Specialist Hospital, Gusau.
- CME was conducted for 12 doctors at the paediatric unit of Federal Medical Centre, Gusau on the importance of the ART care cards and how to fill the cards
- CME was organized for ART nurses, lab scientists and technicians in GH Shinkafi on ART monitoring.
- 2-hours CME training was organized for the maternity nurses and CHEWs in PHC Dauran on C & T and provision of ART in PMTCT setting.

Laboratory Services

Laboratory Revolving Fund Activities/Update

Laboratory reagents and consumables were donated to laboratory units of Pro-ACT supported facilities to support the establishment of a laboratory revolving fund. Also BD FACS presto cartridges were distributed to GH Tambuwal safe and KFWCH Gusau to allow PLHIVs access free investigations.

IQA Activities

The state team monitored and ensured the successful preparations of 196 DTS panel and distributed them to 48 testing points across all Pro-ACT supported facilities in the state. All the results were returned and there was 100% concordance.

Advocacy:

The team paid advocacy visits to HSMB, SMoH and Facility Management to solicit for their support to take the ownership of the supply of reagents and equipment repairs and maintenance of the already handed over equipment such as chemistry and hematology platforms.

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

6 DBS samples were transported to UDUTH this quarter and the results are still being expected. 17 results were received from them via NIPOST with 15 testing negative, 1 testing positive and 1 to be repeated.

IR 3. Strengthened public and private sector enablement for ownership and sustainability

Supply Chain Management Services

Major accomplishments this quarter include:

- Supporting the state LTWG to develop a progress analysis of HIV and AIDS logistics activities in the state.
- Supporting (ZMSACA) to quantify HIV RTKs requirement of supported health facilities.

The following activities were also carried out in this quarter:

- Accurate and timely submission of March – April 2015 bimonthly CRRIRF leading to appropriate Last Mile Distribution of health commodities, thereby ensuring availability of health commodities across facilities and preventing stock outs.
- Redistributed some ARV drugs across health facilities ensuring availability of health commodities across health facilities and prevented stock outs.
- Delivery of Isoniazid 300mg tablets for Isoniazid preventive program at YBSH Gusau
- Retrieval of unusable commodities at the health facilities for the 2015 waste management drive resulting in creation of storage space for commodities at the health facilities.

Health System Strengthening

Gusau LACA Stakeholders Forum

The inaugural meeting was held on the 18th of June. It was fully funded and supported by SACA and had all the stakeholders' in attendance. A work plan for the next quarter was developed and includes:

- Training of all the members on basic facts about HIV
- Advocacy visits to Emir of Gusau to seek for his support to the forum.
- Quarterly review meetings.

NHOCAT Assessment

The team supported ZAMSACA, CSOs and line ministries to conduct the 2015 NHOCAT assessment. Results have been collected from all the Pro-ACT supported CSOs and others are yet to be received from ZAMSACA who is the co-ordinating body. Reports collected are shown below:

Table 29: NHOCAT Assessment Scores

Organization	1st NHOCAT Score (%)	2nd NHOCAT score (%)	%Increase/Decrease
FHF	<u>52</u>	<u>71</u>	<u>26.8</u>
MDC	<u>62.5</u>	<u>75.0</u>	<u>16.7</u>
FULPEL	<u>20.5</u>	<u>48.8</u>	<u>58</u>
BCiCE	<u>56.0</u>	<u>65.0</u>	<u>13.9</u>
SMoH	<u>19.2</u>	<u>31.0</u>	<u>0.1</u>

Result from 5 points shows an average of 23.1% improvement over time.

Monitoring and Evaluation Update

Strengthening monthly data reporting from facility to SACA and MSH office

The monthly data review meeting of health facilities and LACA M&E officers held in May, 2015 accomplished the following:

- i. Review of data completeness and reported into DHIS
- ii. Review of submitted data with monthly summary form and reported data into DHIS
- iii. Review of data accuracy
- iv. Timeliness in reporting data was also discussed
- v. MSH Sr. M&E Specialist gave a lecture on HCT data set indicators using HCT monthly forms to demonstrate to the participants to ensure quality data reporting.

Joint Supervisory visit (administration of SIMS tool)

The following were achieved through the JSVs Engagement of HF staff during the process of administering SIMS tool

- i. HF staff responding to most of the question's during the exercise

- ii. Feedback to HF staff after the exercise to ensure the findings is made known to each head of department
- iii. Actions plans to address issues identified and timelines were spell out
- iv. Follow up action plans by the state team were

Data Quality Assurance

Table 30: DQA result by component in Zamfara

States	Data Availability	Data Consistency	Data Validity	M&E Systems	Average Score	Rating
Zamfara	86	63	71	85	76%	1st

The table above showed the result of the DQA exercise in the state with an average of 76%. The state continues to show improved coordination, high data quality and 100% completeness in reporting via National DHIS eNNRIMS.

Performance against key indicators

Table 31: Zamfara State Quarterly Performance April, 15 to June, 15 versus Targets

Indicators	Quarterly target	Quarterly achievement	Achievement (%)
Output: Number of pregnant women with <u>known HIV status</u> (includes women who were tested for HIV and received their results)	6,397	9,288	145%
Output: Number of HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission	118	42	35%
Number of individuals who received Testing and	16,434	1,0340	63%

Counseling (T&C) services for HIV and received their test results (HCT sites Only)			
TB/HIV: (numerator) Number of HIV-positive patients who were screened for TB in an HIV care or treatment settings	2,026	293	14%
Number of adults and children with advanced HIV infection <u>newly</u> enrolled on ART	371	151	40%
Total number of defaulter who were Tracked	0	191	100%

SOURCE: MSH ZAMFARA STATE DATABASE

Integration of Crosscutting Issues and USAID Forward Priorities

Sustainability Mechanisms

The Pro-ACT project seeks to improve access to quality and efficient HIV/AIDS services through engagement with various institutions providing services in this area of intervention in line with the PEPFAR program implementation shift. The project continues to enhance coordination mechanisms both at state and health facilities level. The project has supported the establishment and the strengthening of capacity for Hospital Management Committees and Quality Improvement Teams in all supported comprehensive care and treatment sites. In order to ensure the sustainability of the Pro-ACT project intervention by government, the project is working in collaboration with different strata of government and non-government actors: CSOs, community leaders, LGAs, SACA and state policy makers to ensure state governments have in their budgetary provisions for supporting transitioned PEPFFAR supported services.

Governance and Leadership

Pro-ACT provided technical support to Kebbi state in inaugurating the State HIV/AIDS Management Team with the active participation of all critical stakeholders (SMoH leadership, SACA, Office of the Governor, CSO leadership, Implementing Partners, religious leaders and womens

groups etc.). The SMT, just like the SMTs in the other states, is working closely with government to ensure mobilization of financial support for the sustenance of HIV/AIDS work in the states.

State Strategic Plans (SSP)

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

Political Commitment

Pro-ACT recognizes the role of political commitment in sustainability and is engaging the new government after the general election and swearing of new government officials across the states. The project participated in the orientation of the newly elected members of Sokoto House of Assembly and discussed with them the need for increased government commitment to provide resources for sustaining Donor investments in health in general and in HIV services in particular. Such engagements are critical in ensuring sustainability of the PEPFAR investments in HIV/AIDS services that would assure the health of beneficiaries and sustainability of project interventions by supported state governments. Pro-ACT recognizes the need for robust fiscal budgetary allocations to supported states and has continued to engage different strata of government and non-government actors to foster a culture of joint stakeholders planning and budgeting for state HIV & AIDS response to sustain the HIV/AIDS response from 2015 and beyond through the process of incremental budgeting by states. Plans have advanced to support the states to develop policy briefs and investment cases to use in defending HIV budgets.

Local Capacity Development

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

The project has continued to support various local capacity development initiatives as part of the effort to transition capacity to host states and local governments. Formal and site based trainings were conducted targeting facility clinical, medical record and laboratory staff, as well as staff

of Community Based Organizations. In addition, the project has continued to provide TA to the Center for Continuous Professional Education (CME) which was established (using grants mechanism) in each of the five states to address the human resources for health gap through coordination of specialized trainings for all cadres of health care workers in the states. The project provided institutional grants to the state government through the State Ministry of Health (SMoH), which is mandated with the responsibility of capacity development of health care workers in the state. The grants help the centers to identify and train a faculty of trainers and also facilitate the accreditation of the center by all relevant health professional regulatory councils. The ToT programs conducted through the State CME faculties' availed more skilled personnel to the respective States to roll out similar trainings in the future.

As part of the local capacity building, the project during the quarter continued to mentor members of the newly formed integrated technical working groups with skills in the comprehensive management of HIV/AIDS and TB programs.

Challenges

- Medical doctors strike actions in some of the facilities impacted on the provision of services and uptake services in the FMCs. The industrial action affected recorded progress and milestones gained in program implementation after recovery from protracted strike action across Q1 & Q2.
- Challenge in tracking activities resulting from wrong residential addresses or phone contact given by clients. To curb these challenges, HTC service providers and other health workers have been mentored to collect complete data before providing services.
- Poor work attitude of non-commitment by health care workers towards the provision of HIV/AIDS services in health facilities, thereby leaving the work for only volunteers. However, there has been continued advocacy, mentoring and support by the team towards ownership and sustainability of the program. A typical example is poor participation of facility Quality Team Members in NigeriaQual data abstraction.
- Poor communication between IPT prescription and dispensing point which accounted for appreciable default on IPT prescription.
- Poor drive by SACA/LACA towards ownership such as Niger SACA
- Perceived stigma arising from non-integration of ART services into existing hospital plans in some supported facilities as those facilities started off that way and they are finding it difficult to integrate. A typical example is the ART medical record in GH Minna, Niger state that is separate from general medical records.
- Frequent equipment breakdowns due to aging equipment across sites affected access to laboratory services and patient management

- SACA/LACA M&E staff skills are still poor and affects data quality. This sometimes necessitates project staff to collect data from facilities on their own.
- High equipment down time which continues to negatively impact the utilization of available reagents within Pro-ACT supported facilities.
- Expiration of donated reagents and consumables intended to supplement the LRF program across the facilities could not be utilized and in some instances expire on such facilities because of faulty equipment.
- CD4 reagents and EDTA tubes stockout: sample logging was instituted in facilities that had stock outs and in referral laboratories without equipment.
- Reduced government revenue arising from the fall in oil prices negatively affected governments' ability to budget sufficient resources for HIV activities
- Documentation challenges with the disaggregation of samples sent for GeneXpert analysis into PLHIV and non- PLHIV samples sent from the referral facilities. Competing priorities of facility Quality Team Members led to reduced participation in quality improvement activities.
- Poor documentation skills in health facilities has been affecting the output of data recording
- There was delay in the re-supply of March –April, 2015 cycle by JSI/SCMS.
- Stock out of data collection tools such as ART/Care card, HIV client-intake form and HCT register: some of the tools were provided where MSH could and others were printed.
- Short dated CD4 reagents for BD Facs Presto supplied to facilities which eventually expired and disrupted CD4 service provision in the affected facilities.
- HIV patients had to pay out of pocket for chemistry and haematology investigations due to lack of the laboratory revolving fund in many of the facilities.
- Inadequate Human Resource for Health in all the supported facilities leading to burn-out of the few service providers.

Planned Activities for Next Quarter

Community Services

- Continuous review and mentoring to SLAs founded by support groups and CSOs till they close out.
- Continue to work with clinical and M&E teams to intensify clients tracking to achieve an increase in client retention rate across all supported facilities.
- HTC refresher training.

- Attend training on HES and VC and conduct step down on VC and HES for the CSOs.
- Engagement of CSOs for VC and community PHDP services across Pro-ACT supported states.
- To support PHDP step down training to relevant stakeholders.
- Scale up the study on retention challenges to Kwara, Kebbi, Sokoto and Zamfara.

Clinical Services

- Improve EID services at supported facilities by continuous mentoring and strengthened logistics support for sample transport.
- Continued advocacy to facility leadership to take up support of laboratory services for PLHIV.
- Continued use of the SIMS tool for mentoring and supervisory activities across all Pro-ACT-supported sites.
- Continued advocacy visits to respective SMTs to lead Quality Improvement activities at the state level, and to facility leadership at all supported Comprehensive Care & Treatment Sites to ensure continuous support for QI activities.
- Conduct a stakeholders meeting with CMDs of 41 supported CCTs to review progress of NigeriaQual implementation in 5 supported states.
- Review of all on-going QI projects and initiation of QI projects based on Cycle 3 performance measures in remaining facilities where pending.
- Commence & complete data abstraction and reporting of NigeriaQual (January – June 2015 Reporting Period) in July 2015.
- Train data clerks across Kwara, Kebbi, Sokoto and Zamfara States on upload of NigeriaQual data
- Follow up on the support, treatment and care TWG post training plans across the five states.
- Conduct ART / client retention training for treatment and care TWGs members and HCWs across MSH supported facilities.
- Synergize with the community team to improve adherence counselling , tracking activities, targeted screening, and client linkage & referrals.
- Ensure uninterrupted access/refill of ARVs, laboratory services for CD4 and Viral Load assessment, proper ART switching, adherence counselling, and tracking.
- Provide hands on mentoring to Clinical specialist on ART cascade gap analysis.
- Develop and roll out standardized clients' clinical documentation checklist to enhance HCWs activities,
- Request for more SOPs from the FMOH,
- To transfer DBS samples from sites in Kwara to other contiguous PCR laboratories for analysis, until industrial crisis in Ife is resolved.
- To review and improve tracking and retention strategies for exposed infants in all supported facilities.

Laboratory Services

- Hold a Laboratory Review Meeting to new PEPFAR guidance in respect of transitioning Laboratory capacities in Nigeria.
- Intensify technical assistance to laboratories in tertiary health facilities in their preparedness towards institutionalizing quality management systems and preparedness towards accreditation as recently mandated by the FMOH.

- Continue to support the States to strengthen the LRF programs.
- Continue to support the states in their to improve on the HCWM/IS/BS practices.
- Continue to provide site support monitoring services to the 16 CCT laboratory units for sustainable quality improvement with focus on documentation, equipment safety and best practices.

SCM

- Continue to work with the DPS to facilitate the implementation of Logistics TWG resolutions in Sokoto State.
- Work with the state LMCU to coordinate and collect the May/June 2015 Bimonthly LMIS reports across all supported sites.
- Follow up on the DDPS on securing store space within the newly commissioned Specialist Hospital Sokoto site.
- Follow up on UDUTH on HR challenge at the ART Pharmacy.
- Follow up on Phase 4 Unification team to ensure prompt and adequate replenish of LMD to supported sites.
- Work with the DPS to facilitate the next meeting of TWG on Logistics in Sokoto State.
- Continue to work with UDUTH to continuously improve on the degree of compliance with GON regimen streamlining directive.
- Continue to build capacity of the Health Facility workers to improve their efficiency of commodities management.
- Continue to provide quality hands on mentoring and supportive supervision to sustain improved service delivery and documentation.

Health System Strengthening

- Develop a draft integrated supervisory checklist for the Hospital Management Board featuring the inclusion of financial, project management and policy & practice segments of the PEPFAR SIMS tool.
- Continue to engage with the professional health councils to attain CPD provider status for the pending Centre's.
- Support Kebbi and Kwara States SACAs to facilitate inauguration of LACA stakeholders' forum in 2 LGAs each.
- Support HMB facilitates the development of health facility- based operational plan across 3 states.
- Skills transfer sessions to SMT members through joint supervisory visits.
- Continue capacity building of State AIDS Control Agencies and SMOH technical teams on writing compelling memos to facilitate funds release and also support states to develop policy briefs and investment cases to defend the HIV/AIDS budget.

M&E

- Build the capacity of data entry clerks in the 41 CCT sites to collect correct and accurate data and use analyzed data for decision making.
- Work closely with the EMR Consultants on the next process towards final deployment of the software in the 3 health facilities.
- Plan for another round of DQA exercise in August ahead of APR to cover outstanding CCT sites

- Continue to provide support to the State M&E teams to improve the quality of data reported.
- Build the capacity of medical records staff in the 41 CCT sites in order to collect correct and accurate data and use analyzed data for decision making.
- Step down training on DHIS/DATIM to all health facility M&E officers, LACA M&E officers and both SACA and SMoH M&E officers.
- Provide necessary guidance and support for all M&E-related activities in the state to achieve sustainable M&E system.
- Continue to liaise with clinicians in ensuring client information are accurately documented in the ART care cards, and also with health facility personnel in populating the registers.
- Finalize internal data quality assessment and validation of client using RADET tool.
- Engage another OR consultant to commence deeper evaluation of clients' treatment outcome for operations research.
- Continuous follow-up with State SACA, SASCP, SMoH, and LACA M&E officers to strengthen and sustain 100% data reporting rate via National DHIS eNNRIMS platform.
- Provide support for the SIMS exercise.
- Mentoring and supportive supervision to health facilities for transfer of skills and ensure quality data documentation, reporting for ownership and sustainability including the new USG MER guidelines.
- Training of SACA/HMB staff on procurement forecasting towards skills transfer to ensure no tools stock out.

Performance Monitoring Plan: Progress Summary

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
Intermediate Result (IR):14.1Increased 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	Pro-ACT Database	COP 08	21	198	198					100%	Y
Indicator #P1.1.D Output: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Pro-ACT Database	COP 08	30,260	159,941	135580	41578	42255	51747	0	84%	Y
(Denominator) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	Pro-ACT Database	COP 08	New indicator	5,236	1759	489	562	703	0	34%	N

Indicator #P1.2.D Output: Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	Pro-ACT Database	COP 08	399	2,970	1674	456	542	676	0	56%	N
Numerator: Number of infants who had a virologic HIV test within 12 months of birth during the reporting period	Pro-ACT Database			2,970	575	100	170	305	0	19%	N
Number of infants born by HIV+ pregnant women	Pro-ACT Database			0	1086	321	315	450	0		
Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	Pro-ACT Database			57%	53%	31%	53%	67%	0	53%	N
Sub-IR:Prevention/Testing and Counselling											
Indicator # P11.1.D: Output: Number of individuals who received testing and counselling services for HIV and received their test results (including PMTCT)	Pro-ACT Database	COP 08	114383	581379	304894	107,953	87,052	109889	0	52%	N

Indicator # P11.1.D: Output: Number of individuals who received testing and counselling services for HIV and received their test results (HCT Sites Only)	Pro-ACT Database	COP 08	114383	410585	166043	65,053	44,023	56967	0	40%	N
Indicator #P11.3.N: Outcome: Percentage of health facilities that provide HIV testing and counselling services	Pro-ACT Database			100%	100%					100%	Y
Sub-IR:Care/"Umbrella" Crae Indicators (formerly Adult Care and Support)											
Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services (Newly enrolled)	Pro-ACT Database			12,000	17842	0	17842	0	0	>100%	Y
Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (DSD)	Pro-ACT Database			40,000	10293	0	10293	0	0	26%	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	Pro-ACT Database	COP08	8031	56,296	52,822	50,054	51,410	52,822	0	99%	Y

Sub-IR: Care/Clinical Preventive Care Services - Additional TB/HIV												
TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	Pro-ACT Database			90%	36%	31%	30%	60%	0%	45%	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	Pro-ACT Database			48,254	20543	11153	4757	4633	0	52%	N	
Numerator: The number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	Pro-ACT Database	COP 08	927	2,515	220	38	53	129	0	9%	N	
Denominator: The number of registered TB cases with documented HIV-positive status during the reporting period	Pro-ACT Database				272	72	79	121	0			
Sub-IR: Treatment/ARV Services												
Indicator #T1.1.DOutput: Number of adults and children with advanced HIV infection newly enrolled on ART	Pro-ACT Database			11,538	5021	1694	1517	1810	0	44%	N	

Indicator #T1.2.D Output: Number of adults and children with advanced HIV infection receiving ART therapy	Pro-ACT Database			35,744	32,932	30967	31688	32,932	0	92%	Y
Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	Pro-ACT Database			9801	0	0	0	0	0	0%	
Indicator #T.1.3.D Number of adults & children who are still alive and on treatment at 12 months after initiating ART	Pro-ACT Database			8331	0	0	0	0	0	0%	
Indicator #T1.4.D Output: Number of adults and children with advanced HIV infection who ever started on ART	Pro-ACT Database				51448	49566	51083	51448	0		
Indicator # T.1.5.D Output: Number of health facilities that offer ART	Pro-ACT Database			41	41					100%	Y

Intermediate Result (IR):14.2Increased access to quality HIV/TB services, practices and products in selected States											
Sub-IR: Health Systems Strengthening/Human Resources for Health											
Indicator # H2.3.D: Output: Number of health workers who successfully completed an in-service training program					1917	1446	440	31	0		
Sub-IR: Health Systems Strengthening/Laboratory											
Indicator H1.1.D: Outcome: Number of testing facilities (laboratories) that are accredited according to national or international standards	Pro-ACT Database	COP 08	17	41	41					100%	Y
Sub-IR: Health Systems Strengthening/Medical products - ARV Drugs											
Indicator #H5.3.N Outcome: Percentage of health facilities providing ART that experienced stock-outs of ARV in the last 12 months						0	0	0	0	0%	Y
Intermediate Result (IR):14.3Strengthened public, private and community enabling environments											
Sub-IR: Systems strengthening of States and Local Governments to decentralize HIV/AIDS service delivery											
Output: Number of state and local governments with strategic plans that are costed and have performance monitoring plans with clear targets and indicators (LMS Indicator Menu). Costed plans showing contributions of state and local government and their partners	Program Report	COP 08	0	5 States	5 States					100%	Y

Output: Number of states and local governments who have annual operational plans for the current year with budgets that are used to monitor activities and outputs (LMS Indicator Menu)	Program Report	COP 08	0	5 States	5 States					100%	Y
Monitoring and Evaluation											
Output: Number of state governments and LGAs demonstrating increased capacity for using data for decision making (LMS Indicator Menu)	Program Report	COP 08	0	5 States	5 States					100%	Y
Overall Health Systems Strengthening											
Output: Number of local organizations (including grassroots CSOs and other CSOs) provided with technical assistance for HIV-related institutional capacity building (PEPFAR indicator 14.3)	Program report				22	5	22	0	0		
Sub-IR: Small Grants Program for grassroots organizations											
Output: Number of CSOs receiving grants to deliver community HIV/AIDS services linked with health facilities	Program report				22	5	22	0	0		
Output: Number of CSOs awarded new grants					0	0	0	0	0		

Sub-IR: Quality Assurance of health and HIV/AIDS services									
Output: Number of states in which a system for quality assurance has been institutionalized and maintained (LMS Indicator Menu)	Program Report	COP 08	0	5 States	5 States			100%	Y

***Data quality checks over the quarter revealed a number of under/ over reporting and were adjusted in the current reporting period to avoid cumulative under or over reporting effect following best practice

Success Story

LEADERSHIP DEVELOPMENT PROGRAM STRENGTHENS LABORATORY ASSOCIATIONS IN NIGERIA



Photo credit: Gwenn Dubourthoumieu - Niger State, Nigeria

To increase country ownership and sustainability of laboratory services and programs, the USAID-funded Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT) project, led by MSH, identified the need to develop the program leadership and management capacity of local medical laboratory associations in Nigeria.

The Pro-ACT project organized a five-day version of the Leadership Development Program (LDP) to accommodate executive members of the Association of Medical Laboratory Scientists of Nigeria (AMSLN) at national and state levels in five Pro-ACT supported states (Kebbi, Kwara, Niger, Sokoto, and Zamfara), and for the Guild of Private Medical Laboratory Directors (GMLD).



Executive Members of AMLSN, GMLD and MSH staff at the Leadership and Development Program (LDP) workshop held in Minna, Niger State.

The objective of the workshop was to increase the leadership capacity of the associations to become innovative and creative facilitators of change within the health sector.

The workshop was structured using an experiential learning approach. Group exercises and discussions stimulated active participation and interaction. Program participants created a shared vision for accomplishing the mission of their organizations. Together, each team identified a laboratory improvement result to achieve in six months, and by the end of the program, each team had an action plan for achieving their results. Action plan implementation was conducted under close mentorship provided by the Pro-ACT Laboratory Unit.

At the end of the six month period, an end-line assessment was conducted to assess the extent of implementation of the teams' action plans, and achievement of their measurable results.

Teams achieved results in the following areas:

- Improving quality of medical laboratory service delivery;
- Increasing number of directorates of medical laboratory services in 9 state ministries of health and federal health institutions;
- Increasing implementation of 2 selected quality system essentials practices in 13 pilot laboratories; and
- Increasing the number of qualified medical laboratory practitioners in Kebbi and Sokoto states.

To help ensure the success of their projects, teams used radio messages to sensitize the public about their activities. They also shared the skills they learned in the LDP with their colleagues, a signal that participants valued the skills they learned, and will continue to use them to strengthen laboratory services beyond the life of the Pro-ACT project.