

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

Quarterly Progress Report, January – March, 2014

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

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

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

Quarter 3 Progress Report January through March 2014



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Prevention organizational systems AIDS Care and Treatment Project

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TABLE OF CONTENTS

<i>Acronyms</i>	3
<i>About the Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT)</i>	5
<i>Executive Summary</i>	7
<i>National Level Activities</i>	9
<i>Kebbi State Activities</i>	16
<i>Kwara State Activities</i>	21
<i>Niger State Activities</i>	28
<i>Sokoto State Activities</i>	34
<i>Zamfara State Activities</i>	40
<i>Pro-ACT Monitoring And Evaluation PMP FY'14 Quarter 2</i>	45
<i>Success stories</i>	52
<i>Appendix: REPORT OF PMTCT FACILITY ASSESSMENTS IN NORTHERN SENTORIAL ZONE OF NIGER STATE HELD ON 19th February– 5th of March 2014</i>	54

ACRONYMS

AB	Abstinence Be faithful prevention strategy
ACT	AIDS Care and Treatment (MSH Project that preceded Pro-ACT)
AFB	Acid Fast Bacilli
ART	Anti-retroviral Therapy
ARVs	Anti-retroviral drugs
CCT	Comprehensive Care and Treatment
CHPCE	Centre for Health Professional Continuing Education
CME	Continuing Medical Education
CSO	Civil Society Organization
DBS	Dried Blood Spot
DHIS	District Health Information System
DOTS	Directly Observed Therapy Short Course (for TB)
EID	Early Infant Diagnosis (for HIV-Infection)
EMS	Expedited Mail Service
EQA	External Quality Assurance
HIV and AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HRH	Human Resources for Health
HSMB	Health Services Management Board
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
INH	Isoniazid
IP	Implementing Partner
IPT	Isoniazid Preventive Therapy
IR	Intermediate Result
LDP	Leadership Development Program
LGA	Local Government Area
LMS	Leadership, Management and Sustainability Program of MSH
M&E	Monitoring and Evaluation
MARPs	Most at Risk Populations (for HIV)
MPPI	Minimum Prevention Package Interventions (for HIV)
MSH	Management Sciences for Health
MTCT	Mother to Child Transmission
NACA	National Agency for Control of AIDS
NASCP	National AIDS and STI Control Program (of the Ministry of Health)
NHOCAT	National Harmonized Organizational Capacity Assessment Tool
NIPOST	Nigerian Postal Service
OI	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PEPFAR	US President's Emergency Plan for AIDS Relief
PHC	Primary health care
PITC	Provider-Initiated Testing and Counselling
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
Pro-ACT	Prevention organizational systems AIDS Care and Treatment Project
QI	Quality Improvement
RTKs	Rapid Test Kits (for HIV)
SCMS	Supply Chain Management System
SACA	State Agency for Control of AIDS
SHMB	State hospital Management board
SLQMTT	State Laboratory Quality Management Task Team

SMoH	State Ministry of Health
SMT	State Management Team
STI	Sexually Transmitted Infection
TA	Technical assistance
TB	Tuberculosis
TBL	Tuberculosis and Leprosy
TWG	Technical working group
UDUTH	Usman Danfodio University Teaching Hospital
USAID	United States Agency for International Development
USG	United States Government

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

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

Pro-ACT Project
Quarterly Progress Report
January – March 2014

ACTIVITY SUMMARY
Implementing Partner: Management Sciences for Health
Activity Name: Leadership Management Sustainability – Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT). Management Sciences for Health (MSH)
<p>Activity Objective: To build the capacity of Nigeria’s public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated with the health system:</p> <ol style="list-style-type: none"> 1. To increase demand for HIV/AIDS and TB services and interventions, especially among target groups. 2. To increase access to quality HIV/AIDS and TB services, practices, and products in selected states 3. To strengthened public, private, and community enabling environments
USAID/Nigeria SO: SO 14 (Increased Nigerian Capacity for a Sustainable HIV/AIDS and TB Response)
Life of Activity (start and end dates): July 16, 2009 – July 15, 2015
Total Estimated Contract/Agreement Amount: \$81,191,741
Obligations to date: \$52,759,503
Current Pipeline Amount: \$2,956,882
Accrued Expenditures this Quarter: \$3,831,936
Activity Cumulative Accrued Expenditures to Date \$49,304,307
Estimated Expenditures Next Quarter: \$4,406,726
<p>Report Submitted by: Makumbi Med, Project Director</p> <p>Submission Date: <u>April 30,2014</u></p>

EXECUTIVE SUMMARY

Management Sciences for Health (MSH) through the USAID funded Pro-ACT project continues to support the government of Nigeria in the scale up of HIV care and treatment services in five focus states. Pro-ACT has continued to work towards its 3 key result areas; 1) improving government stewardship of HIV, AIDS, and TB Programs, 2) supporting healthcare workers to own and deliver qualitative HIV/AIDS, and TB services using an integrated approach, and 3) building partnerships with communities and CSOs to improve their response to HIV, AIDS, and TB in homes and communities.

During this quarter work to strengthen facilities and to improve quality of services continued at all supported sites. An assessment of inherited sites to verify the status of sites and confirm their capacity to deliver PMTCT services was conducted. The assessment revealed that a significant number of sites in Niger (78) and Kwara (7) did not meet the agreed criteria to be classified as PMTCT sites. Consequently these sites (85) have been delisted from the list of supported sites.

During the quarter the project formalized a relationship with the Usman Danfodio University Teaching Hospital (UDUTH) Sokoto through signing a letter of understanding (LOU). The process leading to the signing of the LOU was long and protracted but the final product was agreeable to all those involved and it clearly spelled out the different role and expectations of each of the parties.

In preparation for transitioning activities to state, local governments and to the community, the project embarked on the process of supporting states to develop their sustainability plans during the quarter. Kwara state was the first to be supported to develop such a plan - an activity that involved a cross section of state stakeholders. This activity is being replicated in the other states as well and we expect that by end of June, three of the supported states will have sustainability plans in place.

Both in Kwara and Sokoto, State Management Teams (SMTs) have been inaugurated and are now operational. These are the government mandated structures for coordinating HIV/AIDS activities in the states and Pro-ACT will continue working with them and strengthening them further in the coming period. The remaining three states will have their SMTs inaugurated in the next quarter.

The USAID Mission Director visited Sokoto and had productive engagements with state government officials and other stakeholders. He also spent some time at the UDUTH facility where he acquainted himself with USG supported services provided at the facility. One key outcome from this visit has been the increased collaboration between MSH Pro-ACT and the JSI-TSHIP project. Both projects have started discussions and are planning joint activities with the aim of engaging the state government and ensuring that the state's health indicators, particularly in MNCH, improve.

The project benefitted from several STTA visits from home office based technical and management staff. MSH's CEO, Dr. Jonathan Quick, visited the country from Feb 23 - 28. During his visit he went to Niger and interacted with the State Governor, State Ministry of Health (SMOH) officials and also spent some time at one of the supported facilities – Minna General Hospital to acquaint himself with the work MSH Pro-ACT is supporting in the state. Ms Joy Kolin, Director in the Center for Leadership and Management and home office backstop for Pro-ACT (and PLAN-Health) also visited the project and spent two weeks with the team providing support in several areas including reporting, planning and she also held discussions with USAID on issues related to the project. Dr. Scott Kellerman, MSH's Global Lead for HIV/AIDS visited the project and provided input to the Project's PMTCT and Pediatric HIV care and treatment activities. He also helped facilitate a CME session in Sokoto for health care workers from one of our supported facilities – UDUTH.

During the quarter, MSH Nigeria worked closely with the home office to address some of the issues that have, in the past, led to high staff turnover. In particular the MSH salary scale was reviewed and brought in line with scales of other similar organizations in the country. Consequently staff salaries

have been aligned with the new scale and we hope this will improve staff morale – a critical factor for the remaining period of the project.

Regarding overall project performance during the quarter, the project performed well on some indicators and not so well on others. In prevention, the project has surpassed almost all targets save for the number of MARPs reached with prevention interventions. In PMTCT, with a cumulative total of 109,209 pregnant women counselled and tested as at the end of the quarter, we have reached 68% of the revised FY 14 target and we are likely to meet the entire target before the end of the year. The major areas where the project is behind targets is on the number of HIV positive pregnant women put on prophylaxis. This is explained by the low HIV prevalence rates in the states we are working in. TB/HIV indicators improved minimally owing to several factors including poor documentation, human resources for health shortage, and a lack of commitment from some health care workers.

Recently PEPFAR Nigeria announced some changes in the program's strategic focus in Nigeria. The major change affecting Pro-ACT communicated by PEPFAR is bringing to halt activities related to scaling up treatment and PMTCT services in what is referred to as the maintenance states – a category of 29 states including all Pro-ACT supported states. In the coming quarter, the project will be reprogramming its activities to ensure consistency with the new PEPFAR guidance.

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

Health Systems Strengthening

MSH Pro-ACT continued its effort of ensuring that supported states and local governments mount an effective and coordinated response to HIV/TB, successfully developed and costed operational plans for HIV/AIDS/TB, and link plans to state budget cycles. To this end, Pro-ACT as a lead implementing partner (IP) technically supported all the five Pro-ACT state (Niger, Kwara, Kebbi, Sokoto and Zamfara) SACAs to develop and cost 2014 annual unified operational plans for the states. Outputs of the technical support provided to the supported states were in cooperation with all implementing partners working on HIV/AIDS operational plan into the state HIV/AIDS response plan which will serve as coordination, resource mobilization and monitoring tool for the SACAs.

In an effort to improve the human resources for health (HRH) gap and institutionalize specialized trainings for HRH of all cadres into the existing state health systems, Pro-ACT issued grants to support the remaining four supported states (in addition to Niger that already received this grant) to establish Centres for Health Professional Continuing Education (CHPCE). The purpose of these centers is to build the institutional capacity of the state governments for the State Ministries of Health (SMOH) to own, manage and coordinate health worker training which will lead to better service delivery. The grantee institutions will coordinate trainings of HIV/AIDS/TB service providers with trainers drawn from a mix of public and private organizations. Within the reporting period, the health system strengthening (HSS) grant process for the four additional states was finalized with the signing of grant agreements and commencement of 12 months implementation plan.

Clinical HIV/AIDS Services

During the quarter, the Pro-ACT clinical team focused on sustainable quality service delivery in all the 41 supported comprehensive care and treatment sites in the five states (16 in Niger, 8 in Kwara, 6 in Kebbi, 7 in Sokoto and 4 in Zamfara). To bridge service quality gaps, a training needs assessment was conducted in two program areas - TB/HIV and Quality Improvement. 80 health care workers were trained in the two program areas to support facility level strengthening of quality improvement processes, activities and infection prevention control. Scale up of quality improvement activities to transitioned states and sites' including baseline data collection on critical elements of quality care for performance measurement was conducted in 50% of the comprehensive care and treatment sites. Further, to enshrine quality improvement in Niger state, stakeholders from the SMOH; State Agency for the Control of HIV/AIDS (SACA); the Department of Public Health Statistics and Planning were engaged to constitute multi-disciplinary team to support state and facility level quality program drive.

PMTCT program performance indicators were reviewed for all supported facilities in the quarter. Findings of the analysis revealed gaps in service provision across the PMTCT cascade of intervention. These gaps ranged from non-service provision to poor infrastructure and were predominantly found in transitioned facilities from other implementing partners. To address identified gaps, Pro-ACT conducted a 2 phase re-assessment of PMTCT sites to establish the functionality of the sites. Some of the findings from the assessment include but not limited to:

- Several facilities were not providing PMTCT services;
- some facilities served as HTC centers and thus referred clients to other sites for post-test services;
- some facilities lacked the basic infrastructure like delivery rooms in the facility, others had limited space and lacked the manpower to conduct PMTCT activities;

- for some the process of activation did not follow the right steps and as a result, they were not been supplied with PMTCT services commodities.

In response to the findings, we scaled down the number of Pro-ACT supported PMTCT standalone health facilities from 292 to 157 health facilities.

TB/HIV

In the quarter, focused interventions aimed at strengthening collaborative TB/HIV activities with emphasis on constituting infection prevention control in supported comprehensive care and treatment sites. 14 infection prevention control teams (6 in Kebbi and 8 in Niger) were formed in supported CCT sites. To support strategic screening of PLHIV for TB, setting specific TB screening standing operating principles (SOPs) were deployed to 37 CCT sites as part of infection prevention control strategy. In addition 80 health care workers were trained on TB/HIV collaborative activities in five supported states. These two interventions yielded positive changes in the TB program. As shown in the chart below (Fig 1), service uptake increased as reported across the TB/HIV cascade care continuum. Quarter 2 (Q2) data showed a service uptake difference of 525, 120, and 24 compared with Quarter 1 (Q1) for TB screening among PLHIV, identified TB suspect among PLHIV screened for TB and those commenced on treatment following TB diagnosis among suspects respectively. All confirmed TB cases were put on TB treatment.

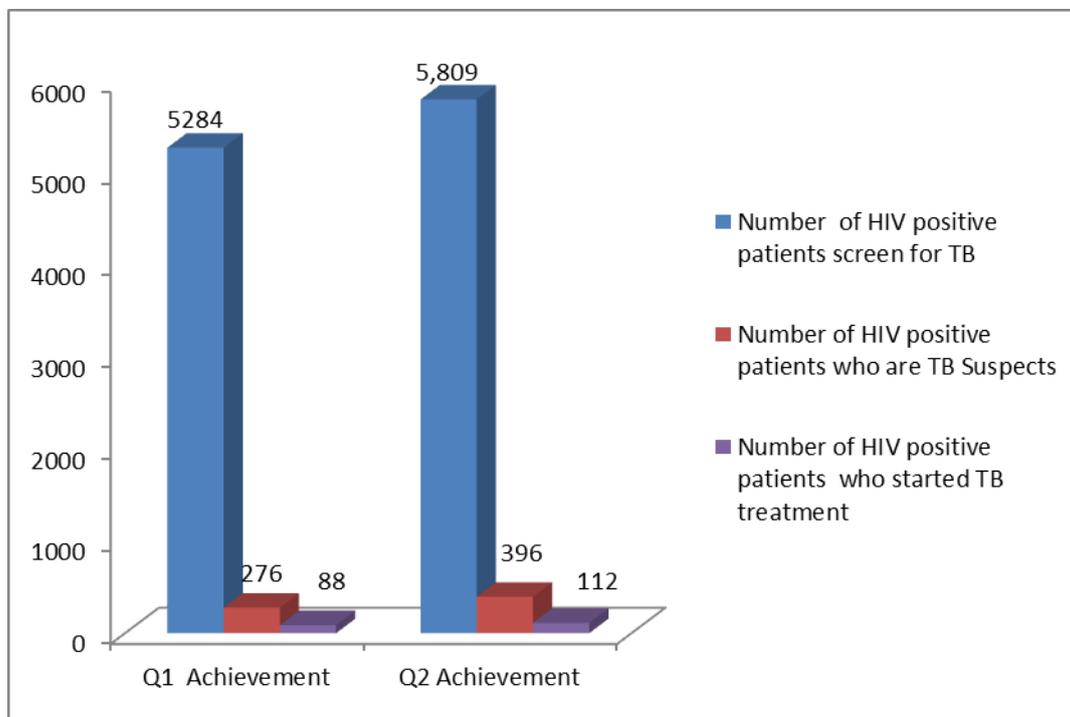


Figure 1 TB/HIV Cascade Progress

During the PEPFAR-USG lead TB/HIV technical working group that took place this quarter, the Pro-ACT clinical team shared strategies with USAID and other implementing partners on Isoniazid Preventive Therapy (IPT) implementation uptake. The MSH team provided updates on the successful role out and scale up of IPT in Niger, Kebbi and Kwara which hitherto has remained a challenge to all implementing partners supporting TB/HIV program. A total of 1,927 PLHIV who screened negative for TB were commenced on IPT over a 6 months period in 11 CCT sites. .

Quality Improvement (QI)

Following a needs assessment conducted in Pro-ACT supported CCT sites in Kwara, Kebbi, and Niger in the previous quarter and capacity building for QI interventions at the facility level, 80 health care

workers were trained on quality improvement from supported CCT sites in Kwara, Kebbi Niger, Sokoto and Zamfara. The focus of the training was on performance data measurement, formation of quality management infrastructures and the implementation of quality improvement activities at the facility level. Quality improvement activities were scaled up to 31 transitioned facilities and sustained in 9 existing facilities. A total of 11 transitioned facilities in Kwara (3) Kebbi (3) and Niger(5) held their maiden QI team meeting following the establishment of the QI with hospital management committee approval.

Existing CCT sites continued to support quality service delivery through monthly reviews of service quality data at the monthly quality improvement team meetings held in 20 facilities including 11 transitioned facilities. Performance measure baseline data collection aligned to the national quality improvement program (NigeriaQual) was collected in over 50% of the supported CCT sites. These data will facilitate facility specific quality improvement projects in Pro-ACT supported states. The MSH clinical team in collaboration with the Federal Ministry of Health set the pace in constituting a multi-disciplinary technical team in Niger state to drive HIV program implementation including quality improvement activities.

ART

During the quarter, ART treatment expansion was aligned with regimen simplification, harmonization, and standardization including 500 T4 cell treatment cut off following national and international recommendations. Pro-ACT continued to scale up the use of TDF 3TC and EFV as first line therapy to all the 40 supported CCT sites in the five states. The Pro-ACT clinical team facilitated this scale up through CMEs and supportive mentoring supervision sessions to the facilities. Tracking interventions were also consolidated including constitution of new tracking teams in select transitioned facilities as a means of enhancing treatment retention vis-a-vis expansion.

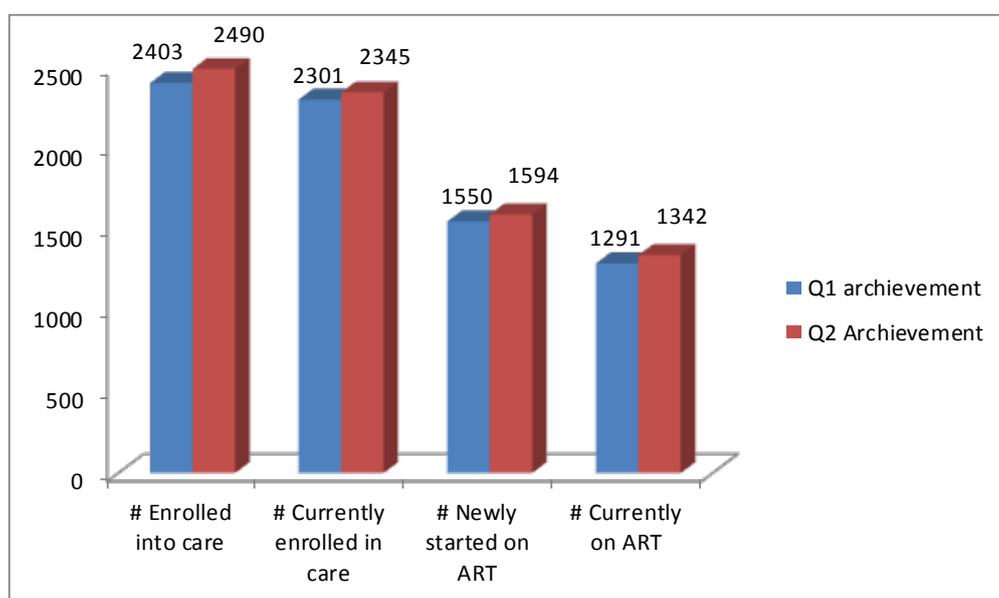


Figure 2 - ART program data progress

From the chart (Fig 2), service uptake increased across tracked indicators. In Q2, the number of patients enrolled into care (2,490) was higher than what was achieved in the previous quarter (2,403). Though the number of patients newly enrolled on treatment in the two quarters (3,144) is still only 27% of the year's target, this quarter's achievements of 1,594 is an improvement over last quarter's. With continued deployment of tracking teams and facility supportive supervision, the 6 month care and treatment retention rate has remained high at 95% and 84% respectively.

The clinical team scaled up tracking activities in supported states including strengthening site supportive supervision through the pilot of mentorship log book in Kwara and Kebbi states. The mentorship logbook is a clinical systems strengthening and accountability tool. It provides a systemic approach to reviewing service provision while identifying gaps to be filled. It is completed by a mentor and allows for documentation of achievements during mentoring of clinical staff and lays out follow up plans. Further, mentees and hospital management sign it after every visit as a way of documenting and archiving technical support for future reference. The log books have facilitated systems strengthening activities including keeping track of mentoring sessions with services providers and following up on the identified gaps during repeat visits.

PMTCT

A review of Q1 performance of all PMTCT facilities in Pro-ACT project was undertaken in January 2014. This review revealed huge gaps within the PMTCT cascade principally in sites transitioned post-rationalization in October 2013. Service provision gaps include but not limited to discrepancies between new anti-natal care (ANC) attendees and the number counselled and tested for HIV (Figure 3), poor infrastructure (no capacity to conduct delivery) and human capacity shortage. Further trend analysis showed that these gaps occurred primarily in sites transitioned from a particular implementing partner in Niger state. A comprehensive assessment of all transitioned PMTCT sites was carried out. The report of the two phase assessment showed that out of 138 transitioned facilities assessed with respect to provision of PMTCT services (using national guidelines to define minimum requirements for a PMTCT site) only 48 were identified to be providing PMTCT services. However, 46 facilities were not providing PMTCT services though the assessment revealed that they have potential (reasonable ANC client flow, infrastructure, and trainable staff) to provide PMTCT service while 42 health facilities were identified as standalone HTC sites. Consequently Pro-ACT-supported PMTCT health facilities were scaled down from 292 to 157 PMTCT health facilities. The report is included as an appendix to this report.

The use of PMTCT cascade as mentoring tool including CMEs to blocking the gaps noted within the PMTCT cascade was implemented in all supported states. This included building the capacity of supported states and facility teams in using the PMTCT cascade as a tool for analysis and identification of leakages with the cascade. The facilities with leakages were targeted for intensive mentoring and supportive supervision. The greatest gap from Q1 in the PMTCT cascade was from new ANC clients not tested for HIV. This was reduced in Q2 by over 50 %, with only 7% of these women not tested in ANC in all Pro-ACT supported facilities (see figure 3 & 4 below).

Figure 3

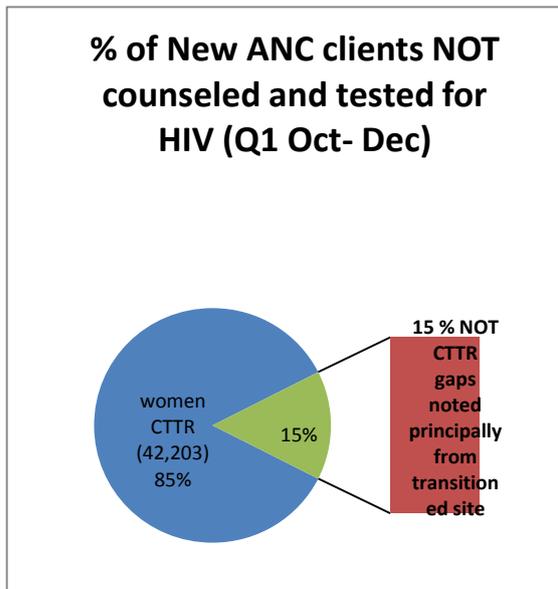
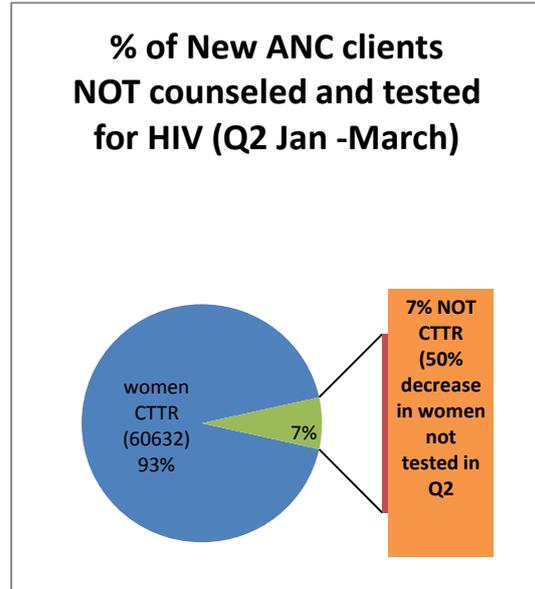


Figure 4



All other identified gaps in MSH supported facilities across the five project states in the PMTCT cascade were significantly decreased in Q2. Figures 5 and 6 (see below) further illustrate this in women provided with PMTCT prophylaxis.

Figure 5

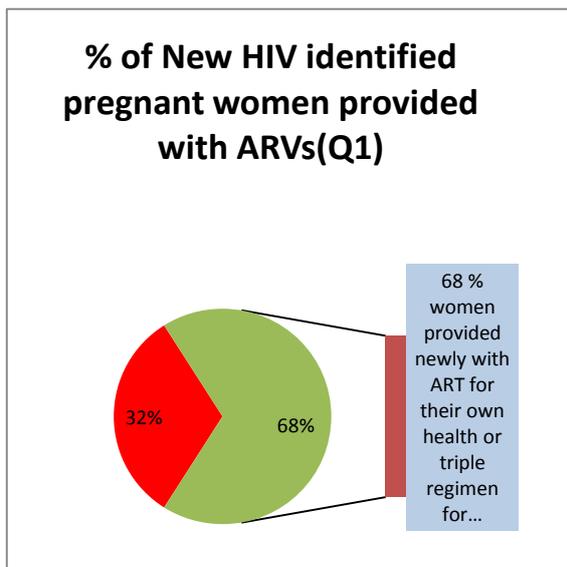
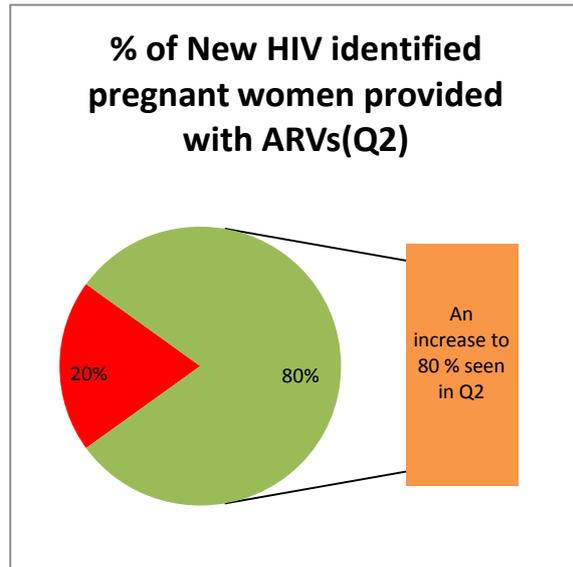


Figure 6



*women already on ART prior to pregnancy are not included in the cascade analysis as these women are not usually subset of women tested in ANC, labour or peripartum)

Capacity Building in PMTCT continued in all states. Specifically in Kwara the Leadership Development Program (LDP) + provided a platform for 8 select pilot sites. This helped to ensure that all women booked for ANC were provided with HTC, further decreasing losses in the PMTCT cascade. A grand CME on PMTCT and pediatric HIV elimination was conducted at Usman Danfodio University Teaching Hospital (UDUTH) Sokoto. The CME was led by MSH’s HIV Global Technical Lead, Dr. Scott Kellerman. CME also provided opportunity to further close noted gaps in the PMTCT cascade.

In Q2 a PMTCT Webinar was established to allow clinical specialists in all states to share experiences and ideas with regards to blocking the gaps within the PMTCT cascade with obvious effects illustrated in the figures above. A total of 14 MSH technical experts including the Deputy Project Director attended the webinar; 4 from the country office including the Deputy Project Director; 3 participants each from Kwara and Niger while 2 participants each attended from Sokoto and Kebbi states. The maiden webinar was quite successful and will now be held every quarter.

Laboratory Services

In the quarter under review, a detailed assessment/ bill of quantity was computed for some laboratories and health facilities marked for infrastructure upgrade. The scope of work was based on the new definition of renovation and construction in line with USAID guidelines and specification. In the next quarter, following discussions with USAID, renovation activities will be conducted across all assessed sites to facilitate integration of Laboratory services for improved access and quality of Laboratory services.

Pro-ACT supported the Association of Medical Laboratory Scientists in Nigeria and the Guild of Medical Laboratory Directors to strengthen their organizational systems for effective coordination and mainstreaming quality in the delivery of laboratory services in Nigeria. Through this scope of work, Pro-ACT built the capacity of the Association and Guild of Medical Laboratory Directors to institute local response to integrated health care delivery issues with focus on integration of laboratory services.

As part of efforts to increase access and improve the quality of laboratory services in the private sector, Pro-ACT conducted a grant assessment survey for the new States of Sokoto and Zamfara as well as in Kebbi and Niger States. The purpose of the survey was to prequalify potential labs that will be encouraged to develop proposals for in kind grants. A total of 15 labs were identified and these will now move to the proposal development stage for the final selection of grant beneficiaries. Under the added scope of work, Pro-ACT provides in-kind grants to private laboratories to increase access and improve the quality of laboratory services. In the next quarter, selected private laboratories will receive laboratory equipment to improve delivery of laboratory services to both HIV and general populations.

Community Care, OVC and Prevention Services

During the quarter, Pro-ACT organized an HIV treatment and counselling (HTC) training-of-trainers (TOT) for staff from CSO grantees. 35 participants made up of staff and volunteers from the seven newly engaged CSOs in Kwara, Niger and Kebbi were trained TOTs. Participants underwent a two week training using the national HTC curriculum. The 7 CSOs had subsequently commenced step-down training for their volunteers on HTC (the 3 CSOs in Kwara have trained 60 volunteers) so as to increase community members access to HTC services. Pro-ACT also supported the Niger and Kwara state community teams to train health care workers on HIV testing and counselling. A total of 71 health care workers were trained. Two faculty members (master trainers trained by Pro-ACT), one each from Kwara and Niger states, conducted the training with support from the MSH staff.



Photo: Dr Michael Onyilo, Director SACP Niger State facilitating a session during the HTC training.

Review of HTC outreach strategy

As part of efforts to improve quality of service delivery and efficiency of the project's HTC strategies, the community team conducted a comparative analysis of HTC outreach activities and the Provider Initiative Testing and Counselling (PITC) at the outpatient departments in Pro-ACT comprehensive sites.

State	# people reached with HTC during outreach	# of HIV positive persons from outreach	# of outpatient attendees @ OPD/month	# of outpatients attendees offered HTC @ OPD/month	# of HIV positive person @ OPD/month
Kwara	8,010	39	10,317	1,308	81
Kebbi	16,165	33	17,712	2,290	148
Niger	10,693	68	8,805	2,226	125
Zamfara	10,386	30	4,184	365	44
Total	45,254	170	41,018	6,189	398

From the table above our analysis showed that of the 45,254 people counselled and tested in the four listed project states during outreach activities, 170 were found to be HIV positive - a percentage yield rate of 0.38%. Our analysis showed that of the 41,018 patients that attended the outpatient department in one month within the quarter, only 6,189 of them were counselled and tested. A total of 398 of those counselled and tested were found to be positive - a percentage yield of 6.4%.

The above analysis shows that if we concentrate efforts at the facilities we will be able to provide HTC to more people and identify more HIV positive individuals. In view of the above analysis Pro-ACT's HTC strategy going forward will be to support facilities to provide PITC at outpatient units in all our comprehensive sites. This is also consistent with the PEPFAR Nigeria strategic direction of discontinuing support for community outreach and demand creation activities in COP 14. In the short term our partner CSOs will support the facilities with volunteer counsellors, while our medium term and sustainability strategy is to support the states to train more health workers to provide HTC at all facilities.

Executive Summary

During the period under review the Pro-ACT Kebbi team provided technical assistance (TA) to the Kebbi State Agency for the Control of AIDS (KEBSACA) in developing a state unified costed operational plan which encompasses PEPFAR interventions; Global Fund and World Bank grants; and State Government plans for the year. KEBSACA was supported to reconstitute 4 technical working groups (TWGs) in monitoring and evaluation (M&E), Prevention, Care and Support as well as in Policy & Advocacy.

As part of the strategy to achieve the assigned state targets and increase access to HIV services in the state, HTC outreaches were conducted in 3 LGAs-Arewa, Gwandu, and Yauri targeting both the general population and pregnant women.

- 11,746 individuals were reached with outreach activities alone, which contributed to 39.3% of the overall HTC target for the quarter (29,912).
- Of these, 20 tested positive to HIV antibody test while 18 (90%) were enrolled into care in Pro-ACT supported CCT sites.
- 4,419 pregnant women were reached, which contributed 22% of the overall target for pregnant women counselling and testing for the quarter, 13 tested positive to the antibody test.
- 11 of the 13 (85%) HIV positive pregnant women completed the referral process via escort services and were commenced on ART prophylaxis. Details of the remaining two were provided to the LGA LACA officers for tracking and referral for care.

In order to increase effectiveness and coverage of behaviour change communications (BCC) interventions aimed at reducing new HIV infections, the Kebbi team collaborated with line ministries including the Ministry of Education, the Ministry of Youth, Development and Sports and with media houses in the design and implementation of these activities. Programs organized by these agencies were enriched with HIV prevention intervention to further curb the spread of HIV in the state. In subsequent quarters, the MSH team will maximize this opportunity for greater impact.

Health System Strengthening

To guard against commodity stock outs in the state, the Pro-ACT team have constituted and formalized the establishment of a State Procurement and Supply Chain Management TWG with the approval from the state. However, the inauguration of the TWG awaits the Honorable Commissioner's confirmation of availability for the maiden meeting.

Kebbi state health system strengthening (HSS) grant for health professional continuous education was operational this quarter. The team commenced the identification of state master trainers that will benefit from skills transfer from MSH's technical persons in the different thematic units. The master trainers will serve as a state faculty and resource persons for mentoring, supportive supervision and training of other health care workers in the state. An assessment conducted last year revealed that a number of basic clinical equipment necessary for delivery of services was either completely lacking or had broken down in some high volume facilities like PHC Gulma and PHC Basse. In response to this finding, Pro-ACT supplied to the state, through the Director of Public Health and the LGA Chairman of the various facilities, an assortment of clinical items including delivery couches. Our next quarter priorities will focus on maintaining quality HIV services at facilities with increased transition of responsibilities to the facility management.

Clinical HIV/AIDS Services

ART

There is an increase in uptake of HTC due to concerted efforts between the clinical care, community care, laboratory services and monitoring & evaluation activities. HTC uptake increased from 12,323 in Q1 to 16,687 in Q2 giving a cumulative figure of 29,010 which is about 40% of the state's annual target. To ensure a 100% positive client enrolment, Pro-ACT coordinated between the PITC, Lab, ANC, Maternity and TB health care workers with the M&E data clerks to ensure escort services are provided for all positive clients to receive all services and properly enrolled. The new guidelines of using CD4 count of 500 for drug commencement is being followed properly especially in the new sites where it wasn't done before. The new streamlined regimen is being followed in all Pro-ACT facilities with close monitoring by the clinical specialists and SCMS staff. Tracking activities is ongoing in the old sites with engagement of trackers for new sites to commence work in April.

TB/HIV

The collaborative TB/HIV management is going on well in the CCT sites. Use of INH for IPT is fully practiced in the Pro-ACT 3 existing sites but the 3 transitioned sites are yet to commence this practice due to unavailability of the drugs. These drugs will be delivered at the beginning of the April and immediately distributed to the facilities and mentorship conducted to clinicians and pharmacists to ensure proper use of these IPT. The GeneXpert machine is now available in FMC Birnin Kebbi and the state team met with the focal person to discuss the need for all facilities to log their samples to the center for analysis. It has been agreed that facilities should send their samples collected once a month to FMC Birnin Kebbi for analysis.

QUALITY IMPROVEMENT

The Quality Improvement is operational in all the 6 CCT sites in the state; the 3 old sites having monthly meetings from the previous quarter and the 3 transitioned sites commenced their meetings in January 2014. The meetings have held monthly for January, February and March for all CCT sites with good attendance and positive impact on the facility service delivery and best practices, also the activities of the infection prevention control team has been incorporated into the meetings. Every aspect of service delivery has improved in the area they deliver as a result of mentoring and mentorship where best practices were not done. Specific improvements have been noted in documentation of data and in coordination of services. The Quality Improvement and TB/HIV infection prevention control training in Minna in February provided an opportunity for 2 people from each CCT sites to be trained on the subject matter and to develop a facility based QI and IC projects.

PMTCT

The 6 CCT sites offer PMTCT services as well as the 21 PMTCT sites in the state. With continuous provision of TA and mentoring, alongside joint supervisory visits to these sites there has been an increase in counselling and testing uptake:

- Out of 4897 new ANC attendees, 4687 or 95.7% were tested
- 3,538 (98.4%) out of 3,595 were counselling and testing new ANC attendees in this quarter

The "Test and Treat" approach is being practiced, although few women still refuse the treatment due to poor health practices, low exposure, denial and lack of disclosure. The triple regimen for prophylaxis for pregnant positive women and Syrup Nevirapine are available at all PMTCT site with proper mentoring on how to use the drugs. The staff were also mentored for DBS collection for EID and proper referral system to care and treatment for positive pregnant women. DBS kits will be provided to new sites with mentoring on sample collection and subsequent request from clinicians to increase EID uptake this April. Linkage of PMTCT sites as hub and scope is being practiced in some sites with positive impact and uptake.

CHALLENGES

- High level of self-stigma and social stigma
- Very poor health seeking behaviors and awareness
- High rate of defaulters and LTFU with low response to tracking activities; due to wrong and vague addresses, lack of contact phone number, refusal to return and even attack of tracking team members.

Number of defaulters tracked in this quarter from 3 CCT sites			
	January	February	March
Koko	12	18	14
Jega	17	11	26
Argungu	14	17	16
Total =	43	46	56
Number of clients that returned			
Koko	4	6	5
Jega	3	4	2
Argungu	7	5	2
Total =	14 (32%)	15 (33%)	9 (16%)

- Low male involvement which adversely affects the adherence of women to care and treatment, due to need to obtain permission from their husbands before accessing health services.
- Need for training of staffs on EID

NEXT STEPS

- Complete NigerQual data collection
- Using monthly QIT meetings to improve quality of counselling to address Stigma and LTFU
- Quarterly CMEs
- Continuous provision of TA and mentoring to sites
- Bi-quarterly Joint supervisory and site support and mentoring visits

Laboratory

With a total of three General Hospitals of Argungu, Jega and Koko participating in the internal quality assessment programme (IQA), Pro-ACT conducted orientation and subsequently enrolled additional health facilities into the proficiency testing (PT) program to assess proficiency of testing sites in conducting HIV screening and interpretation of testing outcomes. In the period under review, 27 test sites participated in the PT program with 8 out of the 27 (representing 29%) scoring 95% concordance performance while the remaining 71% (19 out of 27) scoring 100% in concordance. Other achievements include:

- Pro-ACT conducted a baseline audit of 2 out of 6 Comprehensive Care and Treatment sites using the MLSCN Strengthening Laboratory Improvements towards accreditation (SLIPTA) checklist to identify gaps in quality management systems. Some of the gaps identified were

shortage of trained personnel and lack of back-up system for the general laboratory activities. These findings have been shared with the SMOH.

- Mentored and supported health facilities on DBS sample collection, processing and transport of specimen and results

CHALLENGES

Faulty inverters and UPS at all CCT sites have remained a contributing factor to incessant equipment downtime.

Community Care, OVC and Prevention Services

Within the quarter under review, **489 persons** (Males 374 and Females 322) were reached with MPPI targeting adoption of safer sexual practices and risk reduction amongst MARPS. HCT services conducted for 1215 OVC and MARPS yielded nine (9) positive clients; all were referred to General Hospital, Koko for treatment and care. 533 in-school youth (Males 368 and Females 165) were reached with behavioral change interventions (Peer Education Model) focusing on abstinence with the already established health clubs within their schools. Amongst the general population, 1221 people were reached with MPPI; 541 of which were Out-of-School Youths (Males = 353 and Females=188), 190 were females from women’s groups. In addition, 490 (males 345 and females 145) amongst other vulnerable populations were reached with MPPI strategies and linked to condom service outlets.

Other activities implemented and their outcomes are summarized as follows:

ACTIVITIES	STRATEGY	MAJOR OUTCOMES
Capacity building	Training and hands on mentoring	CBOs and their volunteers now have requisite capacity to provide quality HTC and PMTCT services according to National guideline. Supervised 5 staff of Tallafin Mata to complete HTC practicum at GH Yauri
Support Group	Inauguration and monthly meetings	3 new support groups were inaugurated in the newly inherited CCT sites (Rayuwa, Haske and Zumunchi). Attendance log revealed that each of these group has a membership of 25 – 70) and more clients are willing to join the groups. The Community Team had designed and administered a sustainability questionnaire to sort member’s opinion on sustainability strategy. Formation of support group clusters to support tracking of defaulters in all CCT sites.

Logistics and Supply Chain Management

During this quarter, the expired commodities from both inherited sites and older Pro-ACT sites were documented, retrieved to the state field office, packaged, and labelled in line with SOPs for waste management. The labelled commodities were finally transported for disposal in Port Harcourt.

Validation and collection of January /February 2014 bimonthly reports were collected across the states from the 21 PMTCT and 6 CCT sites. Because of the improvement in quality of data on utilization, all facilities had adequate stocks of commodities during the quarter. Mentoring of focal persons in the laboratory and pharmacy units was carried out to address issues particularly related to the use of the wrong algorithm in HIV testing which had been observed in some facilities. The mentorship of the pharmacy staff centered on improvement of the quality of logistics data reported in the bimonthly reports.

A regional PSM TWG meeting was held in Sokoto and representatives from Kebbi state government as well as the Lead IP, MSH participated. Presentations were made by the Regional PSM TWG and state representatives on the distribution pattern in the state before and after unification, the status of PSM TWG in the state, the state PSM work plan and the present health commodities supply situation with particular reference to HIV/AIDS.

CHALLENGES

- Delays by some facilities to turn in their bimonthly reports timely.
- High temperatures continue to affect the durability of and functionality of equipment.

Monitoring and Evaluation

All activities for the M&E team this quarter was geared towards creating more enabling environment for sustainability on data documentation and use.

Monthly data collection and entry into Pro-ACT, National and USG DHIS reporting formats support was provided by the state team as well as country office data for identifying areas that need improvement, track progress and for decision makings.

The Pro-ACT Kebbi staff attended 2 SACA M&E monthly and 1 data validation meetings during the quarter. Pro-ACT participation in these meetings provided opportunities for:

- Continuous state M&E system strengthening
- Ensuring quality data is submitted to the state and entered into the DHIS eNNRIMs.
- Providing technical assistance and inputs in the development of Kebbi state workplan for sustainable HIV/AIDS program
- Strengthening working relationship with SACA, LACA and SMOH officials

Continuous onsite mentoring on data documentation has successfully enabled 18 out of 21 Pro-ACT supported PMTCT sites to accurately and timely report data using the monthly PMTCT summary forms as compared to the last quarter when only 2 out of the 21 sites managed to do this. There has also been a mark improvement on proper usage of various data documentation tools across all MSH supported facilities.

Newly engaged facility data clerks and community outreach volunteer were mentored on data documentation procedures and the use of HMIS tools to ensure proper data capturing and documentation.

Executive Summary

Within this reporting period Pro-ACT supported the inauguration of the State Management Team (SMT). The Project also pioneered with critical stakeholders an assessment of the state readiness to transition PEPFAR supported activities and also developed a first draft of the Pro-ACT sustainability plan.

A re-assessment of sites inherited from Friends of Global Health (FGH) and IHVN was conducted following which, only 13 out of the 25 facilities re-assessed qualified as PMTCT sites hence a proposal has been communicated to MEMS and USAID to delist 12 non PMTCT sites from Kwara Pro-ACT support.

The Project technical support to the Agency for the Control of AIDS (KWASACA) led to the procurement of laboratory equipment (CD4, Chemistry & haematology) for activation of two (2) state owned comprehensive care and treatment (CCT) sites.

The state's operations were hampered by a delay in filling the M&E Specialist position – the team has had to rely on M&E associates and on TA from the country office for meeting their M&E needs. Also the state was faced with protracted lack of DBS collection kits for EID as well as recurrent machine downtime limiting CD4 estimation (investigation) for clients. We however strived to keep facilities and government partners well informed of steps being made both at local and national levels to address these issues.

Some priority plans for next quarter include:

- Review and costing of the Sustainability Plan
- Implement the HSS Grant for continuous health professional education
- Support facilities to complete NigeriaQual data collection
- Joint supervisory visit to CCT supported facilities by Pro-ACT and the SMoH

Health System Strengthening

In order to strengthen the state health systems and ensure sustainability of HIV/AIDS intervention, the following activities were implemented within the quarter.

State Management Team: In order to promote government participation which will ensure ownership of HIV/AIDS intervention/program in line with the PCRIP intervention in Kwara, the SMT was inaugurated with the active participation of critical stakeholders (SMoH leadership, SACA, Office of the Governor, CSO leadership, IPs, etc). The SMT has scheduled a meeting for April 29, 2014 for streamlining all the TWGs that would function within the SMT which will ensure a coordinated team that would work closely with government to enable transfer of technical skills and mobilize financial support for the sustenance of HIV/AIDS interventions in the state.

Leadership Development Program Plus (LDP+): To increase and sustain PMTCT services in the states, Kwara was supported to pilot an LDP+ capacity building with a focus to address PMTCT in 8 facilities. The state team created a shared vision: "Kwara State next generation free from HIV infection due to improved PMTCT services". As part of Pro-ACT support to increase and sustain PMTCT services in Kwara and demonstrate the difference LDP+ had on PMTCT and family planning services as well as a robust state coverage with mobile technology, the project supported a mid-term review of the LDP+ implementation and a final learning review meeting. Some of the results identified in the review are given in the table below.

PMTCT Uptake (in the 8 Health Facilities in Kwara State)

Indicator	Baseline	(3 Months) Mid-Term Review Achieved Results	12 Months) Final Review Achieved Result	Remarks
1.Total Number of new ANC Clients	4,650	3,590	13,627	
2.Total number of pregnant women counselled, tested and received result for HIV	4,410	3,590	13,627	100% of all pregnant women attending ANC were counselled, tested and know their status
3. Total number of pregnant women who tested positive	68	47	117	
4. Total number of HIV positive pregnant women started on ARV prophylaxis triple regimen	53	47	117	100% of pregnant women who tested positive received ARV prophylaxis triple regimen
5.Total number of deliveries at facility booked and un-booked	2401	1088	5363	
6. Total number of partners of HIV positive pregnant women counselled, tested and received result	23	31	69	59% of partners of HIV positive pregnant women were counselled, tested and know their status.

Analysis of these findings shows that uptake of PMTCT services across the 8 health facilities has greatly improved as a result of using leading and managing practices to improve quality of services.

- The twelve months achievement made in indicator 1 and 2 (baseline) compared to 6 months baseline achievement before the inception of LDP+ shows **293%** increase in the number of pregnant women newly registered for ANC.
- A total of 13,627 pregnant women attending ANC as new clients were counseled and tested for HIV and received result while a total of 117 pregnant women tested positive and all received ARV prophylaxis.
- Additionally the program was able to attract partners of pregnant women to follow their wives to the hospital thereby providing opportunities for these men to access HTC and promote the achievement of the goal set by these facilities of a “Kwara free of new HIV infection”.
- The success of the mobile data reporting platform as an integral part of LDP+ in collecting and transmitting data has received a salutary commentary from stakeholders. The mobile data reporting platform supported by Medic Mobile allows health workers providing PMTCT services to report data into a central server using their mobile phones. This is intended to

enhance timely and accurate data collection, collation and analysis of data from the health facilities. This process has improved quality of data collected under the review period and has fast track feedback to the health facilities.

This LDP+ has proven to be a veritable and sustainable approach to strengthening health facilities to deliver effective and efficient health services delivery in the piloted health facilities in Kwara State. As a result of these achievements the oversight team and relevant key stakeholders agreed to scale up the LDP+ to additional 42 health facilities in the state. Pro-ACT also requested technical support of the global Leadership, Management and Governance (LMG) project in order to demonstrate the difference LDP+ will have on PMTCT and family planning services as well as a robust state coverage with mobile technology.

“The introduction of LDP+ is a good thing. It gives me a sense of responsibility to send my data on time using a mobile phone which has encouraged efficient data collection and analysis; and also reduces the burden of finance in sending monthly data reports.”
-- Dr. Alatishe Muhammad (Civil Service Hospital, Ilorin)

Pro-ACT sustainability strategy: To ensure the sustainability of the investments in HIV/AIDS that would guarantee the health of beneficiaries and sustainability of the intervention by the government, a workshop involving different strata of government and non-government actors, CSOs, community leaders, SACA, law makers and relevant government functionaries was held within the quarter. The workshop first assessed the state readiness to assume greater responsibility for PEPFAR activities, using the recently developed AIDSTAR 1 transition capacity assessment tool. The tool assessed state capability and capacity in the following area: adequate human resources (HR); strong leadership guided by effective policies. Other areas assessed included: Work in well-functioning operating systems; work under good management systems; sustainable infrastructure and resources; maintaining fiscal transparency and accountability; working in harmony through partnerships; networks; and alliances. The scoring of the tools ranged from 0-15% as stage 1 (minimum capacity), 16-40% stage 2 (basic capacity), 41-65% stage 3 (growing capacity), 66-90% stage 4 (strong capacity), 91-100% stage 5 (full capacity). The state scored 37% placing them at stage 2 with key areas of improvement in functioning operating systems, human resources and policy.

The 37% transition capacity score shows that the state has basic capacity to take over some of the Pro-ACT technical and commodities support state. The state appreciated that though their rating was 37%, they actually felt their score would be lower and appreciated partners support for building their capacity to respond appropriately to HIV/AIDS epidemic. They recognize that there is still more that needs to be done to bring them to the level they would be satisfied with and they committed to use the remaining period on the project to work with Pro-ACT to improve those lagging areas. The Hon. Commissioner for Health further requested that Pro-ACT facilitate a departmental level capacity assessment of the ministry.

The stakeholders then deliberated on activities Pro-ACT currently supports including the modalities of support and to whom these activities will be transitioned to. A first draft matrix of the sustainability plan with a narrative was developed and another meeting was scheduled in mid-April for its review and costing.

The transition capacity assessment exercise will be conducted in all the projects states while two other states will be supported to develop sustainability plans.

Challenges

- Weak planning and memo writing skills to absorb state resources for HIV interventions at state and LGA levels

Next Steps

- Support state to develop operational plans and concept notes to absorb the budgeted PCRPF funds
- Support government to activate two CCT sites
- Provide TA to SACA/SMoH on the conduct of quarterly coordination meetings with stakeholders.

Clinical HIV/AIDS Services

ART

Within the quarter, the WHO guidelines on the use of CD4 value of 500 as threshold for initiation of ART for adult clients was implemented in the state. The clinical team followed up with the Federal MoH communiqué on streamlining of ARVs regimen across the country to ensure early initiation of ARV.

QI/ TB/HIV

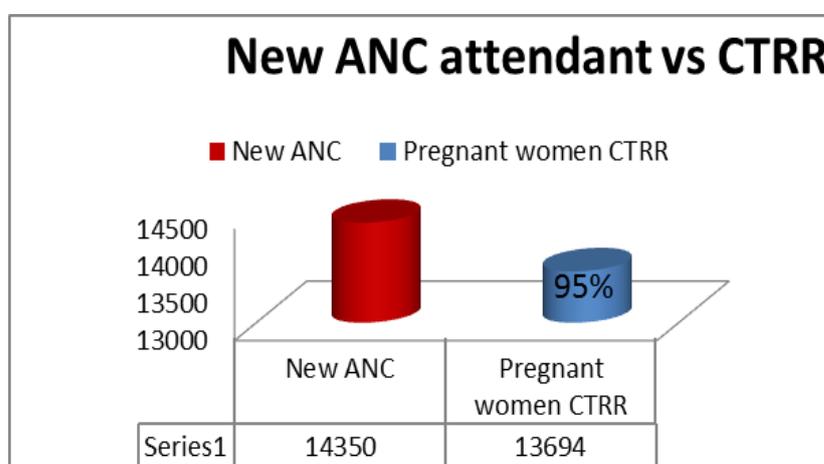
Sixteen staff from 8 CCT sites participated in collaborative TB /HIV activities and QI training and facility teams developed work plans based on the trainings which are in varying stages of implementation. Data abstraction for the NIGQUAL has commenced in 2 facilities and 3 facilities have been able to inaugurate QI teams with fixed periods for QI meetings. This will positively impact on quality of service delivery.

Isoniazid Preventive Therapy (IPT) implementation across the 3 CCT sites currently running the program continued in the quarter. Reviews were conducted across 2 of 3 CCT sites with stickers placed on clients' folders carrying instructions for clinicians on next steps in terms of clients' INH prescription. 257 clients completed 6 months IPT from inception to end of the quarter while 114 clients were newly started on INH.

PMTCT

Effort in the quarter was geared towards using the PMTCT cascade as a way of identifying PMTCT gaps and using the information to guide technical assistance visits to supported sites in order to address facility specific challenges.

- C&T for ANC which stood at 90.8% at the end of the last quarter rose to 95% by the end of this quarter.
- Of the 13, 694 pregnant women counselled and tested, 92 tested positive for HIV. A total of 93 women were initiated on prophylaxis (1 woman was a spillover from the previous quarter).Twenty



five facilities (16 FGH and 9 IHVN) comprising of PHCs and private hospitals inherited from FGH and IHVN were re-assessed for PMTCT services delivery by consultants engaged by MSH.

- Only 13 could be categorized as PMTCT sites according to the criteria deployed in the re-assessment.
- 10 facilities had potential for PMTCT service delivery and 2 were categorized as HTC stand alone.

Laboratory

Within the quarter, there was scale up of HIV Internal Quality Assurance using Dry Tubes Specimen with 100% coverage. Proficiency testing panel preparation orientation was conducted for HUB focal persons to facilitate state transition and ownership. The laboratory achieved 100% concordant performance in HIV testing. The Laboratory team also provided technical assistance in equipment management.



MSH and facility staff trouble shooting the Patec Cyflow CD 4 machine at Sobi Specialist hospital lab.

CHALLENGES

- Stock out of Sheath fluid for Cyflow Chemistry
- Dearth of human resources for health in the public hospital laboratories.
- Prolonged equipment downtime on Vitros chemistry analyzer due to unavailability of CDM

Community Care, OVC and Prevention Services

Within the quarter, a TOT was held on HTC for facility and Ministry of Health staff to ensure continuity of service provision after the exit of MSH. Pro-ACT engaged the services of some Community Based Organizations (CBOs) to provide services on HTC, PMTCT, OVC, Care and Support. Hope for Family Development Initiative (HFDI) has started working to empower some PLHIV through community engagement and mobilization and will soon begin service provision through vocational trainings, Savings and Loan Association (SLA) among others.

- Of all 25,246 clients C&T within the quarter, 481 (1.90%) were HIV positive
- 452 (94%) of this number were enrolled into care and treatment
- 178 did CD4 assessment while 286 were newly initiated on ARV
- 396 clients defaulted/LTFU within the quarter
- 415 (105%) were tracked while 222 (53%) returned to care and treatment
- On OVC, 2402 children received OVC services this is against the state's quarter target of 1758.

Prevention Services

MPPI strategies were used by the Peer Educators (PEs) to promote adoption of safer sexual practices especially correct and consistent use of condoms, reduction of multiple sexual partners and uptake

of HCT services. Most condom outlet sites reported increases in uptake of condoms, most likely due to increase awareness and availability, but uptake by individuals was not tracked because most users still prefer to remain anonymous. Uptake of HTC services also reported as increased again most likely due to increase awareness and demand creation through outreaches. Most schools reported an increase in attendance of in-school club activities.

A total of 3502 (1915M, 1587F) people were reached with MPPI interventions targeted at behavior change and adoption of safer sexual practices during the quarter under review, and three condom distribution outlets were created to further ease access to safer sex products and a 1112 (932M, 180F) persons were reported to have received condoms across all the outlets.

Challenges

- Although generally CBO knowledge and technical capacity appears to be improving, some gaps still exist that need to be addressed. Critical is the inability to stick to planned activities and lack of documentation and reporting of achievements.

Next Steps

- Provide continuous hands-on and on site mentoring to facility staff and community volunteers on tracking and testing.
- Hold weekly work plan review sessions with special focus on planned activities and achievements.
- Support capacity building for grantee CBO on the intensive phase of the prevention program.

Logistics and Supply Chain Management

During the quarter under review, collection and validation of November-December 2013 and January-February 2014 bimonthly LIMS reports were carried out across the state from the 40 PMTCT and 8 CCT sites. 100% of CRRIRF reports were harvested for November-December 2013 reporting cycle. Redistribution of some ARV/OIs and laboratory consumables and reagents across newly inherited sites was often carried out. Resupplies of ARVs and OIs (Cotrimoxazole 960mgs and 120mgs) were completed by SCMS. The state suffered from a shortage of paediatric Cotrimoxazole 120mgs and other OI drugs across most facilities, though most of the other HIV commodities were in adequate supply.

On-site mentoring of logistics focal persons especially in the newly inherited CCT, and PMTCT sites on the appropriate ARV regimen and dosing was carried out. Proper documentation was also stressed. Feedbacks from the last bimonthly reports were shared with the pharmacists at UITH, SH Offa and the Sobi Hospital laboratory focal persons, as there were errors in the reports. Guidance on accurate reporting was provided to both the pharmacy and laboratory personnel. Pharmacists in 5 hospitals were mentored on proper pharmaceutical care the new pharmacist volunteer and corps member at Civil Service Hospital, and other facility staff were provided with hands on mentoring on the streamlined regimen.

Challenges

- Protracted lack of DBS collection kits for EID
- Recurrent issue of machine down times limiting CD4 estimation for clients with implications for treatment initiation when clinical judgment is not possible or challenging
- Stock out of Sheath fluid for Cyflow Chemistry
- Poor skills in CRRIRF reporting, mostly in the newly inherited sites

Next Steps

- Support facilities to complete NigeriaQual data collection.
- Joint site support visits with SMOH to address gaps and address challenges together.
- Continue on transition of HIV IQA activity to state
- Build the capacity of lab staff in documentation of lab activities.
- Institute end of month routine equipment user maintenance to reduce rate of equipment breakdown.
- Continue building facility staff skills in CRRIRF reporting.

Monitoring and Evaluation

Within the quarter, monitoring and evaluation activities in the state focused on:

- Updating of all the registers in the newly inherited sites especially at the CCT and PMTCT sites.
- Data collection, collation, validation and analysis to show how far we have gone.
- The state experienced a huge increase in data as all the supported facilities' data were entered into the USG DHIS after its quality had been checked. This was achieved by capacity building of 7 LACA M&E officers at the LGA level where we have supported sites and mentoring and supervision of data entry clerks working at the facilities

Challenges

- Logistics challenges in terms of vehicles.
- Long delay before an M&E Specialist was hired for the state.

Next Steps

- One day M&E meeting with facility data entry clerks
- Three days M&E meeting with the LGA M&E officers, SMOH M&E officers, and SACA M&E officers
- Joint supervisory visit to CCT supported facilities by MSH and the SMOH.

Executive Summary

Niger state currently has the highest number of Pro-ACT's supported facilities (16 CCT sites and 114 PMTCT sites). Almost two thirds of these were inherited from other IPs – hence a lot of effort is going into strengthening systems at these facilities.

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

28 master trainers from the SMOH Center for Health Professional Continuing Education (CHPCE) were trained on facilitation and training skills to empower them as master trainers on HIV/Malaria/TB for the state. One of the hallmarks of the quarter was the training of Mentor Mothers to be engaged in 8 health facilities in Suleja LGA to support HIV positive pregnant and breast feeding women access PMTCT services in MSH supported facilities. The mentor mothers were provided with mobile phones to support SMS messaging on adherence, healthy living including tracking appointments to health facilities throughout the duration of pregnancy, post-partum and breast feeding periods.

- 11,471 pregnant women woman attending ANC received counseling and testing services as against 14,422 state quarterly target reflecting 73.5% of the target achievement
- 144 (1.25%) pregnant and breast feeding women tested positive to the HIV antibody test while 104 (72%) received ART prophylaxis
- 2,903 adult PLHIV were clinically screened for TB with 29 of them commenced on anti-TB treatment
- 456 adults started on ART representing 78.35% of the state target
- 34 children started on ART representing 96% of the state target

Health System Strengthening

Dr. Jonathan Quick, MSH's Global President & CEO visited the state and paid a courtesy call to His Excellency, the Executive Governor of the State, Dr. Babangida Aliyu. The audience with the Governor provided an avenue for the MSH President to raise and share issues that affect delivery of HIV services in the state. Some of the issues raised included: appropriating and releasing funds to the SMOH and NGSACA to activate additional 3 ARV comprehensive sites and 40 PMTCT sites in the underserved LGAs; increasing employment of all cadres of health workers to ease burden on the already over stretched workers as well as meeting the international standard for patient to health workers ratio and provision of funds for SMOH for the maintenance of health equipment across all facilities to sustain quality of health services in the state.

During the quarter, Pro-ACT supported the Niger State Ministry of Health to conduct capacity building training with the purpose of strengthening the capacity of senior health professionals as master trainers for effective delivery of continuous, sustainable and high impact training to health care workers in public (State and LGA) and private sectors, especially those delivering primary health care services in Niger State. The training was guided by a curriculum developed purposely for it. The overall goal of the training is improved health outcome in Niger State through the effective delivery of qualitative health care services by different categories of health workers. A total of 28 master trainers from the Centre for Health Professional Continuing Education (CHPCE) under the SMOH were trained on facilitation and training skills to increase the state capacity and the trainers' ability to conduct mentoring supervision activities in facilities providing HIV/AIDS services.

In an effort to ensure sustainable and quality service delivery to all PLHIV across all CCT sites in Niger State, Federal MOH and its technical partner Nigerian Alliance for Health Systems Strengthening, and Pro-ACT technical team conducted advocacy visit to Niger State government. The visit enshrined quality HIV intervention in the states as 7-member committee from relevant state stakeholders was constituted to develop the terms of reference of a multi-disciplinary team (MDT) in the state. The MDT will be saddled with the responsibility of overseeing HIV service delivery including quality of service received by PLHIV.

Plans for Next Quarter

To finalize operationalization of the NigeriaQual multi-disciplinary team and TORs

Formation of a Functional SMT

Follow-up with the State Government through Niger SACA on the advocacy visit of MSH president to Niger State

Engage State Government on project Sustainability and Exit strategy

Clinical HIV/AIDS Services

PMTCT

As a result of the noted gaps inferred from the PMTCT data analysis of the last quarter of FY 13, the clinical team conducted supportive mentoring and built the capacity (knowledge and skills) of 125 facility staff across 5 CCTs via a PMTCT CME to improve service delivery.

To strengthen Primary Health Centre (PHC) supervision (of HIV & AIDS service provision), Pro-ACT, in partnership with Local Governments is implementing an innovative approach – a Monthly Town Hall Cluster Meeting (MTHCM) – held in selected PHCs in Niger state. Under this approach, PHCs are clustered along Local Government Area (LGA) lines, with a cluster of about five to twenty PHCs (spokes) feeding into a much larger and geographically central PHC called the ‘Hub.’ The criteria for selecting PHCs as hubs include: high client-load in the facility, proximity to other PHCs, technical capacity of staff etc. The LACA officials invite the PHC focal points who assemble at the PHC Hub on meeting days, with the state Pro-ACT team represented. The meeting provides an effective avenue for sharing challenges, mentoring, data collection and analysis, deployment of tools and commodities, and strengthening of government ownership. It buttresses participant learning experiences through CME and strengthens referral linkages to Comprehensive Care and Treatment (CCT) while strengthening inter-PHC relationships. To date 7 clusters have been activated in the state (Suleja, Taffa, Paikoro, Shiroro, Borgu, Bosso and Chanchaga). All these host well-attended monthly cluster meetings. Details of these meeting are given in the appendix as a success story.

An assessment of the transitioned PMTCT facilities in the Niger North senatorial district revealed that out of 88 facilities (72% of all transitioned sites in Niger) transitioned to MSH, only 11 of these facilities are PMTCT sites, 41 of these have the potential and capacity to be upgraded as PMTCT sites and the remaining 39 sites are stand-alone health centers. Other key results achieved during the quarter include:

The number of ANC attendance during the quarter was 14,422 (87.8% of the state target)

11,471 were offered HIV counselling and testing (73.5% of the State target) of which 144 (1.25%) were confirmed positive

104 of the positive clients (72.2%) were commenced on ARVs

TB/HIV/ART

In the quarter under review, USAID donated a GeneXpert machine to Pro-ACT to support rapid and increased TB diagnosis among PLHIV. Facility level installation assessment was conducted at General Hospital and Federal Medical Centre Bida. FMC Bida, a secondary health care facility supported by Pro-ACT was identified as the most suitable facility for the installation of the GeneXpert machine. Other achievements under TB/HIV/ART in the state included:

2,903 adult PLHIV were clinically screened for TB (88.1% of the State target) out of which 19 were confirmed positive for TB and started on treatment

98 PLHIV were commenced on INH prophylaxis during the quarter

456 adults were placed on ART representing 78.35% of the state target

34 children (35% of the State target) were commenced on ART

Quality Improvement (QI)

A total of 32 participants drawn from Niger state were trained on QI and TB infection control to improve on their infection control work plan in their facilities, formation of QI/IC committees and commencement or reactivation of routine TB clinical screening. During the quarter QI meetings were held in 2 CCT sites with one report available from one of these sites. The report essentially touched on quality of care and human resource gaps in the facility.

Facility level data collection of tracked quality indicators and analysis of data has commenced and has been completed in 13 CCTs in Niger thus far. The report of the analysis is still being compiled. Identified service gaps are to be used for facility based QI projects. 10 CCTs have QITs constituted and the inaugural meetings held, with NigeriaQual data collection as the first QI project at facility level.

Challenges

There are identified knowledge gaps amongst the clinical staff especial, in ART program area.

Plan for Next Quarter

To provide support, and TA to the newly constituted facility QITs.

Laboratory Services

As lead Implementing Partner, proficiency testing using dried tube specimen was scaled up in Niger State to include primary health centers. Medical Laboratory Scientists from sixteen (16) supported Treatment sites across the state were mentored to facilitate this program, while the State Laboratory Quality Assurance Focal Persons coordinates the activity.

The State Ministry of Health (SMoH), Hospital Management Board (HMB) and Niger State Primary Health Development Agency (NGSPHCDA) under the auspices of the State Laboratory Quality Management Task Team were involved in the orientation with the focus to transit future activities fully to the State. The State Laboratory Task team, affected with minor changes in its leadership is committed to conclude all activities in its state implementation plan. Activities planned for implementation by the team in the next quarter include, development of laboratory policy (quality and safety manuals) for use in all medical laboratories in the State, and orientation of task team members on quality management systems.

Also, a pilot of the NIPOST DBS Transportation model was instituted in the in Suleja area of the state to overcome challenges faced with EID activities as NIPOST Suleja distributes EID results with the Point of Delivery documents.

Pro-ACT is also participating in the evaluation of the new point of care BD FACSPresto, an automated instrument for in vitro diagnostic use in performing direct (absolute) and percentage (%) CD4 count as well as haemoglobin for clinical diagnosis of anaemia in General Hospital Bida.

Challenges

Disruption of laboratory support services due to stock out of reagents for Flow cytometry

Lack of availability of CDM of Vitros DT 60 II is a major challenge in delivering chemical pathology investigation particularly after the halting by court of further importation of Vitros related commodities.

Plan for Next Quarter

- Continue to follow up all equipment issues with the central lab teams.
- Conduct IQA debriefing meeting involving all the 16 CCT Laboratory QA Officers in the state.

Community Care Services, OVC and Prevention Services

The team embarked on 10 days mobile HTC services outreach across 10 selected local government areas in the State.

A total of 10,536 persons were reached with free HTC services that comprise 9,247 from the general population and 1,289 pregnant women

71 persons were confirmed positives that included 62 persons from the general population and 9 pregnant women. These positive clients were referred and escorted appropriately for enrolment in contiguous supported PMTCT and CCT sites respectively

A Mentor Mother project with the use of mobile technology to improve patient retention was also initiated in Suleja in Q2. Successful implementation will facilitate scale up to other Pro-ACT supported facilities. The activity was kick-started by training of Mother Mentors in Suleja LGA on the use of mobile technology in addition to conducting home visits. Supportive services provided by mentor mothers will improve ANC clinic attendance, drug adherence, enhance uptake of EID services for exposed infants and increase retention in care among HIV positive pregnant and breast feeding women.

Challenges

Persistent shortage of consumables like methylated spirit and hand gloves across the supported sites with lots of missed opportunity of counselling and testing services for all clients assessing other health care needs.

Next Steps

Support grantee CBOs on quality delivery of HTC, OVC, CPMTCT, Care and Support services across target communities.

Transit all support groups previously supported by other partners from the facility to become community based support groups.

Prevention Services

Within the quarter under review, 37 persons (36 female, 1male) were reached with MPPI strategies targeting behavior change and adoption of safer sexual practices amongst key populations at risk and other vulnerable populations. Within the general population, 503 persons (291 male, 212 female) were reached with MPPI targeting youths in Tertiary schools, National Youth Service Corps and Red Cross). Amongst secondary school and out-of schools youths, 108 persons reach (47 male and 61 female). Also 7200 male condoms and 1000 female condoms were given to the National Youth Service Corps (NYSC) for the 2014 Batch- A orientation program.

Challenges

- Key target populations especially MARPs are hard to reach presumably due to the Sharia Law in Niger state and the bill prohibiting same sex relationships in Nigeria.

Logistics and Supply Chain Management

In order to improve the capacity and harmonize the quality of health facilities on logistics management of health commodities, a training needs assessment was conducted for all the inherited sites where 21 participants were selected from Niger to participate in LMHC training. And in line with the new guideline on regimen streamlining, a total of 11,943 clients currently on ART were attended to during the January-February 2014 review period, out of which 64.31% clients were on AZT based first line regimen, 34.02% clients on TDF based first line regimen. 0.28% clients on AZT based second line regime, 1.31% clients on TDF based second line regimen and 0.08% were on ABC based second line regimen. For the pediatrics, 717 clients are currently on ART, only 9 clients are on second line regimen. There is some improvement over the last quarter based on the volume of consumption and number of clients on treatment.

mSupply: In an effort to improve the efficiency and effectiveness of the logistics management system in the state, the Central Medical Stores Minna is in the process of being supported to operationalize mSupply. This is an electronic supply management system that monitors the logistic management in the central store. Wireless internet network in the area has been rectified, approval has been given for Axios IT specialist to visit SPD Niger for IT support and the CMS team has almost done their part and are awaiting the launch of mSupply.

Challenges

- Lack of storage facilities in some of the newly activated PMTCT site is a serious challenge

- Provision of shelves for the sites that have a store room and a lockable cupboard for those that do not have store room is important, thus ensuring efficient storage system

Plan for Next Quarter

- Follow up with the facility upgrade, mSupply completion process, TWG on quantification

Monitoring and Evaluation

Most of the health facilities inherited from other implementing partners had the challenges of unavailability of the current national HMIS tools, inadequate human resource for health required to have a functional M&E system. In this quarter the M&E team in Niger embarked on the following activities to strengthen the M&E system in the state.

- Recruited data entry clerks to support data documentation and reporting at the medical records
- Distributed and built the capacity of both LACA and facility M&E officers on the use of all the national HMIS tools
- The M&E team also retrospectively sorted and reported data from the 8 comprehensive health facilities inherited from IHVN and FGH.
- The team also jointly embarked on retrospective data documentation with data entry clerks and facility M&E officers.
- We have continued to support LACA M&E officers to support data documentation and reporting from health facilities in their LGAs. This includes building their capacity to enter data into the national reporting platform (DHIS)

Challenges

- A large gap still exists in interpretation of indicator across sites and even among LACA officials which can affect the quality of data reported.
- Health facility staff that were trained on the different thematic areas have not adequately applied the knowledge gained during the training. This is therefore affecting service delivery across thematic units.

Plans for next quarter

- M&E team will engage more with the state government actors (SACA, SAACP, BDPRS and HMB) for a more effective and sustainable M&E system in the state
- The M&E team will be providing feedback to the state team on its performance during the state program review meetings.

We will continue to mentor SACA, LACA and SASCP through joint visit to provide technical support to health facilities in the state.

Executive Summary

In the quarter under review, the project in Sokoto State supported the inauguration of the State Management Team (SMT), provided TA to the Sokoto State Agency for the Control of AIDS and TB (SOSACAT) to develop its annual costed operational plans for 2014 inclusive of PEPFAR, Global Funds, World Bank and State government plans.

A Letter of Understanding (LOU) that defined Pro-ACT support as PEPFAR treatment lead implementing partner in the state with Usmanu Danfodiyo University Teaching Hospital (UDUTH) was signed on February 19, 2014. Though signed this quarter, MSH had taken over responsibility (of supporting the facility effective, October 1, 2013. MSH technical assistance in the quarter included:

- revamping the moribund DBS sample collection network and transportation in the state
- Focused and structured CMEs including a grand CME organized by MSH Global HIV Technical Lead ensured capacity building of over 200 health workers across supported health facilities including PHCs in the state
- The State team also facilitated the USAID Mission Director's visit to the state. This provided a platform to explore better collaboration of USAID supported projects in the state. As result of this visit MSH will integrate PMTCT intervention into TSHIP package of services for better program synergy and impact on health systems

In the quarter, 62 HIV positive pregnant and breast feeding women received PMTCT interventions including ART. 17 women were known positives already on treatment while the remaining 45 received ART prophylaxis. 6 HIV exposed infants delivered at the supported facilities received Nevirapin prophylaxis within 72 hours of delivery.

Pro-ACT continued to notice among health workers significant knowledge gap relating to the use of Cotrimoxazole for exposed infants in supported facilities. Consequently the MSH technical team continued to provide supportive mentoring and CMEs for HWs to bridge this gap. is working at improving this through CMEs.

Health Systems Strengthening

USAID Mission Director's Visit: The USAID Mission Director visited UDUTH while in Sokoto, a tertiary institution supported to provide comprehensive HIV care, treatment and support services. MSH staff in Sokoto organized the site visit and also made appointments for the Mission Director to meet with officials from the state Ministry of Health. At the facility, he held discussions with UDUTH management, service providers and beneficiaries. He reassured the state of continued USAID support while emphasizing the issue of program sustainability. Following the meeting with SMOH officials, the Director discussed with the Pro-ACT team strategies of working with other USG supported partners to engage the state government and to help address the state poor health indicators.

Inauguration of SMT: The President of the Federal Republic of Nigeria mandated each state government to inaugurate a functional SMT in the state as part of their National HIV/AIDS response plan for the country. Pro-ACT initiated and supported the state to constitute and inaugurate the state management team, making Sokoto state the first among Pro-ACT project states to have an SMT in place.

Signing of LoU with UDUTH: MSH signed a Letter of Understanding (LoU) with UDUTH where the Project Director and the Director of Health System Strengthening signed on behalf of MSH while the CMAC and Director Administration signed for UDUTH. UDUTH, being a tertiary institution, answers directly to the Federal Ministry of Health. Hence it is important to have an LOU with them, which is outside the arrangements the project has with Sokoto state government, stipulating the different roles and expectations the two partners (Pro-ACT and UDUTH) have to play to achieve the partnership objectives.



Members of the management teams of UDUTH and Pro-ACT pose for a group photo after the signing of the LOU

Engagement of volunteers (PITC & Data Entry Clerks):

Due to the gap in human resources for health, Pro-ACT engaged 2 sets of volunteers (PITC and data clerks). The Data clerks are to support and improve on interventions documented and reported while the PICT is to support counselling and testing in the facilities.

Collaboration meeting with TSHIP: MSH facilitated a collaboration meeting with TSHIP. This is a follow up on the request made by the USAID Mission Director during his visit to the state. Some of the issues and potential areas of collaboration identified in the meeting include:

- Plan for a joint advocacy visit to the Commissioner of Health and senior policy makers and health managers at the state MOH
- Jointly host a health fair to raise awareness about the health gaps in the state and generate interest and commitment from key stakeholders on how to address them
- Capacity building of TSHIP staff to facilitate MNCH sessions during future PMTCT trainings organized by Pro-ACT
- Integrated MNCH/FP/PMTCT service delivery-orientation of the facility staff/matron and in-charges on the TSHIP/Pro-ACT collaboration to improve MNCH/FP/PMTCT services in health facilities where both projects overlap
- Health education and messaging during antenatal clinic health talk now to include PMTCT-Pro-ACT to share PMTCT messages for incorporation
- Jointly organize male involvement activities to educate and sensitize men on the benefits of antenatal care in partnership with Jama'atue Nuru Islam (JNI) and other vibrant CSOs working in target communities

Support to SOSACAT in work plan development and costing: Pro-ACT as the lead IP in the state supported SOSACAT in developing and costing their state work plan. Pro-ACT provided technical assistance to SACA in costing activities in SOSACAT work plan. This support was highly commended by both the State and by NACA.

Next steps

- Work closely with SOSACAT, SMOH and other IPs for more collaboration

- Fully support developmental forum and USAID IPs forum (separately) to enforce collaboration

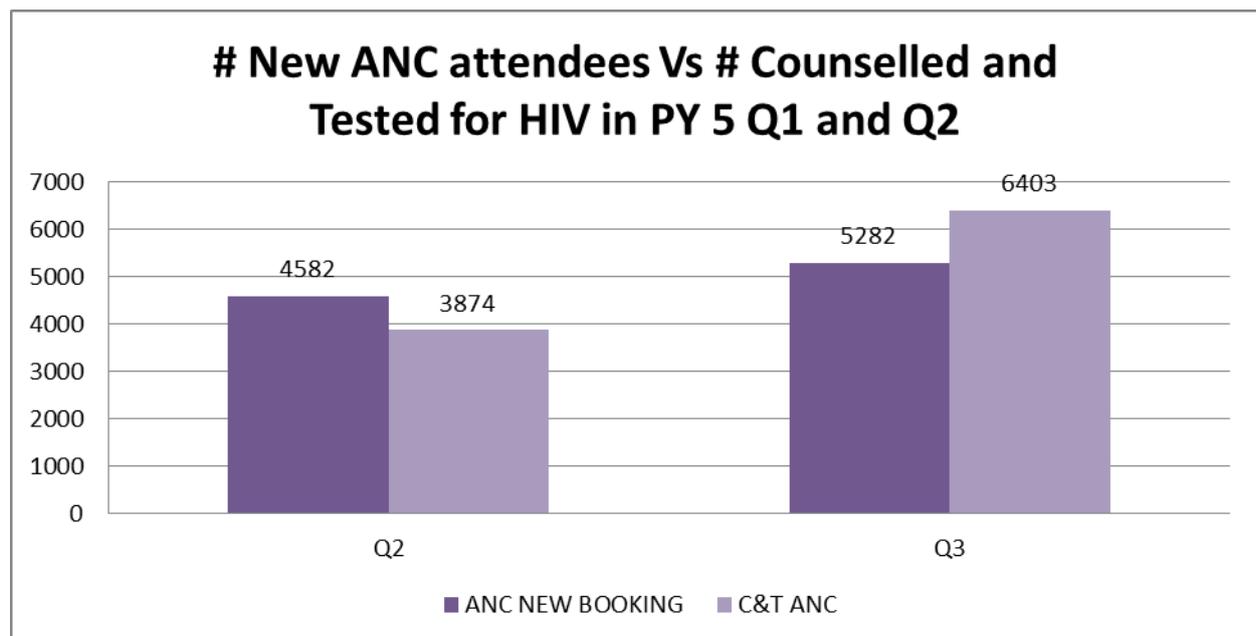
Clinical HIV/AIDS Services

In trying to bridge the gap between knowledge and action in the area of PMTCT, Pro-ACT built the capacity of over 200 healthcare workers through CME and supportive mentoring. Likewise, mechanisms have been put in place to improve HTC uptake among pregnant women attending ANC, labor and delivery. In collaboration with local partners, EID services have commenced through sample logging for DNA-PCR. There have been remarkable achievements recorded as illustrated in the reduction of losses in PMTCT services intervention from 34% in Q1 to 5% in Q2. However the knowledge gap on the part of service providers, inadequate human resources as well as poor documentation were still challenges identified during the quarter. Support through mentoring and training will continue to be provided in addressing these challenges.

Highlights of activities and achievements include:

- Re-established HTC service in Sokoto State Specialist Hospital ANC and labor units
- Decentralized ART services (TDF/3TC/EFV and Nevirapine Syrup) to ANC department of UDUTH and Specialist Hospital Sokoto
- Coordinated a grand CME to 45 Healthcare workers of UDUTH Sokoto and other CMEs in 10 Pro-ACT supported sites in the state with over 180 health care workers in attendance
- Oriented facility staff on ART regimen streamlining according to Federal Ministry of Health guidelines and recommendations
- Solicited 120 DBS kits from Pathfinder International and successfully distributed them to all sites through logistics department and initiated DBS sample logging to Asokoro District Hospital
- Provided supportive supervision to all the PMTCT sites in the state
- Administered PMTCT training needs assessments in all the sites

The commencement of HTC at antenatal (ANC) care services unit of Specialist Hospital Sokoto (SHS) and ART decentralization to ANC units of SHS and UDUTH including other supported facilities in the state improved HIV service uptake for pregnant and breast feeding women.



Increased HTC uptake at ANC during the second quarter (Q2) was noted as compared to the first quarter (Q1). As seen from the chart above, the number of pregnant women tested in the quarter under review is higher than the total new ANC attendees. This is as a result of backlog of untested pregnant women in the previous quarter who were offered counselling and testing services this quarter. By the end of the quarter, 10,277 pregnant were counselled and tested – which is 36% of the state’s annual target for this indicator.

ART Prophylaxis at ANC and Maternity

A total of 62 HIV positive pregnant women received PMTCT services of these 17 were known positives already on treatment. All the other newly diagnosed positive pregnant women were placed on prophylaxis.

To address the challenge of HIV testing in labor wards among un-booked pregnant women, the team provided test kits in labor rooms. This resulted in 100% (236) testing of un-booked women who delivered in the. Three (1.3%) unbooked pregnant women tested positive to the HIV antibody test and were provided with ART prophylaxis.

Exposed Infants/Early Infant Diagnosis

Sample logging for DNA PCR to Asokoro Hospital, Abuja has commenced in earnest. A total of 55 samples (including backlogs) were sent for analysis in the month of March, 2014. A total of 6 HIV exposed babies were delivered in the quarter and they were all provided with Nevirapine prophylaxis within first 72 hours of life. However, commencement of CPT for exposed infants at 6 weeks still remain a challenge as many providers are not aware of the need.

Next Steps

- To continue supporting the providers on HIV/AIDS service provision through CMEs and supportive supervision/mentoring
- MSH to fast track the procurement of DNA- PCR machines in UDUTH to aid in EID and reduce the result turnaround time

Laboratory Services

The new Laboratory Systems Specialist joined the team in the quarter under review. Site visits have been conducted to map sites for enrolment into the dried tube specimen proficiency testing. 3 day orientation was conducted for all 6 treatment and PMTCT sites to facilitate linkage into the current network of proficiency testing participating facilities. Laboratory Audit has been instituted in the quarter under review and will be concluded in the next quarter. The laboratory team embarked on advocacy visits to leverage support for accreditation of laboratories.

Challenges

- Stock out of Roche Amplicor kits for EID testing at the Usman Dan Fodio Teaching Hospital due to migration from the Roche Amplicor to Cobas Ampliprep/Cobas Taqman automated platform.
- Poor documentation in some laboratories

Next steps

- To continue onsite visits, coaching and mentoring of facility staff.
- To continue advocacy to Sokoto State Government to employ qualified medical laboratory personnel and registration of laboratories with Medical Laboratory Science Council of Nigeria (MLSCN).

- To continue monitoring the mechanism put in place on the durability and viability of prepared panel for quality assurance in Sokoto State.

Community Care, OVC and Prevention Services

With recruitment and deployment of the Community Care Specialist to the state, under the guidance and leadership of the State Team Leader, advocacy was carried out to key stakeholders in Sokoto North, South and Wamako LGAs. In each LGA visited, outreaches were also conducted to sensitize the people about HCT and PMTCT and stimulate demand for these services at the Pro-ACT supported CCT. As part of its role as Lead IP, technical assistance was provided to SOSACAT for the HPDP HAF 11 project grantee CSO assessments and the team supported the PLHIV Support Group (SG) Meeting.

As a result of backlog of untested pregnant women recorded the previous quarter, a total of 6403 pregnant women were counseled and tested for HIV in this quarter. This shows that a kind of mop-up testing has taken place. By implication, the organization has successfully recorded 125% increase in HTC among pregnant women during the current quarter as compared to the previous quarter.

CHALLENGES

- Low capacity for the conduct of HIV Counselling and Testing amongst facility staff and volunteers.

NEXT STEPS

- Conduct HTC/PMTCT training for MSH supported sites facility staff/volunteers.

Logistics and Supply Chain Management

During the quarter the ProACT team initiated a collaborative effort with Tambuwal local government expanded program on immunization which ensured proper storage of GH Tambuwal cold chain laboratory items, thus forestalling service interruption and preserving integrity of the items. The team also redistributed 1260 packs of AZT/3TC/NVP (paediatric formulation) as well as 260 packs of AZT 300mg which were short-dated thus saving the project an estimated N1, 127,790.00. Decentralization of pharmacy services to the ANC at UDUTH and Sokoto Specialist Hospital was successfully undertaken thus improving service efficiency and clients' convenience. The state PMTCT outreaches received RTK support from SOSACAT; 13800 tests of determine, 500 tests of double check gold and 100 tests of Stat Pak.

WASTE MANAGEMENT

398 cartons of expired commodities were collected across facilities in the state. The bulk of the expired commodities (300 cartons) were retrieved from UDUTH. This is the first waste drive ever conducted in the facility since the inception of HIV/AIDS interventions. Discussions have been held with facility management on strategies how to minimize expiries in the future.

The challenges encountered this quarter include; poor documentations at some point of services and HRH constraint at UDUTH ART pharmacy. It is hoped our continuous mentoring and support would address them.

MONITORING AND EVALUATION

Highlights of activities and achievements include:

- SOSACAT M&E, 23 LACA M&E Officers, SAPC M&E and HF M&E officers were trained on data documentation and reporting.

- The state Senior M&E Specialist was elected to serve as chairman of the State M&E
- The team supported the National DQA conducted by NACA. The M&E team worked closely with SOSACAT to populate the state data (as the Lead IP in the state) which was used for the DQA.
- M&E team successfully extracted the inactive patients from the active ones and the actual number on care and treatment were calculated successfully from all inherited sites.

CHALLENGES

- Mixed numbering in UDUTH.
- PMTCT folders not in M&E records at all.
- Some HMIS tools are out of stock (Client Intake forms, Death, TO and LTFU register).

Next Steps

- Joint supervisory visit with SOSACAT, SAPC and Pathfinder Int'l to validate the functional sites in the state and also to validate Jan-Dec 2013 data.
- Continue capacity building for SOSACAT, SAPC, Pathfinder Intl, LACA M&E officers and facility M&E officers on data documentation and reporting.
- MSH M&E team to start collecting data during the M&E state monthly meetings this will ensure improved turnaround time for data collection and reporting

Executive Summary

During the period under review Pro-ACT supported the State Agency for the Control of AIDS (ZAMSACA) in the development and review of its 2014 Work Plan inclusive of PEPFAR, Global Funds, World Bank & State Government. ZAMSACA was the first in the country to have its work plan cleared by The World Bank.

HTC and PMTCT outreaches were done in three LGAs - Gusau, Shinkafi and Kaura Namoda; 7,575, persons from the general population were reached. Out of this number 28 tested positive to the HIV antibody test. Also, 2,811 pregnant women were reached with HTC for PMTCT out of which 2 were HIV positive. The outreach activity made it possible for Pro-ACT to achieve 145% of its monthly HTC PMTCT target for the month of February 2014. Meanwhile, health facilities were encouraged and mentored by MSH staff to establish more testing points for the purpose of increasing access to HTC service.

The Emir of Gusau was effectively mobilized for HTC outreach, and said although he was aware of the involvement of donor funded organizations in HIV intervention globally, it was his first direct interaction with any partner working on HIV in Zamfara State.

Whilst project staffing was initially a challenge at the beginning it is hoped that with the full complement of clinical and laboratory staff the project will focus on strengthening systems at facility levels for qualitative and sustainable HIV service delivery in the next quarter.

Health System Strengthening

Zamfara State Procurement and Supply Management (PSM) Working Group: MSH participated in Zamfara State Procurement and Supply Management (PSM) Working Group meeting which was held in Gusau, on the 27th day of February 2014. The meeting discussed among other issues, the integration of supply management systems of healthcare commodities in the state among others.

Support to Zamfara State Agency for the Control of AIDS: During the reporting period, Zamfara SACA was supported by Pro-ACT to develop its 2014 work plan. Key activities in this process include:

- Supporting the Project Manager to attend a one day work plan orientation work shop organized by NACA in Abuja.
- Strengthening the planning skills of ZAMSACA through direct coaching and hands-on continuous training in which ZAMSACA technical staff has developed and are demonstrating improved planning skills across board;
- Pro-ACT has shared with them tools and techniques of planning that will ensure continuous improvement in this regards
- Harmonization of implementing partners work plan into the state Unified Plan. ZAMSACA now has 1 State HIV/AIDS response plan. Reviews of the work plan developed by the agency to address certain questions and comments raised by NACA in order to perfect the work plan to meet the requirements of both NACA and the World Bank. As a result of the support

given to the agency by Pro-ACT, Zamfara SACA's work plan became the first in the country to be cleared by the World Bank.

Capacity Building

To strengthen the quality of service delivery in the state through capacity building, MSH has signed an HSS grant agreement with Zamfara State Ministry of Health (Center for Continuing Education). This now gives the state an opportunity to identify and train its own trainers for the implementation of the grant.

At the facility level, MSH has recently trained 6 quality improvement officers – 2 each from FMC Gusau, GH Shinkafi and GH Kaura Namoda who will lead QI activities in those CCT sites.

Clinical HIV/AIDS Services

Pro-ACT support for CCT continued in FMC Gusau, General Hospital Shinkafi and General Hospital Kaura Namoda. To help bridge the gap in human resources, in March 2014, three consultants were engaged by Pro-ACT and deployed to support the three CCT sites. Within the month of their deployment, the consultants were able to not only identify the challenges of clinical care in the provision of HIV services at the specific facilities, but also assisted tremendously in addressing such challenges.

Achievements

- To address high patient attrition and defaulter rates in 3 Pro-ACT supported CCT sites, tracking teams were constituted in line with MSH tracking protocol. We also installed a data documentation system for EID/DBS sample collection at FMC Gusau, and mentored the lab personnel on data documentation tools for DBS (forms and register) and strengthened clinical care, and cotrimoxazole data documentation system in Pediatric ward at FMC Gusau.
- The project put in place a *Child Follow up* register data documentation system for exposed infant children receiving Sd NVP at L&D and a paediatric clinic through onsite hands-on training to record staff and Nurses
- Bimonthly LMIS data collection and validation was carried out in March 2014 in all PMTCT sites.
- From 18th to 19th March 2014, Yariman Bakura Specialist Hospital, Gusau was assessed by Pro-ACT for activation to provide Comprehensive HIV Care and Treatment Services in Zamfara State, which will bring the number of Pro-ACT supported CCT sites in the state to 4.
- In another development, Zamfara State Ministry of Health approved the transition of GH Maru, which provides PMTCT services under Pro-ACT from MSH to Pathfinder with effect from March 1, 2014 as the later planned to upgrade the facility to provide CCT services under Global fund.

Laboratory Services

Logging of samples for CD4 tests from FMC Gusau to GH Kaura Namoda was initiated during the period under review. The following was the result of samples that were logged in the month of February 2014:

CD4 Count	HIV Pos. Non-ART	HIV Pos. ART	Total
<200	28	16	44
200-350	26	27	53
>350	29	38	67
TOTAL			164

Also, DBS samples were received from GH Tsafe and taken to FMC Gusau which has been designated to serve as the states' DBS Hub for collation of samples/distribution of results from Asokoro PCR lab via Abuja Office pending the reactivation of Sokoto PCR laboratory.

Community Care, OVC and Prevention Services

Zamfara is the second new state assigned MSH as part of the USG rationalization; as such most of the community activities conducted within this reporting quarter were in preparation for the new community grants that are to be signed in this quarter. The activities include, site assessment visit to CCT and PMTCT sites in the state, reactivation of support groups linked to all comprehensive sites, constitution of tracking teams for the following CCT sites; General Hospital Kaura Namoda, General Hospital Shinkafi and Federal Medical Center, Gusau. Other activities include Mobile HCT/PMTCT outreaches in Gusau, Shinkafi and Kaura Namoda LGAs, which reached 7,575 persons in the general population, out of which 28 tested HIV positive. Also 2,811 pregnant women were reached with HCT for PMTCT and 2 tested HIV positive.



A community Leader in Gusau LGA taking an HIV test

At the facilities, more PITC points were established and Pro-ACT provided hands-on mentoring on PITC to facility staff and early reports are indicating that uptake of PMTCT / HTC by clients is on the increase. PLHIV Support Groups in the two Pro-ACT supported CCT were reactivated and attendance by members is reported to be on the increase.

Furthermore, TA was provided to the Zamfara State Ministry of Education in the identification and training of teachers of secondary schools for In-school programs, and contact was established with the NYSC Peer Education Unit in preparation for the implementation of Peer Education Programs amongst Corps members and their peers.

Challenges

- Low knowledge and capacity for implementation of HTC, PMTCT, adherence activities in the health facilities in the state.

Logistics and Supply Chain Services

The Zamfara State Procurement and Supply Management (PSM) Working Group met in February to discuss, among other things, the integration of supply management systems of healthcare commodities in the state among others. One significant achievement by the PSMWG has been the quantification of Malaria products for the state which were delivered in February 2014.

Overall there have been uninterrupted and reliable supplies of most HIV commodities particularly ARV drugs - and this is thanks to the capacity that is being built in the facilities in the areas of quantification forecasting and reporting.

On-site coaching of facility staff on LMIS tools continued during the quarter. This is aimed at building the skills of facility staff in effectively managing health commodities and rendering quality pharmaceutical care to the clients. In addition all the 17 PMTCT+HTC sites were invited for a Cluster Review Meeting where the capacities of the focal persons were built on completion of the PMTCT CRRIRF and PPR.

There were two (2) incidences of Adverse Drug Reactions which were reported using the NAFDAC national Pharmacovigilance forms. The reports came from Federal Medical Centre Gusau and General Hospital Shinkafi.

Other activities included:

- DBS Bundle Kits were distributed to FMC Gusau and GH Tsafe in support of EID services.
- Regimen analysis of clients on HAART as at the end of February 2014 for all the CCT sites was done. The analysis shows that 89.98% of adult clients are on Zidovudine based regimen compared to 90.95% in December 2013, and 10.02% are on Tenofivir (TDF) based regimen as against 9.05% in December 2013.
- To prevent incidences of stock and expiration, facilities staffs were encouraged to maintain an updated tally cards. Following the First to Expire First out (FEFO) principle, short dated commodities were redistributed to facilities that had the capacity to utilize them.

Waste Management

Quarantined expired medicines and Laboratory commodities were retrieved from Health Facilities to the State Office for 2014 Healthcare Commodity Waste Drive. The Expired Commodities were populated into Inventory Template, packaged according to Standard Operating Procedures and picked up for onward conveyance to Port Harcourt.

NEXT QUARTER PLANS

To continue with the provision of technical support to facility staff to enhance quality service delivery at the hospitals.

Monitoring and Evaluation

PM C&T (includes pregnant women with known HIV status): The state during the Q1 contributed 46% to this indicator, and after a series of activities in the Q2 the percentage rose from 46% to 93% with a sharp increase in the trend of 60% in (January), 140% (February), and 71% in March, 2014. The community outreach conducted in 3 LGAs in Zamfara state to scale up PMTCT service recorded a huge success with a large turnout of pregnant women counselled, tested and received their test result at PHCs, and non-Pro-ACT supported sites in different communities. About 2,672 pregnant women received HIV C&T which the state reported 140% achievement in February, 2014 alone comparing with the state target.

ARV prophylaxis for pregnant women: During the Q1 and Q2 reporting period the state reported 81 HIV+ pregnant women of which 68 (84%) were placed on anti-retroviral to reduce risk of mother-to-child transmission. The team is putting measures in-place to ensure all HIV+ pregnant women identify at both ANC and L&D are placed on ART in subsequent quarters.

HCT: The data reported for HCT during the reporting period in Q1 was 5,322 representing 92% achievement compared with the Q1 target of 5,793 while in Q2 there was a significant increase of both HCT uptake and achievement as a result of community outreach conducted in 3 LGAs to scale up HIV C&T services, and increase access to HIV care and treatment. The state reported 15,112 as number of individuals who received HIV C&T with results which represent 261% compared with the Q2 HCT target, community outreach alone reported 7,604 in two weeks (general population). The state is working very hard to sustain this growth and ensure HIV C&T is offered to all individuals visiting MSH supported health facilities.

Care and Treatment: Reported data on this indicator has remained below 20% for Q1 and Q2 this could be as a result of the low prevalence (0.4) in the state. However, Pro-ACT is putting measures in place to ensure all identified HIV positive clients including those referred have access to care and treatment/ enrolled into care and treatment. Analysis of data reported across 3 CCT site, revealed that FMC Gusau contributes 73% of the intervention/program data followed by GH Kaura,16% and GH Shinkafi, 10%.

Though the number of adult and children initiating ART in Q1 and Q2 remained below expected target, there is a rise from 19 %(88) in Q1 to 24 %(110) in Q2.

In reporting the number of adults and children newly initiated on ART, the state during Q1 and Q2 achievement was below the expected target of 462 but reported 88 (19%) of new clients initiated on ART in Q1, while in Q2 reported 110 (24%) from the previous quarter achievement. The state has not been meeting its monthly and quarterly target on this indicator but effort were put in place to work closely with the clinical consultants across the CCT sites as the M&E team during the state performance presentation revealed that FMC Gusau contributes 89% to this indicator, GH Kaura 10%, and GH Shinkafi 1% during the Q2 data reported. The M&E team strongly recommends the need for the *clinicians to review* all HIV positive clients on care to assess their eligibility for ART.

INTRODUCTION

During the quarter under review, the M&E team focused more on activities that foster ownership and sustainability, through collaboration with Stakeholders in the State and service providers at health facility level to strengthen capacity of HF to generate, analyze and use HMIS information for hospital systems improvement and decision making. This will be achieved through strengthening data documentation, reporting, and quality checks with the overall goal to improve decision making and enhance quality of service delivery in all supported health facilities. The M&E team has continued to prioritize strategic activities like technical assistance, capacity building, mentoring, supportive supervision, and advocacy, with the objectives to strengthen the capacity of the State government and health facilities to ensure ownership and sustainability of service delivery in all the States.

Highlights of Achievements

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

- Strengthening State government M&E system.
- Participation in government of Nigeria organized M&E activities.
- Strengthening Data Quality in supported States.

M&E support to the MSH Project:

- Monthly data collection and entry into MSH, National, and USG DHIS Reporting Formats.
- Regular on-site mentoring of health facility staff through hands-on experience.
- Capacity building and knowledge sharing among M&E staff aimed at strengthening Pro-ACT M&E system.

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

Strengthening State Government M&E System

As the lead implementing partner supporting 195 health facilities in 59 of the 99 LGAs in Niger (114 HF in 24 of 25 LGA), Kwara (24 HF in 7 of 16 LGA), Kebbi (27 HF in 12 of 21 LGA), Sokoto (10 HF in 7 of 23 LGA) and Zamfara (20 HF in 9 of 14 LGA) States, and with the current drive by USAID to increase government commitment in the health system in Nigeria, the project focused on putting in place and strengthening government owned and sustainable M&E systems.

To strengthen the state government M&E systems, MSH Pro-ACT M&E unit conducted 2 batches of 5-days training on data documentation and reporting for SACA, SMOH, LACA and comprehensive health facility M&E officers from Sokoto, Kwara, Kebbi and Zamfara States, with the exception of Niger State who had their training done in Q1. The training was aimed at strengthening data documentation and reporting skills of SACA, SMOH, LACA and HF; build quality and sustainable M&E system founded on efficient data reporting and use in accordance with the national data flow.

The purpose is to ensure that quality data are available and transmitted from the health facilities to the Government and Stakeholders in the 5 MSH Pro-ACT supported States. The National Guideline

on data reporting empowers LACA M&E officers to coordinate data reporting from the health facilities to the State (SACA) where it is transmitted to the National (NACA). Thus, this explains the main criteria for the selection of the training participants. MSH Pro-ACT believes that if the objectives of the training are met, the quality of data generated and the M&E system will improve significantly.

Participation in GON organized activities:

To strengthen our relationship with the government of Nigeria, the MSH M&E Team has been involved in all government organized activities in the States and at the National level. This has helped to foster a better working relationship with the government and also to promote MSH visibility both at the State and the National.

MSH was actively involved in the health and non-health sector data validation exercise. All MSH supported States participated in the data validation exercise. In addition, MSH participated in the National Supervisory Checklist Harmonization Meeting in Lagos.

Strengthening Data Quality in supported States

Following the M&E training, it was agreed that MSH being the lead implementing partner should facilitate joint visits to all the LGAs in the States to support the following:

- Improve coordination at both LGA and State level
- Strengthen the capacity of trained LACA M&E officers in their respective LGAs on data collection, validation, and reporting
- Strengthen electronic data reporting using DHIS (e-NNRIMS) platform
- Maintain and uplift the LGA, and State reporting rate in DHIS e-NNRIMS through timely reporting of data by all LACA M&E officers.
- Review overall State HIV/AIDS achievements and provide technical support to sites through LACA M&E officers on quality data documentation, and reporting

There was significant increase in data reporting and submission rate in National DHIS as a result of joint supervisory visit led by SACA and SASCP with technical support from MSH Pro-ACT project as lead IP in Zamfara State. An immediate outcome from the exercise showed a notable rise from 5 LGAs with 0% data reporting rate in January, 2014 to 100% in February, 2014, while 6 LGAs maintained 100% reporting rate for both January and February, 2014 respectively. 3 LGAs with an average reporting rate of 50%-85% in January, 2014 now rose to 100% in February and March, 2014 respectively.

The 100% February and March, 2014 Zamfara State data reporting rate met the minimum requirement with timeliness, and completeness of all indicators via e-NNRIMS by LACA M&E officers in February and March, 2014 from 14 LGAs. This is a demonstration of LGA M&E officers' commitment with support from the Stakeholders while MSH as the Lead IP will continue to provide necessary technical support which will ensure sustainable M&E system in the State.

Support to Project Activities:

Monthly data collection and entry into MSH, National, and USG DHIS Reporting Format

Pro-ACT's M&E unit has continued to mentor facility M&E officers to collect data accurately. The data are aggregated monthly by the facility M&E officers and transmitted to the LACA M&E officers

who transmit to the state and MSH. This process is not fully functional in all the states and LGA but the fact is that we have started it and will extend it to other LGAs.

Zamfara State has gone a step further by ensuring that the data are not only aggregated in the NNRIMS but they are entered into the national DHIS. The implementing partners in the States can log into the database and get their data for use. Pro-ACT is supporting the States to have accurate, complete and timely data that all the implementing partners can refer to for their monthly data.

Regular on-site mentoring of health facility staff

The M&E unit has continued to mentor health facility M&E officers on proper data documentation and reporting. This has improved the quality of data documentation and reporting in all MSH supported health facilities especially those inherited from other implementing partners. MSH trained supported States' LACA, SACA and SMOH on data documentation and reporting to improve their capacity to mentor M&E officers in the health facilities. The training was followed with joint visits of MSH and the State to health facilities in the Zamfara State. As a result of this training, Zamfara has managed to enter all their data into the National DHIS. The other states have also made significant progress.

Capacity building and knowledge sharing among M&E staff aimed at strengthening Pro-ACT M&E system

Evidence has shown that quality and timeliness are some of the major factors defacing data generated from supported health facilities and CBOs. In addition, about two-third of staff in the M&E team joined Pro-ACT this quarter and they are not so familiar with MSH M&E system. In order to be on the same page, a 4-days rigorous meeting comprising of all Pro-ACT M&E staff was held in Illorin, Kwara State capital from 15th – 18th March, 2014. The goal of the meeting was to afford the M&E team the opportunity to interact with each other, learn first-hand from existing staff, and collectively develop strategies to build a better, stronger and sustained M&E systems across all supported States and to prepare adequately for SAPR.



Zamfara SACA M&E Officer mentoring a nurse in ANC on the use of the monthly

SUMMARY OF MSH Pro-ACT Progress against Indicator DATA REVIEW (JANUARY – MARCH 2014)

PREVENTION AND COMMUNITY SERVICES

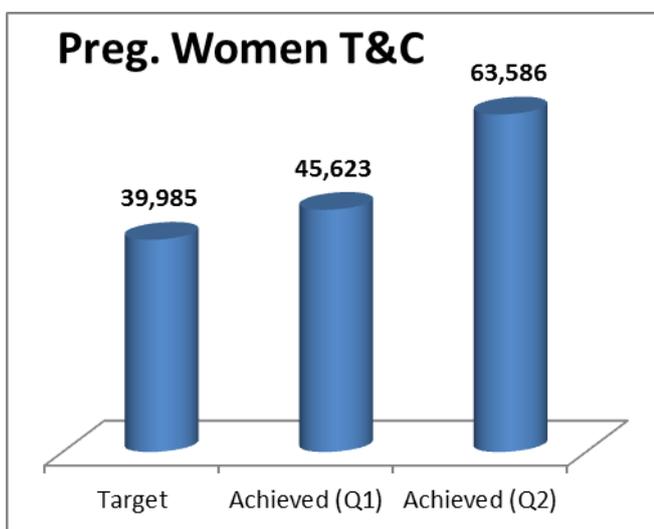
Prevention

During the January to March 2014 quarter, the prevention unit reached **2,964 (Male = 1,796, Female = 1,168)** people with AB-focused HIV prevention interventions. The target for this activity was 678. For the MAPRs indicator, **764 (CSW =145, IDU =86, Other vulnerable population = 533)** were reached with other prevention activities other than Abstinence and Be Faithful. This is **57%** of the expected target for the quarter. This is low when compared to quarter one achievement of 88%. For the general population indicator which is made of the AB and other population indicator, MSH has reached **4,451 (Male =2,584, Female = 1,867)** which is **219%** of the expected target of **2,034** for the quarter. In summary, MSH has performed very well so far in FY14 prevention targets achievement; if this tempo is maintained by the CBOs, MSH can deliver on all prevention targets. Currently, MSH has achieved the annual targets for two of the three prevention targets and has achieved only **36%** of

the Most at Risk Population (MARP) Target. In the remaining quarters of FY14, prevention interventions should be channelled to MARPs.

HIV Counselling and Testing

In this quarter alone, **121,003** individuals including pregnant women were reached with HTC services. This is about **83%** of the quarter's target of **145,345**. This is higher than quarter one achievement of **71%**. The total number of HIV positive individuals identified in the reporting period is **3,194 (2.6%)** of the total number of individual tested and received their results for HIV. A



A total of **2,490 (78%)** HIV+ individuals were enrolled in the program in 5 States of Niger, Kebbi, Kwara, Sokoto and Zamfara. A substantial number of the losses were due to poor referrals and weak linkages.

CLINICAL SERVICES

PMTCT

During the quarter under review, **63,586 (276 Known positives at entry & 63,310 unknown)** pregnant women received HIV counseling and testing and received their test results in Pro-ACT-supported PMTCT service sites a higher output when compared with previous quarter's achievement, mainly due to outreach activities. This is 159% of the expected quarterly target of **39,985**. Only **529** of these pregnant women were newly identified HIV+. This achievement can be attributed to the increase in the number of PMTCT sites after the rationalization process. The total number of HIV positive pregnant women identified in the reporting period is **805 (61%)** of the quarterly target of **1,309**.

A total of **695 (86%)** pregnant HIV positive women identified during the quarter received a complete course of antiretroviral prophylaxis at the ANC and L&D. In summary, we are currently at **68%** for pregnant women C&T and received results when compared with the FY 14 annual target of **159,941** while we are at **38%** for pregnant women who received ARV prophylaxis when compared with the FY 14 target of **2970**.

Exposed Infants Data

During the quarter **406 (Males 198 & females 208)** exposed infants were delivered. A total of **356 (88%)** received ARV prophylaxis for prevention of HIV from mother to child. Only **180** exposed babies were delivered in the health facilities and they all received ARV for PMTCT. Most of the babies that did not receive ARV were delivered outside the health facilities. In the same quarter, a total of **212** EID blood samples were collected for DNA PCR test. A total of **135** PCR results were received with **16** of them testing positive. In summary we had a positivity rate of about **12%**. Most of the babies that tested positive are those that were delivered outside the health facilities.

HIV Care & Treatment

Between January and March 2014, **2,490 (Paediatric = 164 Adult = 2,326)** new patients enrolled into care. Cumulatively, number of HIV positive clients enrolled into Care by the end of quarter two

stands at **63,701** (Niger **30,220**; Kwara **11,640**; Zamfara **4,376**; Sokoto **9,449** and Kebbi **8,016**). Currently, the number of HIV+ clients on ART is **25,910** which is **72%** of the FY14 target of **35,744**. If the project can strengthen client retention through better tracking and appointment systems, review patients' folders and with the new WHO 500 band CD4 ART eligibility criteria, the year's target is likely to be achieved before September 30, 2014.

In the same period, **1,594** enrolled clients of the expected quarter one target of **2,885** were initiated on ART. Cumulatively by the end of the quarter under review, total number of clients ever initiated on ART treatment stood at **41,534** (Niger **19,547**; Kwara **7,791**; Zamfara **1,976**; Sokoto **6,814** and Kebbi **5,407**), while **25,910** are currently on ART representing **72% of the FY14 target**.

It is important to note that only **65%** of enrolled clients were placed on ART. The average ART initiation rate of enrolled clients is about **65%** (Niger **65%**; Kebbi **67%**; Kwara **67%**; Sokoto **72%**; Zamfara **45%**). To achieve our ART figure, we need to review our ART strategies.

SUMMARY OF PERFORMANCE SO FAR

	Performance Indicator	Annual target	Achieved Oct - Dec 13	Achieved Jan - Mar 14	Cumulative Achievement to date	% achievement	Outstanding
1	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	159,941	45623	63686	109309	68%	32%
2	(Numerator) Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	2,970	423	696	1119	38%	62%
3	(Denominator) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	6,236	555	805	1360	22%	78%
4	Number of infants born to HIV-positive pregnant women who received an HIV test within 12 months (a subset of #P11.1D)	2,970	105	135	240	8%	92%

5	Number of persons in the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	8,137	6629	4461	11090	136%	-36%
6	Number of individuals reached with individual and/or small group level interventions primarily focused on abstinence and/or being faithful	2712	3248	2964	6212	229%	-129%
7	Number of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet minimum standards	6367	1175	764	1939	30%	70%
8	Number of individuals who received testing and counseling services for HIV and received their test results (including PMTCT, TBHIV, Infants)	581379	103128	121003	224131	39%	61%
9	Number of individuals who received testing and counseling services for HIV and received their test results (HCT Sites Only)	410868	56935	65681	122616	30%	70%
10	Number of HIV-positive adults and children receiving a minimum of one clinical service	53615	17223	36613	53836	100%	0%
11	Number of individuals who received C&T for HIV and received the results at a USG	10580	927	797	1724	16%	84%

	supported TB services outlets (including suspects (a subset of P11.1D)						
12	TB/HIV: (numerator)Number of HIV-Positive patients who were screened for TB in an HIV care or treatment settings	48254	5284	5809	11093	23%	77%
13	Number of adults and children with advanced HIV infection newly enrolled on ART	11538	1550	1594	3144	27%	73%
14	Number of adults and children with advanced HIV infection receiving ART therapy	35744	24568	25910	50478	141%	-41%

CHALLENGES:

1. Stock out of some HMIS Tools (such as Client Intake Forms, Death, TO, and LTFU)
2. Incomplete data documentation of clinical services by clinicians and filling of ART cards by clinicians (Zamfara); and PMTCT Prophylaxis (UDUTH, Sokoto) which often results in delay of data compilation.
3. Low capacity of M&E staff in health facilities inherited from other implementing partners.
4. Delay in the payments of stipends of Data Entry Clerks.

NEXT STEPS:

1. Providing technical assistance and support to health facility staff including clinicians to ensure proper data documentation.
2. Continuous capacity building and mentoring activities to LACA, SACA, SMoH, and Pathfinder International M&E Teams through regular follow-up.
3. Conduct monthly Cluster Meetings for Data Entry Clerks to share ideas, best practices, and challenges.
4. Joint Supervisory visits with relevant Stakeholders to validate the quality of data generated in all supported health facilities.
5. Continue to support all relevant National and USAID activities in Nigeria.
6. Provide all HMIS tools

Town Hall Cluster Meetings Improve Support to PHCs in Nigeria

Efficient HIV service-provision requires effective supervisory support, especially at Primary Health Center (PHC) level. In Nigeria, challenges like coordinating the large number of PHCs per state, long distance from coordination points to PHCs, human resource limitations, and the complex logistics of supervising hard-to-reach areas, impede local government capacities to effectively support the centers.

Yet, PHCs can be key drivers of state health responses, especially for HIV Counseling and Testing (HCT), and the Prevention of Mother to Child Transmission of HIV (PMTCT).

To strengthen PHC supervision (of HIV service provision), the PEPFAR-USAID funded project, ProACT,* adopted an innovative approach – a Monthly Town Hall Cluster Meeting (MTHCM) – held in selected PHC sites. The project which is implemented by Management Sciences for Health (MSH), is operational in Kebbi, Kwara, Sokoto, Zamfara and Niger States, where it is rolling out the MTHCM process. The meeting is a monthly activity supported by ProACT in each



Matron Adama Dantsoho (center), Suleja MCH Coordinator addressing PHC representatives during the PMTCT Cluster meeting at PPFN Clinic, Suleja

state it supports. The PHCs are clustered along Local Government Area (LGA) lines, with a cluster of about five to twenty PHCs (spokes) feeding into a much larger and geographically central PHC called the ‘Hub.’ The criteria for selecting PHCs as hubs include: high client-load in the facility, proximity from other PHCs, technical capacity of staff etc.

ProACT coordinates this activity through LGA AIDS Coordinating Agency (LACA) focal persons who are directly responsible for HIV work in PHCs, to ensure government ownership and sustainability. The LACA officials invite PHC focal points who assemble at the PHC Hub on meeting days, with state ProACT teams represented. The meetings started in November 2013, and had started yielding fruit by early 2014.

Sharing her experience about the benefits of the Monthly Meeting to Health Community Workers (HCW) and clients, Asiya Isah, Deputy Focal Point, PMTCT at the Base Medical Centre, Suleja, Niger State says “the women now have free and quality healthcare within their reach. On our part, we now know the precautions needed to be 100% free from any risk of being infected as we deliver {HCT, birth-delivery and PMTCT} services to them.” For Hajiya Adama, Maternal and Child Health Coordinator, Suleja LGA, the cluster meeting has helped to improve HIV services as health workers now “meet as a group to discuss problems from PHCs and find solutions to them collectively. We also check our registers to ensure data is entered correctly.”

A ProACT Niger team member, explains that the project state team supports 98 PHCs and 16 HIV Comprehensive Care and Treatment (CCTs) facilities. “It would be quite demanding - program and logistics-wise - to effectively provide supervisory support to all 98 PHCs on a regular basis,” he says. He adds that the Meeting provides an effective avenue for Challenge-Sharing, Mentoring, Data-Collection and Analysis, deployment of tools and commodities, and strengthening of government ownership. It buttresses participant learning experiences through Continuous Medical Education and strengthens referral linkages to CCTs while strengthening inter-PHC relationships.

So far, seven clusters have been activated in Niger state, in Suleja, Taffa, Paikoro, Shiroro, Borgu, Bosso and Chanchaga. They all host well-attended monthly cluster meetings.

APPENDIX: REPORT OF PMTCT FACILITY ASSESSMENTS IN NORTHERN SENATORIAL ZONE OF NIGER STATE HELD ON 19TH FEBRUARY– 5TH OF MARCH 2014

a. Introduction

Management Sciences for Health has supported the Nigerian Government in the fight against HIV/AIDS in country by implementing comprehensive services for people living with HIV/AIDS. These services includes HIV counselling and testing, PMTCT, adult and paediatric ART, TB care and OVC. For quality HIV/AIDS services across board, the Federal Ministry of Health in collaboration with USG implementing partners commenced and concluded the process of rationalization of States in September 2013, where one IP is responsible for a particular state in terms of service provision and facilitation of HIV/AIDS logistics and commodities.

In this light, a total of 121 health facilities in Niger state mainly primary health care facilities were transitioned to MSH of which Niger north senatorial district accounts for 72% (88 facilities). These facilities were initially supported by Friends in Global Health and for proper takeover of these facilities, MSH conducted assessment of these 88 transitioned sites.

b. Objective:

The overall objective of the assessment includes;

- Establishing the current status of the transitioned sites and provide recommendations on continued support as PMTCT sites or stand-alone HTC Sites

c. Methodology:

The methodology used involved questionnaire administration with in depth interviews by the consultants finally ending with inspection of available data capture tools or registers and a general inspection of the facility with observation of any activity occurring at the time of the visit. Respondents were heads of the facilities and or an experienced staff of the facility.

d. Key Findings (Summary of Facilities Assessed)

Of the 88 facilities assessed 38 is recommended to be upgraded to PMTCT sites, 39 as stand- alone HCT sites and 11 sites are already providing PMTCT services (National Council of women Society (NCWS) Clinic Farin Doki, Model Health Clinic Paiko, Kaffin Koro rural Hospital, Basic Health Centre Sabon Wuse, Standard Hospital Minna, MCH Old Airport Qtrs Minna, Bazzam Jazim Hospital, PHC Kpakungu, Musa Yara Duwa Memorial Hospital, Rural Hospital Sarkin Pawa and Kuta Rural Hospital) ECWA clinic paiko was providing PMTCT services initially but stopped since November last year because the facility have no drugs (available drugs has expired)

In conclusion therefore, of 88 facilities assessed, 38 sites have the potential and capacity to be upgraded as PMTCT sites and 39 sites are recommended as stand - alone site.

REPORT OF 2nd PHASE OF MSH SITES ASSESSMENT IN NIGER STATE HELD BETWEEN 24TH – 28TH MARCH 2014

Following post-rationalization of states, a total of 25 IHVN sites were assessed by two consultants (Dr S. Bature and Dr S.Uba).The preliminary findings of these facilities are shown in the table below

Out of the 25 facilities assessed, 24 facilities are already providing PMTCT services and are recommended to be strengthened with the ongoing PMTCT services and 1 facility (PHC Benji) is recommended to be up graded as stand-alone HTC site

In conclusion therefore, 96% (24 sites) of the facilities are already providing PMTCT services and 4% (1 site) is not providing PMTCT but recommended to be upgraded as HCT site. All PMTCT sites are doing very well

REPORT OF FACILITY ASSESSMENTS IN SOUTHERN ANDEASTERN SENTORIAL ZONE OF KWARA STATE CONDUCTED BETWEEN 24th-28th March 2014

(12 of 25 sites)

A total of 12 sites in 3 LGAs were assessed. 6 in Ilorin South, 5 in Ilorin West and 1 in Asa LGA. The list of the facilities is as shown below.

Surulere Medical Centre	Kwara	Ilorin west	FGH	PMTCT Site
PHC Oke Ogun	Kwara	Ilorin South	FGH	PMTCT Site
Olufadi Basic Health Centre	Kwara	Ilorin South	FGH	HCT Site
Olanrewaju Private Hospital, Ilorin	Kwara	Ilorin East	IHVN	PMTCT Site
Oke Suna Clinic and Maternity	Kwara	Ilorin East	FGH	HCT Site
Cottage Hospital Ajikobi	Kwara	Ilorin west	IHVN	PMTCT Site
Adewole Maternity Centre Ilorin	Kwara	Ilorin west	IHVN	PMTCT Site
Pakata Health Centre	Kwara	Ilorin west	FGH	PMTCT Site
Basic Health Centre, Otte Asa Ilorin	Kwara	Asa	IHVN	PMTCT Site
Cottage Hospital Ogidi	Kwara	Ilorin west	IHVN	PMTCT Site
Omolola Private Hospital, Ilorin	Kwara	Ilorin East	IHVN	PMTCT Site
Society for youth and orphaned Children	Kwara	Ilorin South	FGH	NA

KEY FINDINGS

1. Two of the facilities were found to be in Ilorin East and not in Ilorin South.
2. PHC Oke Suna was found to be in Ilorin East and not in Ilorin West.
3. The society for youth and orphaned children is not a health facility and does not offer maternal, newborn and child health services.
4. Out of the 11 facilities assessed, 9 were PMTCT sites and two were HTC site.
5. Olufadi Basic Health Centre even though was said to be a PMTCT site was essentially observed to be a HTC site.
6. 4 out of the 10 PMTCT sites were providing comprehensive PMTCT services.
7. Training needs were identified in all the sites assessed.
8. RTKs were available in all the sites assessed.
9. The private health facilities were enthusiastic in providing PMTCT services.
10. Low facility delivery despite high ANC uptake was a consistent finding.
11. The 3rd stage of labour was passively managed in all the facilities except one.
12. All the facilities were not using Partograph to monitor labour.
13. PMTCT registers were available in all the facilities
14. Only one of the facility was offering cervical cancer screening
15. RTKs were supplied directly from Central Medical Stores Oshodi for most of the facilities

**REPORT OF FACILITY ASSESSMENTS IN NORTHERN SENTORIAL ZONE OF KWARA STATE
CONDUCTED BETWEEN 24th-28th March 2014**

(13 of 25 sites)

a. List of sites assessed (Ilorin East/Edu/Patigi LGAs)

1. Anuoluwa clini and maternity, Gbugbu. Edu LGA
2. PHC Edogi, Dukun. Edu LGA
3. PHC Likpata, Edu LGA
4. District Health unit Lafiagi, Edu LGA
5. Community health centre, Gbale, Edu LGA
6. Olutayo Private Hospital, Ilorin East LGA
7. Ikon Allah maternity clinic, Ilorin East LGA
8. Okelele PHC, Ilorin East LGA
9. Patigi General hospital, Patigi LGA
10. Model Primary Health Centre Kpada, Patigi LGA
11. Cottage Hospital, Lade. Patigi LGA
12. Infant Welfare clinic, patigi. Patigi LGA

Key Findings

- Of the 13 sites on the list for assessment 12 existed.
- The **district health unit patigi** has been merged with the **infant welfare clinic** and offer only HTC services
- Of the 12 sites assessed 4 are designated PMTCT sites and 8 are HTC sites
- **Only 3** sites offer PMTCT services
- One of the designated PMTCT sites (GH Patigi) does not offer “complete” service and no provider has been trained for PMTCT. Clients are only provided ARV prophylaxis for 2 weeks and referred to GH lafiagi >100km away.
- Feeder sites and referral sites are distant apart; the commonest barrier to accessing PMTCT care
- Training needs identified in all sites assessed
- Poor documentation
- Stock out of RTKs is not a significant challenge in Kwara State
- There is a consistent level of enthusiasm and motivation to provide PMTCT services at all eligible sites
- Private facilities appear uncommitted to free PMTCT services due to conflict of interest
- Despite high ANC uptake, low or no facility delivery is a consistent finding

Summary of Assessment in Niger (Phase 1 and 2) and Kwara state

	Niger	Kwara	Total
Number of facilities assessed	113 (88+25)	25*	138
Sites providing PMTCT services	35 (11 + 24)	16	51
Sites with potential to provide PMTCT services *	38 (38+ 0)	5	43
HTC stand alone	40 (39 + 1)	2	42

* Sites with potential to provide PMTCT services * = These include sites who are not providing PMTCT services , but however have a high ANC client Flow (over 20 patients /month) , trainable staff and infrastructure for providing PMTCT services .