

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

Quarterly Progress Report, January – March 2015

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

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

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

Quarterly Report

Quarter 2 - January 1 to March 31, 2015

Submission Date: April 30, 2015

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

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

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Acronyms

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

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

Financial Report

Quarterly Progress Report (Jan - Mar 2015)

<i>ACTIVITY SUMMARY</i>
Implementing Partner: Management Sciences for Health
Activity Name: Leadership Management Sustainability – Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT). Management Sciences for Health (MSH)
Activity Objective: To build the capacity of Nigeria’s public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated with the health system <ol style="list-style-type: none">1. To increase demand for HIV/AIDS and TB services and interventions, especially among target groups.2. To increase access to quality HIV/AIDS and TB services, practices, and products in selected states3. To strengthened public, private, and community enabling environments
USAID/Nigeria SO: SO 14
Life of Activity (start and end dates): July 16, 2009 – November 15, 2015
Total Estimated Contract/Agreement Amount: \$ 74,934, 242
Obligations to date: \$64,956,748.99
Current Pipeline Amount: \$3,132,474.48
Accrued Expenditures this Quarter: \$2,167,779.85
Activity Cumulative Accrued Expenditures to Date \$61,824,274.01
Estimated Expenditures Next Quarter: \$3,398,115.42
Report Submitted by: <u>Makumbi Med, Project Director</u> Submission Date: <u>04/30/2015</u> Name and Title

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Program Overview/Summary

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

Program Description/Introduction

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

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

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

SUMMARY OF RESULTS TO DATE

[Strategic Objective]								
Standard Indicators	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4	Annual Performance Achieved to the end of reporting period (in %)	On Target Y/N
Intermediate Result (IR): 14.1 Increased demand for HIV/AIDS and TB services and interventions, especially among selected target groups								
Sub-IR: Prevention/Prevention of Mother to Child transmission								
Indicator #P1.3.D Output: Number of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site	198	198					100%	Y
Indicator #P1.1.D Output: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	159,941	83833	41578	4225 5	0	0	52%	Y
(Denominator) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	5,236	1051	489	562	0	0	20%	N
Indicator #P1.2.D Output: Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	2,970	998	456	542	0	0	34%	N
Numerator: Number of infants who had a virologic HIV test within 12 months of birth during the reporting period	2,970	270	100	170	0	0	9%	N
Number of infants born by HIV+ pregnant women	0	636	321	315	0	0		

Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	57%	33%	20%	30%	0%	0%	39%	N
Sub-IR: Prevention/Testing and Counselling								
Indicator # P11.1.D: Output: Number of individuals who received testing and counselling services for HIV and received their test results (including PMTCT)	407,609	195005	107,953	87,052	0	0	48%	N
Indicator # P11.1.D: Output: Number of individuals who received testing and counselling services for HIV and received their test results (HCT Sites Only)	234,118	109076	65,053	44,023	0	0	47%	N
Indicator #P11.3.N: Outcome: Percentage of health facilities that provide HIV testing and counselling services	100%	100%					100%	Y
Sub-IR: Care/"Umbrella" Care Indicators (formerly Adult Care and Support)								
Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services (Newly enrolled)	12,000	17842	0	17842	0	0	>100%	Y
Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (DSD)	40,000	10,293	0	10293	0	0	26%	N
Sub-IR: Care/Clinical Care								
Indicator #C2.1.D Output: Number of HIV-positive adults and children receiving a minimum of one clinical service	56,296	51,410	50,054	51,410	0	0	91%	Y
Sub-IR: Care/Clinical Preventive Care Services - Additional TB/HIV								
TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	90%	36%	24%	35%	0%	0%	52%	N

Numerator: The number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	50,666	15910	11153	4757	0	0	31%	N
Numerator: The number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	2,730	91	38	53	0	0	3%	N
Denominator: The number of registered TB cases with documented HIV-positive status during the reporting period		151	72	79	0	0		
Sub-IR: Treatment/ARV Services								
Indicator #T1.1.D Output: Number of adults and children with advanced HIV infection newly enrolled on ART	9,292	3211	1694	1517	0	0	35%	N
Indicator #T1.2.D Output: Number of adults and children with advanced HIV infection receiving ART therapy	30,861	31,688	30967	3168 8	0	0	0%	Y
Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	11538	7062	0	7062	0	0	61%	
Indicator #T.1.3.D Number of adults & children who are still alive and on treatment at 12 months after initiating ART	9807	4738	0	4738	0	0	48%	
Indicator #T1.4.D Output: Number of adults and children with advanced HIV infection who ever started on ART		51083	49566	5108 3	0	0		
Indicator # T.1.5.D Output: Number of health facilities that offer ART	41	41					100%	Y

Activity Implementation Progress

Progress Narrative

Major Achievements

- 93% (42,255) of all new women attending antenatal care (ANC) services in Q2 FY15 received HIV counselling and testing and received their test results in Pro-ACT-supported prevention of mother-to-child transmission (PMTCT) service sites. This is comparable to quarter one result. However cumulative achievement remains at 52% of the annual projected target. This may be attributed to the long health workers strike that ended mid-way during the quarter.
- 95% of all HIV positive pregnant women were placed on anti-retroviral (ARV) prophylaxis to prevent mother to child transmission of HIV. Although this represents a significant improvement from Q1 (93%), our total cumulative achievement for FY 15 (998) remains at 67% of our set semi- annual progress report target (1,485).
- The Pro-ACT Strengthening the Processes and Effectiveness of Early Infant Diagnosis (SPEEiD) Model was selected as one of two best PMTCT practices in Nigeria, receiving the top score from the selection panel made up of the national AIDS authorities, the Nigeria National Primary Health Care Development Agency and the US Government for documentation by the African Union.
- Early Infant Diagnosis (EID) services were expanded through the promotion of the SPEEiD model and 91 % of all pending Dried Blood Spot (DBS) samples from last quarter have now been analyzed.
- For the 5 supported states, the HIV exposed infant sero positivity rate is at 4.5 % which is below the national rate of 7%, though this remains above the national elimination of mother-to-child transmission (EMTCT) target of 1%.
- With the deployment of the retention calendar, there has been a 42% reduction in number of clients Lost to Follow Up, from 523 in Q1 to 301 in Q2.
- Over 76.9% of patients attending clinics this quarter were screened for TB which was enabled by using the task shifting strategies as a core intervention strategy.
- Continued uptake of GeneXpert services through sample referrals has ensured increased TB detection.
- A total of over N497 million was passed by 3 State Houses of Assembly for the 2015 state budgets to support transitioned PEPFAR activities.
- Resource mobilization plans and strategies to fund the HIV response were developed for 3 states – Niger, Kwara, and Sokoto

Five Pro-ACT abstracts were accepted for presentation in oral and poster formats for the upcoming conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015) in Vancouver, Canada, from the 19th -22nd of July 2015.

- The Pro-ACT project end date was extended to November 14, 2015

Community Services

In the second quarter of FY15 we continued our efforts in transitioning services and support to the states and facilities. Some of the grants to the 22 CSOs and 4 SMOHs that were awarded in February 2014 and had been planned to end in December 2014 were extended to March 31' 2015 to enable the

grantees meet their targets. Some grantees were unable to reach their targets as a result of the strike action embarked upon by the Joint Health Sector Union (JOHESU) which lasted for about four months. By the end of the quarter, 17 CSOs and 3 SMoHs had completed their work and had been closed out. These 17 CSOs, whose total grant amounted to N71,818,237, provided services to 177,726 beneficiaries under the following thematic areas; HIV Testing and Counselling (HTC), PMTCT, Orphans and Vulnerable Children (OVC), and care and support. All the CSOs met their targets and a breakdown of their achievements across thematic areas are as follows:

Thematic Area	Number of beneficiaries reached
HTC	95,133
PMTCT	54,458
OVC	17,842
Care and Support	10,293

The remaining grants to five CSOs and one State Ministry of Health (SMoH) will be closed out by the April 31, 2015. Pro-ACT will continue to provide mentorship and technical assistance on service delivery across the thematic areas to the CSOs whose grants have been closed.

Following the PEPFAR guidance for maintenance states to scale down HTC services, reduce PITC service points, provide HTC only on clinical suspicion and stop all HTC demand creation activities including outreaches, Pro-ACT transitioned 102 Provider-Initiated Testing and Counselling (PITC) points to the facilities in the five Pro-ACT state for continual support. The guidance on providing HTC based on clinical suspicion and only in essential settings such as the TB clinic, pediatric emergency/clinic and PMTCT has impacted the uptake of services. In Kebbi state only 21.7% of the state's HTC target could be achieved in the quarter. In Kwara, 25% was achieved, in Niger - 25%, in Sokoto - 27% and in Zamfara - 38%. In addition to the new PEPFAR guidance, the other reason for the inability to meet expected targets is the attitude of some healthcare workers in providing services - they feel overloaded and overwhelmed with work, especially now that PITC volunteers are not available to provide any relief.

One positive development during the quarter is that some SACAs procured and supplied test kits to complement PEPFAR support. For instance the Zamfara state outperformed the other 4 states as the State Agency for Control of AIDS (SACA) commenced the supply of test kits to some of their hospitals. Of the 14,192 clients who were tested and counselled in the state, 2,171 (or 15.2%) were tested using Rapid Test Kits (RTKs) supplied by SACA. Also 28% of the positive clients identified in Zamfara were identified through the SACA supplied RTKs.

The project conducted a rapid evaluation of the knowledge retention and utilization of the HTC counsellors across the project states using the post-test questionnaire that was used during their

training. The analysis showed that over 80% of the counselors scored 50% and above. This analysis has demonstrated that constant use of knowledge enhances competence.

In November, 2014, the project conducted a Leadership Development Program (LDP) training for support groups and state NEPHWANs to strengthen the network coordination skills and enhance the support group resource mobilization capacity. A four month improvement plan was developed by each of the teams to achieve agreed measurable results. To track progress on implementation of the improvement plan, the Pro-ACT team carried out an evaluation and supportive supervision for 21 teams with the following objectives:

- To review and determine the percentage implementation of the support groups (SGs) and network workplans.
- Assess the implementation of the work plan.
- Identify challenges encountered and how they were resolved
- Provide technical assistance through mentorship and guidance to support groups.

The measurable target of the support groups was to strengthen the economic status/base of their members through the establishment of savings and loans association (SLAs) while the networks aimed to strengthen their coordination and efficiency through the strengthening of their leadership structure as their measurable target. The evaluation revealed the following:

- 25 Saving and Loans Associations have been established as source of funding of business proposal of members of SGs
- 2 support groups have trained their members on income generating activities (like soap and leather making)
- In three states (Sokoto, Niger, and Kebbi), NEPWHAN now has functional offices.
- The Sokoto state Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) has demonstrated strong organizational capacity for coordination, engagement and participation in HIV/AIDS response

Pro-ACT also participated in a USAID OVC implementing partners meeting during which PEPFAR introduced the new OVC guideline. This new guideline has regrouped activities to core, near-core and non-core activities. Core activities include activities like household economic strengthening and provision of HTC to vulnerable households which Implementing Partners are expected to continue supporting, while near core activities such as birth registration are to be transitioned off by the 1st of October 2015. Non-Core activities are to be transitioned off immediately such as support to community education board etc. A total of 17,842 children were served and supported by our supported CSOs with services that include nutrition, education, psychosocial support etc. We attained 148% of our OVC target.

Clinical Services

HIV Counselling and Testing

In this quarter, 87,052 individuals, including pregnant women, were reached with HTC services. In the same period, the total number of HIV-positive individuals identified is 2,634 (Male = 914, Female = 1,720), representing 3% of the total number of individuals tested and receiving test results.

PMTCT Services

Within the second quarter of FY15, our core PMTCT activities targeted the delivery of qualitative services following the discontinuation of the nationwide health workers strike in February 2015. The transition of PMTCT services in all Pro-ACT supported sites through capacity building and training of members of the treatment, care and support subcommittee of the State Management Team in all states was also central to activities in the quarter.

Over the last quarter, Pro-ACT SPEEiD model (Strengthening the Process of Efficient and Effective early infant Diagnosis) for the transportation of dried blood spots/ results was selected as one of two best PMTCT practices in Nigeria, for documentation by the African Union. In this model, DBS samples are transported from collecting sites to the PCR labs for EID testing and then results are sent back to the facilities using the Nigeria Postal Services. This has tremendously reduced the turnaround time for EID results, hence ensuring prompt services for HIV exposed babies. In Kwara state, the reduction in turnaround time (TAT) for return of DBS results was from 3-6 months to 3-4 weeks utilizing the SPEEiD model.

A review of key achievements in all 198 supported PMTCT sites revealed that 93% of all new women attending ANC were provided with HIV counselling and testing (HCT) within the quarter. This is similar to the achievement of Q1 (93%), however a review of the cumulative achievement for FY15 (83,833), shows that the project exceeded its set semi- annual progress report target (79,905). The 12-week health workers strike significantly affected the project's cumulative and quarterly achievements with the interruption of service delivery in the 41 supported comprehensive care and treatment sites. Also note that this analysis was based on data for 5 months, with March data still expected.

Over the quarter, 96% (542/562) of all identified HIV + pregnant women were placed on ARV prophylaxis to prevent mother to child transmission of HIV. Although this represents a significant improvement from Q1 (93%), the total cumulative achievement for FY15 (998), remains at 52% of the set semi- annual progress report target (1485). This underachievement is reflective of the health workers strike which occurred during this period, and further demonstrates a lower HIV seropositivity (0.8%) among HIV + women in the project compared to initial estimates from previous reports. This also affected the achievement of this target as more pregnant women may be required to be tested to reach the number of women to be placed on ARV prophylaxis. The data for the month of March FY15 is also expected and will further contribute to this target.

An overview of the PMTCT Cascade (see table 1 below) revealed that despite reaching over 90% of HIV+ pregnant women with ARV prophylaxis, the project still has an exposed infant seropositivity rate of 4.5 %. Though this is below the national rate of 7%, it remains above the national EMTCT target of 1%. The high rate (25% -22/80) of unbooked HIV + pregnant women delivering in Pro-ACT facilities who did not receive ARVs during ANC may however have contributed to this.

The key challenge encountered over the quarter includes the delay of DBS samples at PCR laboratories due to the strike during the quarter and due to shortages of reagents at Usman Danfodio University Teaching Hospital (UDUTH). This has however been addressed with 91% of all pending DBS now analyzed (265/290).

Table 1. PMTCT Cascade Overview

PMTCT Indicator	Q1 FY 15'	Q2 FY 15'	Cumulative Achievement	SAPR Target	%Achievement (SAPR target)
New women attending ANC	40872	42340	83,212		
Number of women counselled and tested	38007	39474	77481	79,990	96 %
Gap	2865	2866	5731		
% ANC C&T Coverage	93%	94%	93%		
Number of positive pregnant women	489	562	1051		
Total Number provided with Prophylaxis (for own health / prophylaxis)	456	542	998	1485	67%
% Newly diagnosed pregnant HIV pregnant women provided with Prophylaxis	93%	96%	94%		
Number of infants who had a virologic HIV test (DBS) within 12 months of birth during the reporting period	100	170	270		
Number of Infants with a positive virologic test result within 12 months of birth	12	15	29		
Seropositivity			4.5%		

HIV Care and Treatment

Overview

In the quarter under review, Pro-ACT continued to align interventions at facilities with the new PEPFAR strategic shift: retention in care and treatment and maintenance of existing clients with minimal treatment uptake. The team continued the deployment, reviews and assessment of the Retention Calendar (RC) across the facilities to improve clients' retention including transitioning the strategy to facility staff. To further support quality service delivery, Pro-ACT, in collaboration with the Federal MoH, distributed the newly printed Integrated National Guidelines For HIV Prevention Treatment and Care, ART Desk Top Guidelines, and job aids to all supported facilities. Capacity building activities targeting select facilities were carried out using the new guidelines to entrench best practices. However, the industrial strike actions limited some of the planned capacity building interventions across supported facilities and these will now be carried out in the next quarter

Selected Treatment and Care Technical Working Group (TWG) members across the five states were trained on comprehensive HIV management to aid the transitioning process. Post training activities were also initiated with advocacy visits to state stakeholders. Additionally the project supported the field team in Sokoto to ensure processes and procedures are in place for the optimization of viral load investigation for eligible people living with HIV/AIDS (PLHIV). This activity focused on capacity building of UDUTH staff on resistance and treatment failure management of eligible PLHIV including a chart review of 110 PLHIV already on second line therapy in the facility.

During the quarter, 1,036 (Pediatric = 55 Adult = 981) new patients were enrolled into care. 1,517 PLHIV were newly initiated on ART. The number of HIV+ clients initiated on ART for Q1 and Q2 was 3211 (35% of the annual target of 9292) and currently on ART are 31,688 which is 102% of the FY15 target of 30,861. At the end of the quarter under review, the total number of clients ever initiated on ART treatment was 51,083. With the deployment of the retention calendar, the project registered a 42% reduction in number of clients lost to follow-up (LTFU), from 523 in Q1 to 301 in Q2, with the highest reduction of 75% being registered in Zamfara state (see Table 2 below).

Table 2. Percentage reduction in loss to follow-up by state

FY 15 LOST TO FOLLOW-UP ANALYSIS			
	1st Q	2nd Q	Percentage reduction
Niger	304	196	36%
Sokoto	9	9	0%
Zamfara	67	18	74%
Kebbi	63	42	34%
Kwara	80	36	55%
Total	523	301	42%

Specific Activities:

Integrated Technical Working Groups

A 6-day training for 73 selected members of the Treatment, Care, and Support (TCS) technical working groups (TWGs) from the five project states was held in Niger State on comprehensive management of HIV/AIDS March 9-14, 2015). A follow-up advocacy visits ensured the activation of TCS TWG endorsed by state stakeholders across the five project states.

TB/HIV

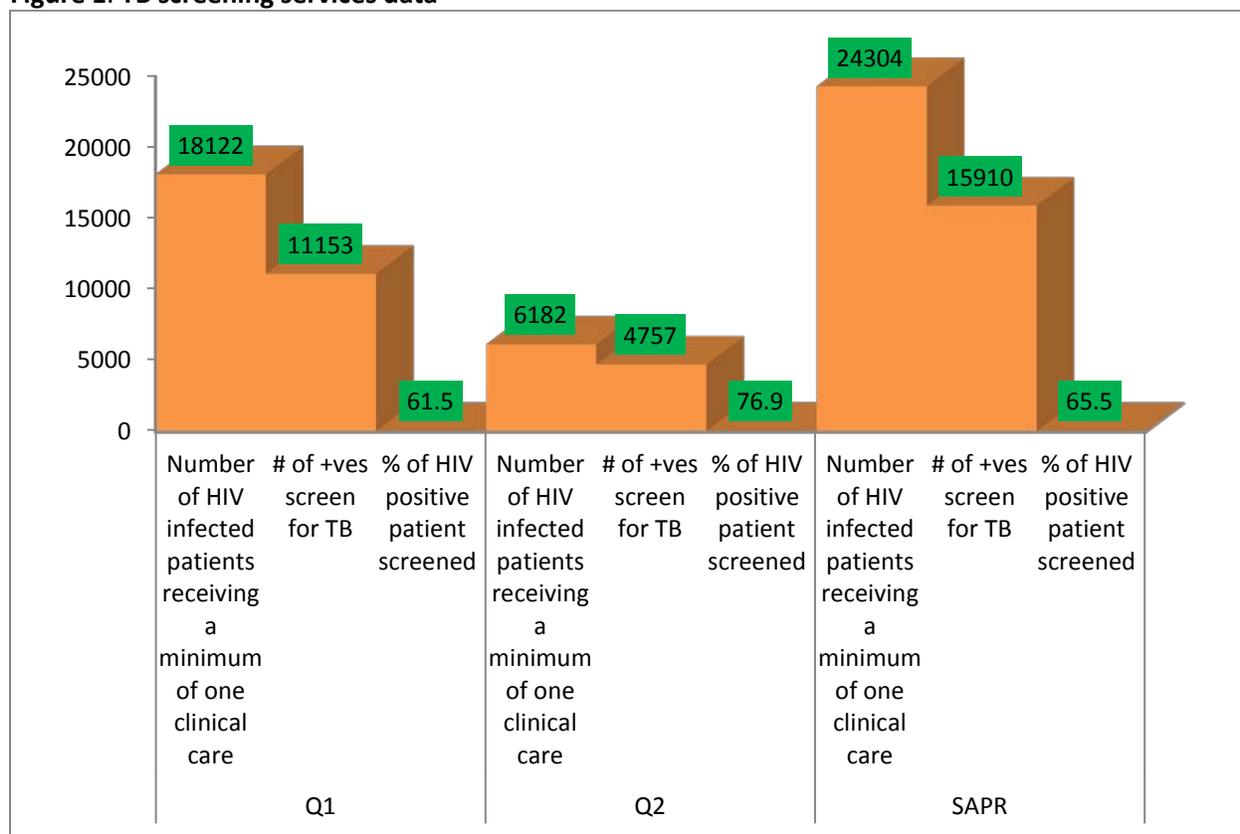
Technical support in this program area across supported facilities continued to promote WHO recommended strategies as adapted by the National Program. Areas of emphasis included: intensified case finding, Isonicotinic Acid Hydrazide Preventive therapy (IPT) and infection prevention control interventions.

Intensified case finding: The strategies promoted in ensuring the majority of PLHIV accessing care in Pro-ACT supported facilities are screened for TB include:

- promotion of TB screening by various/different cadres of health care workers using a technical package known as the six teachers of TB screening
- promotion of use of specific TB screening SOPs, collaboration with data clerks on the use of clinical care calendar for TB screening
- expansion of TB screening activities to PMTCT and pediatric services settings including immunization and periodic gap analysis on TB screening.

In Q2, 6,182 PLHIV accessed care across 41 CCTs, of these 76.9% were screened for TB. When compared with Q1 screening of PLHIV for TB (61.5), a 15.4% increment was recorded. Overall, in the six months since October 1, 2014, of the 24304 patients accessing care in the program, 15910 have been screened for TB representing 65.5% screening rate. At this rate, the program remains on target in achieving 90% screening of the total number of PLHIV accessing cares for the FY15 program calendar.

Figure 1. TB screening services data



Additionally, 322 TB suspects were identified in Q2 with 37 diagnosed to have TB and 56 commenced on anti-TB treatment. Furthermore, with increasing awareness on GeneXpert use across supported facilities in the 5 project states, 192 PLHIV samples were investigated for TB using the GeneXpert technology with 23 samples confirmed to have co-infection and 1 patient reported to have MDR TB.

Isoniazid Preventive Therapy (IPT): Pro-ACT continued to promote facility level implementation of IPT with the ultimate goal of preventing TB among PLHIV who screen negative for TB through the prescription of a 6 month course of Isoniazid (INH) 300mg. In the quarter under review, the National TB program provided over 4000 kits of INH 300mg for use at Pro-ACT supported facilities. Several interventions by Pro-ACT including promotion of kit dispensing formula, synchronizing PLHIV clinic visit with IPT prescription, targeted Continuing Medical Education (CME) on IPT and sustained mentorship have resulted into 341 PLHIV being placed on IPT. In this quarter, 71%, 57%, 48% and 41% IPT completion rates have been reported in Kwara, Kebbi, Zamfara, and Sokoto states respectively. Data for Niger state was not available by end of the quarter.

Infection Prevention and Control: To facilitate periodic monitoring of infection prevention and control activities at the facility level, the technical team continued to support rapid annual facility risk assessments to provide a baseline against which progress on infection prevention activities will be measured. The infection risk assessment process identified two facilities in Niger as potential breeding ground for the spread of TB. GH Kuta was found to use the TB unit as multi-purposed service delivery point while GH Lapai had their TB DOTs unit located in the ward. These findings were communicated to the hospital management while technical teams are collaborating with the facility management to

address identified gaps. These efforts have ensured review and adaptation of infection prevention and control policy and plans specific to identified gaps in the assessed facilities. A total of 19 facilities [6 in Kebbi (100%), 5 in Niger (31%), 4 in Sokoto (57%), 3 in Zamfara (75%) and 1 in Kwara (12.5%)] have had their policies and plans reviewed and adjusted accordingly.

Quality Improvement (QI)

In Q2 FY15, the Quality Improvement Unit concentrated on facility-based Continuous Quality Improvement activities and the use of the Site Improvement through Monitoring Systems (SIMS) Tool to assess program quality across Pro-ACT-supported sites.

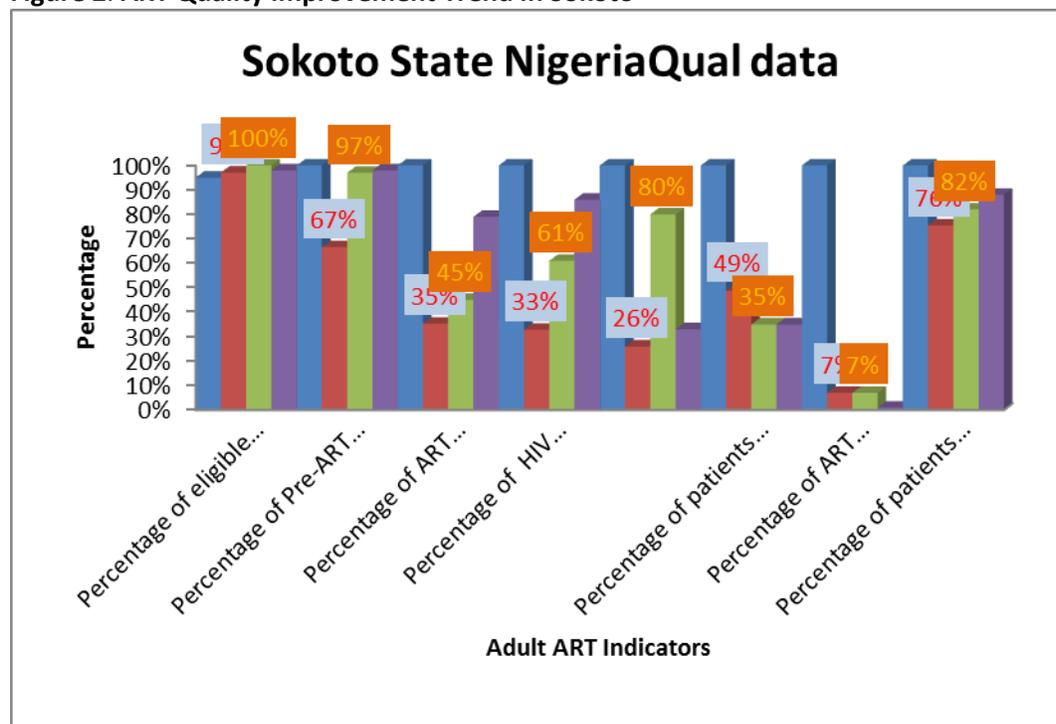
- **Facility Assessment (SIMS Tool):**

Support was provided to Kwara state team to prepare for the USAID SIMS team visit and to prepare the remediation plans responding to gaps identified by the visiting team. Application of the SIMS tool during regular mentoring visits is now being expanded by the project to cover all MSH Pro-ACT supported facilities

- **NigeriaQual Data Abstraction & Analysis:**

NigeriaQual is a national quality audit tool and data abstraction has been completed in 29 CCTs (representing 71% of expected). Abstraction has been completed in all sites in Sokoto and Zamfara States and awaiting completion from other states. Data abstraction and analysis has enabled the identification of gaps and will guide the development of Quality Improvement Projects to address them, leading to the sustenance of quality healthcare service delivery to PLHIV.

Figure 2. ART Quality improvement Trend in Sokoto



Sokoto State has completed all 3 cycles of data abstraction; June-December 2013 (**Cycle 1**), January – June 2014 (**Cycle 2**) and July – December 2014 (**Cycle 3**). Further analysis reveals that:

- In Cycle 1, all indicators measured below targets, with the exception of Indicator A1: Percentage of eligible patients placed on ART within the review period, with a measurement of 97% which is above national target of 95%.
- All performance measures increased in Cycle 2 due to the implementation of facility-level Quality Improvement Projects based on prioritization of gaps identified from Cycle 1 measures.
- Cycle 3 showed increases across all adult indicators, with the exception of Indicator A7: Percentage of ART patients with at least one clinical visit within the last 6 months who have all the relevant laboratory tests conducted. This showed a decline from 7% in Cycle to 1%; which may be attributed to the withdrawn of PEPFAR support for laboratory investigations.

Program Concerns

1. HIV exposed children aged 6-24 weeks who had DBS samples collected for DNA PCR test at 6-8 weeks of age
2. ART patients with at least one clinical visit within the last 6 months who have all the relevant laboratory tests conducted
3. Adherence assessment in the adult HIV population.
4. Adherence assessment in the pediatric HIV population

Implementation of facility-level Quality Improvement (QI) Projects

QI Projects are being implemented across 22 supported facilities. The success of implementing QI Projects is exemplified by GH Omuaran in Kwara state. The facility instituted a Quality Improvement Project to address adherence among the adult ART population and this resulted in an increase from a

baseline value of 43.7% in June 2014, to 50% when reviewed in October 2014. In Q2, this has further improved to 90%.

Figure 3. Seed Capital before and after project intervention

In Q2, Pro-ACT supported 52 monthly QI meetings **(representing 42.3% of expected QI meetings)**. The health workers' strike action led to absences from work and the inability to conduct the optimal number of QI meetings.

Laboratory Services

In the quarter under review, Pro-ACT followed up on the initiated Laboratory Revolving Fund (LRF)

S/N	FACILITIES	PREVIOUS LAB MONTHLY SEED MONEY	Revised MONTHLY SEED MONEY
1	General Hospital, Minna	N 700,000.00	N1,700,000.00
2	General Hospital, Suleja	N 500,000.00	N 1,300,000.00
3	General Hospital, Bida	N 30,000.00	N 80,000.00
4	General Hospital Kontagora	N 400,000.00	N 1,000,000.00
5	General Hospital Kagara	N 40,000.00	N 320,000.00

programs across all supported facilities. Project support to the government focused on equipment inventory management, identifying linkages to local vendors for procurement of laboratory commodities and strengthening laboratory revolving fund programs across the states. The project also in the period under review quantified and requisitioned for hematology and clinical chemistry reagents from the National Agency for the Control of AIDS (NACA) to support the laboratory network under the program to bolster the revolving fund and to sustain service provision for PLHIVs at no cost as a result of PEPFAR's withdrawal of support for hematology and clinical chemistry services. The team provided technical guidance for the creation and implementation of Laboratory Technical Working Groups in some targeted states like Niger and Kwara, as part of the broader State Management Team (SMT). A laboratory audit was also conducted to assess integration and laboratory accreditation preparedness in Federal Medical Center Bida, Niger State, Usman Dan Fodio University Teaching Hospital Sokoto, Yariman Baura Specialist Hospital Gusau, Zamfara State, Sir Yahaya Memorail Specialist Hospital Birnin Kebbi, Kebbi State, Sobi Specialist Hospital Ilorin, Kwara State and General Hospital Bida, Niger State.

Strengthening Laboratory Revolving Fund Programs for Sustainability

PEPFAR's new guidance which details the withdrawal of support for hematology and clinical chemistry services resulted in the conceptualization of efforts to strengthen Laboratory Revolving Fund (LRF) programs across the network of laboratory facilities. The success of this program in Kwara and Niger in the previous quarter provided a learning opportunity to improve on approaches to the successful roll-out of the program in the remaining states (Kebbi, Sokoto, and Zamfara) for increased state ownership and sustainability. In Niger state, the table above shows the outcome of the initial engagement with the state government leading to an increase in the seed grant (start-up capital) for five comprehensive care and treatment centers. In Kebbi state, the State Ministry of Health announced the approval of additional funds to cover reagent procurement, equipment service maintenance and case-base repairs. In Zamfara state, the hospital management board has taken the lead in integrating the PEPFAR equipment support with an expanded test menu in the state-managed Sustainable Drug Supply Systems revolving fund program.

In Federal Medical Center, Gusau, Sokoto state, the LRF managed by the Center absorbed all the PLHIV into the program at no cost. In Sokoto , one health facility (General Hospital Dogon Daji) was supported to establish a revolving fund which is currently operational. The specific facility initiatives were shared with the State Ministry of Health (SMoH). During the quarter, the project developed a costing template at the request of Kebbi, Sokoto and Zamfara State Ministries of Health to facilitate the initiation of procurement of laboratory reagents to support the fund program.

Strengthening Laboratory Improvements Towards Accreditation (SLIPTA)

Laboratory accreditation has remained a major indicator for the laboratory program. In addition to the initial gap assessment conducted in General Hospital Bida, Niger State, the project conducted audit assessments in five health facilities in five states using the National Laboratory Audit Checklist. This data was used for gap analysis at the country office level. The result of this analysis, shown below, has been used to inform planned interventions at the selected sites on quality management systems improvement and national accreditation preparedness.

Table 3. Management System Assessment scores

Domains of Quality management Systems Assessed	Target Value	Assessment Score					
		Bida Niger	Sobi Kwara	SYMH Kebbi	UDUTH Sokoto	YBSH Zamfara	FMC Bida
1: Documents & Records	25	2	13	9	15	15	15
2: Management Reviews	17	2	7	8	5	10	8.5
3: Organization & Personnel	20	5	13	10	13	12	10.5
4: Client Management	8	2	2	4	4	5	0
5: Equipment	30	11	24	23	20	16	18
6: Internal Audit	10	0	1	1	0	4	0
7: Purchasing & Inventory	30	10	24	23	15	18	23
8: Information Management	18	10	14	12	14	10	13
9: Process Control and Internal & External Quality Assessment	33	20	19	15	25	16	19
10: Corrective Action	12	0	1	3	10	6	4
11: Occurrence/Incident Management & Process	12	0	1	4	8	6	2

Improvement							
12: Facilities and Safety	43	18	12	8	31	18	20
TOTAL SCORE	258	80	131	120	160	136	133

Classification of Ranking Stars

0 Stars (0 – 142 pts)	1 Star (143 – 165 pts)	2 Stars (166 – 191 pts)	3 Stars (192 – 217 pts)	4 Stars (218 – 243 pts)	5 Stars (244 – 258 pts)	<input type="checkbox"/>
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The twelve elements or domains in quality management systems form the basis for assessment of facilities’ performance. This performance is measured against target values for each of the domain. Therefore, every facility’s performance is based on weighted elements in each domain against the target value as shown in “target” column. The results above show that all except the Usman Dan Fodio University teaching Hospital (UDUTH) is at zero star level. The UDUTH, in spite of its sophistication, is still at 1 star level with a summary score of 160. Series of interventions have been designed to fill these gaps. Some of these interventions include document development of document policies, review and adaption of manuals, standard operating procedures (SOPs), adaptation of national tools for use at the facilities and the institutionalization of periodic audit to identify and address gaps. Initial orientation will also be conducted to equip staff to carry out these processes.

USG mentoring support visit (MSV) to PCR Laboratory at UDUTH

In order to address the wide gap in capacity and knowledge across the molecular testing laboratories in the country as observed during assessment by the United States Government (USG) team, a mentorship support visit by the USG lab technical working group was made to PCR facilities in the country. The UDUTH PCR suite supported by Pro-ACT was assigned the unique code of **(SKT/21/01)** under a unification arrangement. This unification will feed into the pool procurement plan for EID and viral load reagents when activated. The preliminary performance score from the visits showed that the UDUTH PCR performed at midpoint on commodities on a scale of one to ten due to the non-availability of reagents at the time the visit was conducted, but was rated one of the best sites in-country. Pro-ACT will continue to deploy the same tools in assessing the facility for improvements.

Table 4. United States Government team observation assessment scores

S/N	Issues	Score (Scale 1 – 10)
1	Personnel	8
2	SOPs	10
3	Tools	6
4	Reporting Resupplies	7
5	Storage	8
6	Commodities	5
7	eLIMS	8

Laboratory Commodities Management

Preparatory to the close out of the sub-grant with Axios Foundation Nigeria, in April 2015, for the management of procurement and supply chain activities, the project repositioned its lab department to manage all logistics commodities issues to avoid any unforeseen.

The project quantified, requisitioned and received laboratory reagents and commodities in hematology, clinical chemistry, CD4 and DBS collection bundle kits worth about \$140, 000 from NACA. Through this process, some health facilities across the five states supported by the Pro-ACT project have maintained the provision of free services for the PLHIVs. Also there has been an increase in the LRF seed fund in some facilities in Niger state as well as the release of health systems development fund for the purchase of laboratory reagents in Kebbi state.

Transition and Eventual Equipment Hand Over

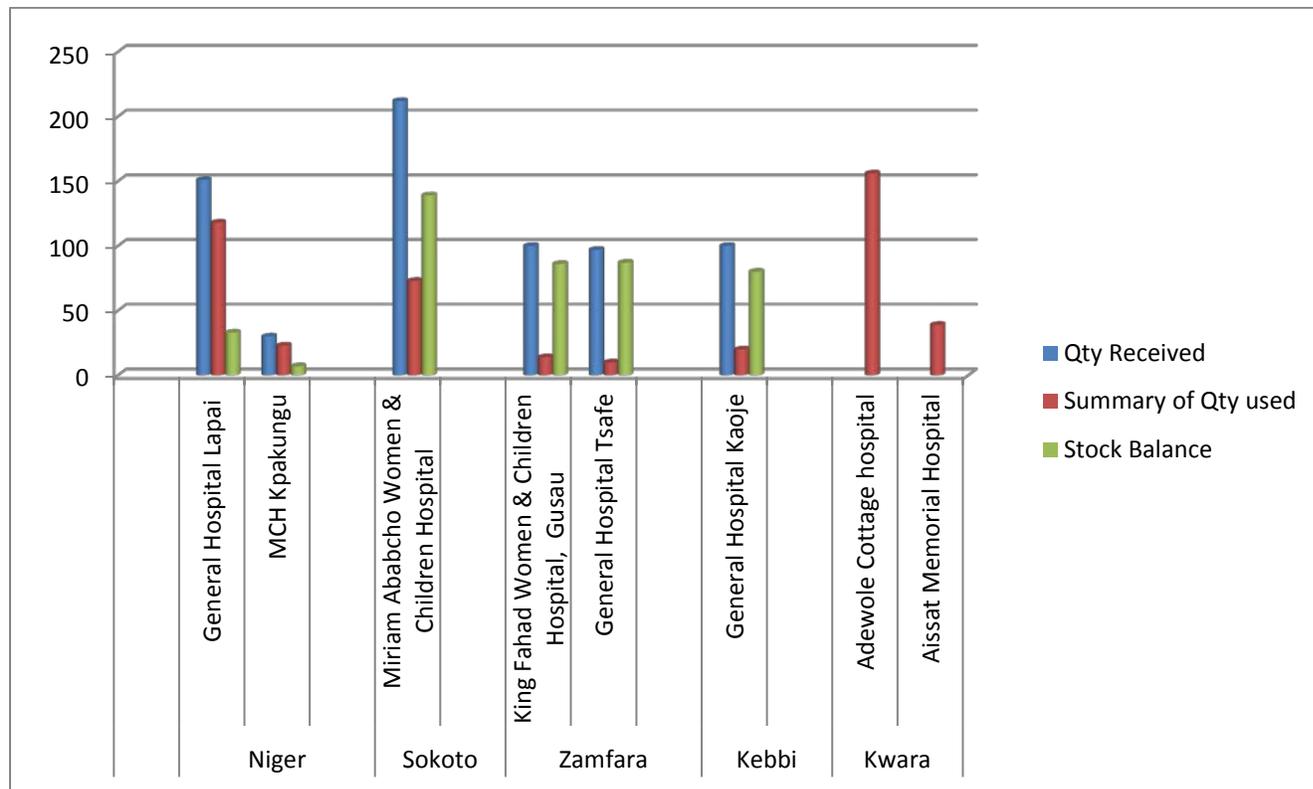
Following a formal approval from USAID to commence the handover of hematology and clinical chemistry equipment to state governments, the project wrote to the states to convey its formal hand over of the said equipment. This was accompanied with the attachment of the different equipment models across the health facilities. Thus far, letters of commitment to continue with funding the use of the PEPFAR transitioned equipment have been received in two states (Zamfara and Sokoto) and two tertiary health facilities (the Federal Medical Center Gusau and the Usman Dan Fodio University Teaching Hospital). Others are expected in the next reporting period.

FACSPresto utilization report across facilities

The chart below shows the utilization of BD FACSPresto reagents which is also a proxy for the uptake of services in the health facilities indicated. In the period under review, the chart shows that uptake of CD4

was highest in three of the facilities (Adewole Cottage Hospital in Kwara State, closely followed by the Rural Hospital Lapai in Niger State, and Miriam Abacha Women and Children Hospital in Sokoto).

Figure 4. Stock balance by state



Trailing behind these first three facilities is Aisat Memorial Hospital also in Kwara state. Trending uptake of CD4 across beneficiary health facilities of the POC BD FACSPresto provides data on value for money (cost effectiveness) of the deployment of the equipment in the said facilities. The difference in the result could be due to the difference in the date of commencement of usage of the point of care testing technology. Others could be a reflection of current uptake of CD4 at the facilities. With increased awareness in the catchment communities, we hope to have an improved uptake in the coming months.

Supply Chain Management

During this quarter, the project provided technical support to the facilities on Combined Report Requisition Issue and Receipt Form (CRRIRF) and Patient Per Regimen (PPR) report generation, data collection, validation and the collation of November-December 2014 and January-February 2015 bimonthly reports. RTKs, CD4 Reagents, ARVs, and Opportunistic Infection (OI) drugs were supplied by Supply Chain Management System (SCMS) to all supported health facilities following orders from the facilities. Laboratory reagents and consumables were supplied to the health facilities to meet their needs, including the resolution of PCR reagent stock outs in UDUTH Sokoto, thus securing uninterrupted EID services in the state and other Pro-ACT states feeding into Sokoto. Redistribution of ARVs,

laboratory reagents, and RTKs were also undertaken in many supported CC&T and PMTCT sites leading to uninterrupted service delivery and avoidance of losses due to expiration of items.

The Pro-ACT team ensured that logistics systems are functioning well, through the Logistics TWG. Members of the TWG were provided technical support through hands-on mentoring in the area of supportive supervision to health facilities during bimonthly report periods. Also, TWG meetings were supported in this quarter both at the state and regional level.

FAR to the state government, the team supported the State Agency for the Control of AIDS in the states with quantification data and cost implication for the transitioned chemistry and hematology services joint supportive supervisory visits (JSSV) and Quality Improvement (QT) meetings by state teams were all held between January and March. The Logistics TWG obtained a donation of Multivitamins through Public Private Partnership support and distributed the medicines to 14 health facilities. De-junking of the State Central Medical warehouse was completed, with recommendations to strengthen the Essential Drug Program.

INH 300mg tablets were distributed to all supported sites, enough for patients on IPT to complete their cycle and also to enroll new patients thereby ensuring quality service delivery.

This quarter witnessed the commencement of 2015 Healthcare Commodity Waste Management drives. All quarantined expired medicines and laboratory commodities at the health facilities were retrieved to the state office. The expired commodities were populated into an inventory template, awaiting packaging and conveyance to a designated place for incineration.

Health System Strengthening

Following the remarkable successes recorded in achieving increased state budgetary provisions towards PEPFAR transition, the national budgets and states budgets were threatened by a global fall in the price of oil - the major national revenue base. This necessitated the project to concentrate its efforts this quarter on the provision of technical assistance to supported state government agencies to pursue innovative domestic resourcing for HIV/AIDS through identification and mapping of current and potential resources as well as the development of a strategic framework for HIV/AIDS resource mobilization in all Pro-ACT supported states. In this quarter three states (Kwara, Niger, and Zamfara) were supported. While the project facilitated the process for Niger and Zamfara states, it collaborated with the HFG project to facilitate the process in Kwara. Also within this quarter under review, the project continued its strategic engagement at the state level to strengthen state HIV/AIDS coordination through the State Management Teams (SMT) now inaugurated and functional in four of the five Pro-ACT states. The Zamfara SMT is planned to be inaugurated next quarter.

Develop HIV/AIDS Resource Mapping and Resource Mobilization Strategy in 3 Pro-ACT supported states

In response to the key findings from the Transition Capacity Assessment, the National Harmonized Organizational Capacity Assessment Tool as well as the new realities of dwindling national resources from fall in international oil prices, the project in collaboration with the Health Finance & Governance project (HFG) supported the development of resource mobilization mapping, resource mobilization strategy and implementation plans for Kwara state. Similar plans were developed by Niger and Zamfara states with technical assistance from Pro-ACT.

This initiative is geared to transition ownership of HIV care and treatment programs to supported states while facilitating sustainable change and strengthening broad stakeholder participation. The exercise included capacity building sessions on the concept of resource mobilization and the development of resource mobilization training modules for integration into the various state Centers for Professional Continuing Health Education curriculum. A total of 75 state-actors ranging from top government officials from ministries of health, finance, planning commission, internal revenue, SACA, Local Action Committee on AIDS (LACA), civil society and private practitioners from within the state were engaged in the process and all were trained in resource mobilization skills.

Sustaining PEPFAR Investments

Following several engagements and advocacy at the state-level to ensure an increased budgetary provision for HIV/AIDS, Kwara state government in this quarter approved and passed into law the sum of **277 Million Naira** to meet the cost of PEPFAR transitioned HIV/AIDS services in the state 2015 budget. This is in addition to **381 Million Naira** to fund other critical components of the state HIV/AIDS response. In Sokoto state, **120 Million Naira** was also appropriated for all HIV/AIDS services. This falls short of the recommended 202 Million Naira for the cost of PEPFAR transitioned services. Niger budgeted **100 Million Naira** with commitments to represent a supplementary budget within the year. Both Kebbi and Zamfara States are yet to pass their 2015 budgets to law.

Strengthening Governance/Coordination Structures

The Executive Governor of Kebbi state personally inaugurated the SMT which is expected to provide oversight that will strengthen a sustainable system approach in delivering a cost-effective, HIV/AIDS prevention and treatment services. Witnessed by other members of the Executive Council, this provided Pro-ACT the opportunity to advocate for increased state commitment in funding based on the realities of reduced PEPFAR and donor support as well as absorption of trained volunteers into government payroll. Sokoto State SMT held its quarterly meeting and the platform was used to strengthen collaboration between SACA and SMOH as well as address funding gaps.



From L-R: Kebbi SACA Project manager, Emmanuel Nwabueze, Emmanuel Atuma, His Excellency Kebbi State Governor; Alh. Saidu Dakingari, Hon Commissioner of Health, Kebbi SMoH, Sylvester Akande and the Kebbi State SSG.

PROJECT TRANSITION REVIEW & HEALTH SYSTEMS STRENGTHENING STRATEGY REVIEW MEETINGS

In the quarter, the project held a transition review meeting to focus on building effective collaboration among all the thematic units and produce a harmonized Pro-ACT transition plan to help monitor the progress of the coordinated transition efforts of all thematic units.

ENGAGEMENT WITH PEPFAR AND OTHER GOVERNMENT PARTNERS

The project participated in the PEPFAR stakeholder's meeting for the development of the 2015 PEPFAR Country Operational Plan (COP) and was appointed to two technical working groups; "Domestic Financing and Strategic Investments" and "Accountability & Transparency" where alongside other team members, Pro-ACT provided input into the completion of the Sustainability Index and Dashboard tool which will assist PEPFAR teams and government partners in making informed investment decisions around sustainability.

The project also engaged with the World Bank to discuss the possibility of securing approval to use part of the state loans for the procurement of laboratory reagents to meet the state's responsibility of taking on certain laboratory services support. Kebbi and Zamfara states are in the process of developing justification notes and appropriate costing. Approval of 10 Million Naira has been secured for Kebbi while responses are still being awaited for Zamfara state.

Monitoring and Evaluation

In the quarter under review, the major activities that took place were aimed at providing the relevant programmatic and technical support in the generation and documentation of quality service delivery data using the recently introduced USAID MER reporting template. In addition, the project worked closely with the States' SACA on transition of activities/processes as well as with the various health facilities through hands-on mentoring sessions on the new MER template to relevant data entry personnel across the facilities. To strengthen our relationship with the government of Nigeria (GoN), the project has been involved in all government organized activities in the states and at the national level. This has helped to foster a better working relationship with the government. Pro-ACT participated in the National Data Quality Assurance Exercise organized by NACA in March 1st to 5th 2015.

Strengthening State Government M&E System

Through the monthly SACA Meetings in the States, Pro-ACT provided technical support in the interpretation of data-level indicators and reporting to the participants from the various LGAs, especially the newly-engaged data personnel. In Zamfara State, as a result of the deliberations aimed towards ownership and sustainability, the State SACA demonstrated this role as they took full responsibility in the sponsorship and coordination of the monthly M&E meetings for the quarter. This is a new and encouraging development, as it shows commitment that the continuity of the monthly M&E Meetings is guaranteed after the transition of Pro-ACT. Also the team is providing updated data from the health facilities across the 14 LGAs to support the production of quarterly factsheets by ZAMSACA for advocacy, decision-making, and improve health outcome. In Sokoto State, the team was actively involved in the health and non-health sector data validation exercise, providing technical support to staff of SOSACA and SASCP/SMoH to collect and validate Q3 and Q4 data using national District Health Information System (DHIS) 2.0 platform and relevant source documents such as summary forms and database as the means of verification.

Strengthening Data Quality in supported states

As a result of regular mentoring and hands-on sessions with State LACAS and health facility (HF) personnel, there are visible changes in some states in regards to data accuracy and reporting. For instance, in Zamfara, HFs M&E officers are now reporting accurate and timely data to both SACA and IPs using the Nigerian National Response Information Management System for HIV/AIDS (NNRIMS) monthly summary form. The timely reporting rate for last quarter (October – December 2014) was 100% and the final reporting rate for this quarter is still being compiled. In Kebbi state, the proper harmonization of the state data, and continuous coaching of LACAs and HF M&E staff, has sustained quality monthly data extraction from the e-NNRIMS DHIS platform for reporting and transcription into Pro-ACT and USAID reporting platforms. This has however led to a significant decrease in the average state timely reporting rate from 80% (last quarter) to 40% (this quarter) across all datasets and LGAs on the e-NNRIMS DHIS. This was due to the prolonged strike action of health workers and it seems the project is starting all over again to mentor and motivate staff to continue uploading the data on e-NNRIMS DHIS.

Data Quality Assurance Exercise

The national data quality assurance (DQA) is an exercise to audit the quality of data that is generated for national planning biannually, which is coordinated by NACA and supported by all the implementing partners in the country. Pro-ACT supported Lagos and Anambra States. During the exercise, State SACAs provided relevant support and served as the host. The exercise was conducted using the Routine Data Quality Audit tool, and focused on the following:

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

At the end of the exercise in each health facility, the team debriefed the hospital management of their findings and recommendations on how to improve the M&E system.

Monthly data validation and analysis

In accordance with the new reporting guideline in the MER, the teams embarked on retrospective data collection from inception of the project till date across all health facilities in the 5 Pro-ACT states. This was necessary in order to support data documentation in compliance with the final disaggregation as designed in the MER Template.

RADET patient level data validation

The Retention and Audit Determination Tool (RADET) which is a reporting requirement by USAID implementing partners, was deployed by PEPFAR to track the number and relevant client information of PLHIV placed on ART in Nigeria. To ensure that the data in the RADET which was recently updated in September 2014 is consistent with the reported data in the database and DHIS, project teams embarked on a re-validation exercise of the documented RADET data for all 41 health facilities providing comprehensive HIV services. However 13 HFs including UDUTH, University of Ilorin Teaching Hospital (UITH), and Federal Medical Centre (FMC) Gusau were not covered due to election period travel restrictions. The state teams are expected to regularly review patients' folders and ensure that the information are consistent with the PMM tools for managing patient information.

DHIS/DATIM Training for State M&E Teams

A 2-day Stepdown training of the recently upgraded DHIS, along with the introduction of the DATIM Template was conducted for all M & E Teams from the 5 Pro-ACT-supported states. This is to ensure compliance to the new reporting platform for efficient data management and preparation for the upcoming SAPR data entry.

Implementation Status by State

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

Kebbi State

Overview

Within the reporting period, the project recorded significant increases in HTC and PMTCT service uptake and quality improvement issues were identified and resolved. Activities focusing on sustainability and transitioning were put in place and joint site visits were conducted with representatives of SMOH and Kebbi State SACA. Support provided in increasing HCT and PMTCT uptake in 21 health facilities (general hospitals and primary health centres) as well as PMTCT services across 13 LGAs included laboratory equipment, drugs and other consumables. As part of the strategy towards transitioning and sustainability, advocacy efforts for budget increases for HIV/AIDS services involved a series of engagements and advocacy of various key stakeholders has resulted in the approval of 300 million naira for HIV activities in the state 2015 budget for the State Ministry of Health.

1.1 Implementation Status

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

Community Services/Prevention

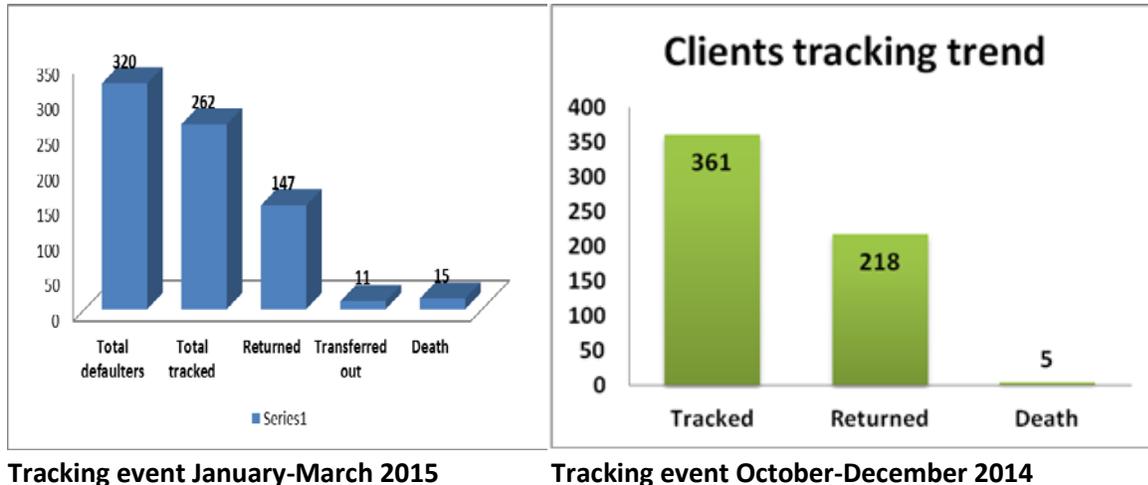
- Rayuwa support group met its performance benchmark by implementing 100% of the 4 months planned LDP+ activities and the group has also proceeded to form a functional Savings and Loans Association (SLA) group of 19 members who have contributed a total of N50, 000 as part of the group savings within the reporting quarter. The SLA has also opened an account with Bank of Industry to enable them to access loan facilities from the bank and investment in farming and other viable business ventures as a way of raising funds to sustain their HIV/AIDS program.
- 56.1% of all defaulters returned back to the program after tracking as against 60.3% achieved in last quarter. The 9.2% variance could be attributed to the strike which extended to January 2015.
- A total of 11442 persons were counselled and tested on HIV in all the six Pro-ACT supported comprehensive care and treatment health facilities with 2.5% positivity rate. This achievement was 22% of the quarter's target – with the underachievement attributable to the health care workers strike
- There was a 23.8% increase in the number of HIV positive clients (old and new) provided with quality adherence counselling service in all 6 Comprehensive Care and Treatment (CCT) sites.
- Grantee CSO, Tallafin Mata began implementation of the recommendations of SIMS tool analysis and shared the draft child protection policy with Pro-ACT for technical inputs.

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

Community Services

2.1: CLIENT TRACKING (Comparison of two quarters)

Figure 5. Summary of defaulters tracking



Fewer clients were tracked in the reporting quarter ending in March 2015 compared to October – December 2014. This was due to the prolonged health care workers strike that lasted till January 2015. Given the effort by the Pro-ACT team to achieve 90% client retention, there have been accelerated efforts and support to trackers to ensure that all defaulters return using the retention calendar. It is also evident that the number of clients that defaulted within the quarter under review are fewer compared with previous quarter.

2.2: SUMMARY OF OTHER MAJOR ACHIEVEMENTS

Table 5. HTC indicator achievements

HTC Indicator	January- March 2015
Overall quarter HCT Target	41,859
Overall monthly HCT Target	13,953
# of individuals who received counselling and testing for HIV and received their test results (Including PMTCT, TBHIV, Infants)	11,442
% of Monthly HCT target achieved	27%
# of individuals who tested positive to HIV and received their test results (HTC sites only)	291
% of individual who tested positive (Positivity)	2.5%
Total # of clients who received adherence counselling	2,289
Total number of defaulters for the reporting period	320
Total number of defaulters who were tracked	262
Total tracked and returned to care	147
% of defaulters tracked and returned to care	56.10%

Ongoing mentoring and follow-up of trackers has led to an increase in numbers of defaulters that returned from 29.5% in February 2015 to 55.9% in March 2015 in GH Jega while the defaulters return rate in GH Yauri grew from 77.27% in February to 92% in March 2015.

Clinical Services

ART

In the reporting quarter, 142 clients were initiated on ART of which 9 were children and 133 were adults as against 12 children and 208 adults last quarter. A client retention assessment was completed and a baseline established for all CCT sites. The percentage baseline for client retention using the cohort analysis for each CCT site as of December 2014 are as follows: SYMH 54%, GH Jega 69%, GH Argungu 38%, GH Koko 54%, FMC 43%, and GH Yauri 42%. The current retention rate as of February 2015 after initial tracking rose to: FMC 65%, SYMH 74%, GH Yauri- 73%, and GH Jega 77%. This improvement was achieved through continuous coaching and mentoring to all the hospital units (pharmacy, clinic, M&E units, and trackers) using the client retention calendar tool. In an effort to improve the retention rate the hospital management of GH Yauri provides airtime units (recharge cards) to trackers so that they can make calls to clients to encourage them back into care. This was achieved through constant engagement with the hospital management. Also the CMD of FMC, following a meeting held between him and Pro-ACT, has requested for the staff in the social welfare unit of the hospital to be trained on tracking to further boost tracking activities. In addition, in an effort to improve turnaround time and quality of services, ART services have been integrated and decentralized in several facility units across all supported CCT sites.

Table 6. Number of patients initiated on ART

Indicator	FMC	SYMH	KOKO	JEGA	ARGUNGU	YAURI	Total Q2	Total Q1	SAPR Target
Paediatrics initiated on ART	0	3	3	0	2	2	9	12	109
Adults initiated on ART	19	41	21	23	4	9	133	208	2583

As can be seen from the table above, the state's achievements are below the SAPR target - this is because of the prolonged Health Care workers strike. The project, however, is supporting the facilities to strengthen enrolment across all testing sites in the comprehensive sites – this will improve numbers in the coming quarters.

TB/HIV:

There has been an increase in the use of the GeneXpert machines for TB testing. In this quarter, 24 samples were sent to the GeneXpert as compared to only 12 samples sent last quarter. Some challenges in the GeneXpert use have occurred, the major one being the non-indication of patient's HIV status on the request form. This has been addressed by constantly reminding clinicians and M&E personnel to ensure proper documentation on the request form. Request forms not properly filled are usually rejected. Of the 24 samples sent for GeneXpert testing this quarter, 8 were confirmed positive, 14 were negative while tests on 2 samples returned an error reading. During the QI meetings and site visits, clinicians are constantly encouraged to make maximum use of the GeneXpert machine by screening every client for TB using the TB symptom checklist at each visit.

Overall, 41 cases of TB were confirmed from the 66 TB suspects, and all of these patients were initiated on TB treatment.

Table 7. Confirmed TB cases

INDICATORS	FMC	SYMH	GH Koko	GH Jega	GH Yauri	GH Argungu	Total Q2	Total Q1
TB suspect	8	15	14	16	10	3	66	62
Confirmed TB	8	15	8	2	8	3	41	7
On Treatment	8	15	8	2	8	3	41	7

Table 8. IPT data for the quarter Jan - March 2015

FACILITY	NO	STARTED	NOT COMPLETED	IPT	NOT STARTED	IPT	NOT COMPLETED
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	IPT	JAN -MARCH	SINCE INCEPTION	SINCE INCEPTION
GH KOKO	23	1	370	350
GH JEGA	16	12	446	187
GH YAURI	73	43	284	68
GH ARGUNGU	8	19	477	226
SYM H	16	16	386	359
FMC	Yet to submit its report			

Table 9. GeneXpert results for the quarter Jan to March 2015

FACILITY	NOT SENT	TB POS	TB NEG	ERROR
GH ARGUNGU	5	2	2	1
GH JEGA	2	0	1	1
GH YAURI	4	2	2	
GH KOKO	3	0	3	
FMC	0	0	0	
SYM H	10	4	6	
	24	8	14	2

PMTCT

A total of 6 CCTs and 21 PMTC sites offered PMTCT services in the state. Each of the PMTCT sites is linked to a CCT site in a hub and spoke model. Over 99% of new ANC attendees received counselling and testing and all identified positive pregnant mothers were placed on ARV prophylactic regimen. There is also an increase in the number of DBS samples collected and sent for testing following provision of DBS bundle kits and hands-on training. The number of DBS samples collected and sent to UDUTH this quarter is 24 as against 49 last quarter with the bulk of these coming from GH Argubgu (7) and FMC (6). A meeting was held with the HOD paediatrics at FMC and it was decided that DBS sample collection should also be done at an additional facility, the paediatrics SCBU, to increase the points for sample collection so that no child is missed.

Table 10. PMTCT indicators

Indicator	FMC	SYMH	KOKO	JEGA	ARGUNGU	YAURI	Total Q2	Total Q1	SAPR Target
New ANC attendees	204	629	362	283	692	528	2698	3272	42244
C & T	204	629	359	270	690	527	2676	2882	
Positives	4	0	1	1	4	5	15	29	785
Prophylaxis	4	0	1	1	4	5	15	29	265
Positive delivery in facility	4	2	1	2	3	3	15	4	
Exposed babies	4	8	2	2	8	10	34	4	
NVP	4	8	2	2	8	10	34	4	

Though the figures for the two quarters are below the SAPR targets almost all women who have turned up for ANC have been counselled and tested and virtually all positive expectant mothers have been placed on prophylaxis

Table 11. DBS DATA FOR THE QUARTER JANUARY TO MARCH 2015

	GH YAURI	GH JEGA	SYMH	GH KOKO	FMC	GH ARGUNGU	TOTAL
No of DBS samples sent Jan to March	3	2	3	3	6	7	24
No of DBS samples sent so far	37	49	??	19	66	35	??
No of DBS results received Jan to March	33	3	???	14	11	31	??
No of DBS results received so far	37	18	25	19	19	33	151
No of positive results so far	4	1	2	1	1	1	10

Quality Improvement

Quality improvement team meetings were held in all CCT sites to help improve the quality of services rendered to clients and to ensure sustainability of the ART program. All CCT sites now run their QI meetings on their own with minimal facilitation by Pro-ACT. During the quarter two CME sessions were conducted at SYMH and FMC. Issues from these sessions relating to management guidelines for HIV/AIDS were incorporated into the facility QI meetings.

Two joint supportive supervision visits were held within the quarter and these focused on sustainability of the ART program, infection control assessment as well as application of the supervision check list. From the infection control assessment of various facilities, it was discovered that most facility's infection control activities were weak and needed to be strengthened. All CCT sites had an infection control committee but most of them were inactive, with the exception of GH Yauri and FMC that had an active infection control committee in place. GH Jega did not have a written infection control policy so the hospital management was guided on how to write an infection control plan and a copy of SYMH infection control plan was shared with them as a sample. Triage officers and infection control officers were appointed from various hospital units. One common finding was that the hospital staff did not screen themselves routinely for TB.

An assessment of the QI project on increasing TB screening documentation was carried out in the six CCTs and the results are as shown in Table 12 below.

Table 12. Assessment of QI project on increasing TB screening documentation

Facility	QI Project	Baseline	Current Assessment	Target
GH Koko	Increased TB screening documentation	63%	85%	80%
	Increased uptake of repeat HIV test for exposed infants	53%	90%	90%
GH Argungu	Increased TB screening documentation	79%	85%	90%
GH Jega	Increased TB screening documentation	81%	90%	90%
????	Increased CD4 uptake	69%	90%	95%
GH Yauri	Increased TB screening documentation	0	60%	70%
	Increased pediatrics ART access	60%	90%	75%
FMC	Increased TB screening documentation	0	85%	90%
SYMH	Increased TB screening documentation	72%	95%	90%
	Increased pediatrics ART access	60%	95%	90%

NigeriaQual data collection has commenced at GH Jega, GH Koko, FMC and SYMH. The ProaCT Kebbi team received copies of the national guidelines (12 books, 27 desktop copies, and 55 SOPs) and these have been distributed to facilities.

Laboratory Services

An Internal Quality Assurance review meeting was conducted during the quarter. The review meeting aimed at reviewing the quality of lab services in all supported facilities. A total of 27 health facilities, comprising of 60 HTC points are listed in the IQA HIV serology panel testing program in the state. However, 53 testing points received the panels during this quarter. All 53 facilities returned the results. This remarkable 100% return rate was matched with a 100% concordant result. An issue of wrong combination in the serial testing algorithm was observed in 3 PMTCT sites (Felende, Lailaba, and GH Augie Maternity Unit). This was attributed to the transfer of already trained staff. The IQA Focal Person who provides technical oversight in these facilities has provided feedback and corrective actions have been taken.

A comprehensive report, with cost implications of the IQA program in the state, will be used as an advocacy tool to the SMoH, Hospital Management Committees and Kebbi SACA as a strategy to transition the program to the state.

An assessment was conducted in Sir Yahaya Memorial Hospital Birnin Kebbi using the National Audit Checklist from the Medical Laboratory Science Council of Nigeria. This check list, which is used to assign scores to a facility, specifies the requirements for quality and competency to attain the national set standards. The facility scored 120 points (which is less than 55%) which corresponds to No Stars. The State Team will continue to engage the Management of SYM Hospital and the State Ministry of Health in ensure improvement and to take the necessary steps to achieve accreditation for the hospital laboratory

A-two day on-site training on the use of BD FACSPresto Near patient CD4 Machine was conducted for laboratory staff of GH Kaoje. All the staff (4) participated in the training. The aim of the training was to increase access and quality of PMTCT services to clients. The facility has a balance of 80 cartridges, having used only 20 during the quarter.

Supply Chain Management Services

SCMS participated at the PACT i-CARE supported State Coordination Mechanism for Essential Medicines (SCMEM) and made a strong case for integration of efforts in coordination of supply chain activities in the state. Other participants were of the same view and SCMS and Pro-ACT agreed on the need for i-CARE project to key into the existing Technical Working Group on logistics in the state. The engagement strengthened the understanding/relationship between both parties and provided the opportunity for more active participation of PACT i-CARE in the TWG.

The state team joint supportive supervisory visit (JSSV) activities provided opportunities for on-site mentoring of facility staffs. Emphasis was on proper storage of transaction records, documentation of consumption and use of such data to compile quality LMIS reports and to make reliable evidenced based decisions. The JSSV was also focused on stop-gap interventions to prevent service disruption resulting from the previous industrial strike action in the state. Improvements, such as proper documentation and good storage of transaction records, resulting from previous efforts were noticed in several facilities.

During the quarter, the SCMS team provided continued mentoring skill transfer to the staff of the SMOH representing the LMCU unit to understudy the process of joint supportive supervision and processes involved in data validation, ART health facilities staff management and bimonthly LMIS report collection. The exercise was highly fruitful as 100% of LMIS reports were collected from all CCT sites for the January/February 2015 review period with active participation of the LMCU. Similarly, the state LMCU was supported in March 2015 to coordinate the cluster review meeting for PMTCT sites which culminated in the preparation and submission of PMTCT LMIS report for the January / February 2015 review period by all PMTCT sites.

GOOD PHARMACY/LABORATORY PRACTICE

The SCMS and the CCS have continued to encourage facility staff to monitor patients for adverse drug reactions and to document any cases in the pharmacovigilance form which is available in all supported facilities. It is worthy of note that while laboratory service was seriously disrupted by the strike action, ART pharmacy services ran during the strike thus contributing in great measure to improved adherence by clients and good clinical outcome.

COMMODITIES MANAGEMENT

SCMS undertook report collection twice from the supported facilities during the quarter and transmitted them to the country office. This was achieved with the collaboration/contribution of facility focal persons as well as the focal person for the state LMCU. SCMS also facilitated re-supply of ARVs, OIs and RTKs and reagents to all supported facilities twice during the quarter. This boosted availability of commodities, ensured sustained access and consistent service delivery at all supported sites. During the January distribution, estimates were provided to the zonal warehouse to enable re-supply to facilities laboratories that were unable to submit LMIS reports. Unfortunately, requests for CD4 reagents was not honoured by the Unification Project for the facilities that did not submit LMIS report because of the strike and this necessitated marked redistribution of CD4 reagents among facilities within Kebbi as well as additional redistribution from Sokoto state. However, 100% reporting rate was achieved during the March cycle and adequate commodities quantification were provided thus ensuring full resupply.

Following review of laboratory LMIS data provided by GH Jega, it became necessary to re-distribute 1700 near-to-be-expire HIV test kits of Determine from the facility. The problem resulted from cessation of testing services due to the extended period of the strike.

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

Health System Strengthening

In an effort to increase ownership and sustainability in the state, and also in line with the NACA directive, the Kebbi State Government has established and inaugurated an HIV/AIDS State Management Team (SMT) during the quarter. The SMT team was officially inaugurated by His Excellency the Governor of Kebbi State. The purpose of establishing the SMT is to support the state to accelerate the implementation of key interventions (prevention, treatment, care and support) over a two year period to bridge existing service access gaps and address key financial, system and coordination challenges and also promote greater responsibility for the HIV response at the state level.

Pro-ACT paid an advocacy visit to the Chief Medical Director and hospital management of Federal Medical Centre Birnin Kebbi. The team discussed with the facility management the new PEPFAR strategic shift of ownership and sustainability, data showing the facility performance, challenges militating against effective service delivery and possible solutions to address them. At the meeting, the hospital management requested Pro-ACT technical support in training some selected facility staff on HIV counselling and testing to improve their counselling skills. The logistics for this training will be funded by the hospital management. The management also requested Pro-ACT to link the facility procurement unit with vendors for all the laboratory equipment for preventive maintenance to avoid equipment break downs.

Following the approval of 10 million naira from the World Bank to KEBBISACA on the procurement of chemistry and haematology reagents to support the state laboratory, Pro-ACT continued to provide technical support to the state in terms of quantification of laboratory reagents, appropriate pricing and operational procedures to implement the Laboratory Revolving Fund (LRF). As a result of this technical support, all the supported CCT sites have opened separate bank accounts for LRFs and PLHIVs continue to access free haematology and clinical chemistry investigations.

A total of 300 Million Naira has been allocated in the draft state 2015 budget to cater for the cost of transitioned PEPFAR services and is awaiting approval by the State House of Assembly

Monitoring and Evaluation

Improved data reporting to the State and Health Facility Management Board

To ensure protection of clients' medical information and sustain an effective health information system across Pro-ACT supported sites, a total of 240 worn-out folders and 347 missing folders have been replaced in 4 CCT sites. Client file storage systems across all sites are being enhanced for easier data capture and retrieval, easier accessibility of clients' medical information for informed decision-making, and for prevention of further loss of clients' information at the facilities. This process is still on-going for GH Argungu and GH Jega.

Table 13. Client information folder status by site

Site name	Number of Missing folders	Number of Worn-out Folders
SYMH	160	40
FMC	102	30
GH Koko	N/A	130
GH Yauri	85	40

During the reporting quarter, health facility M&E units and DECAs were coached and mentored systematically on how to capture and report data accurately in accordance with the new MER guidelines/template for all service delivery points across all Pro-ACT-supported facilities. This has enabled DECAs and health facility M&Es to adequately collate and report monthly facility data using the new MER guidelines.

Support quarterly Data Quality Assurance (DQA) across all health facilities

Following the USAID Retention and Audit Determination tool (RADET) analysis, some gaps and inconsistencies were revealed in DHIS and state data in the different data sets. An internal validation exercise was carried out across all Pro-ACT CCT supported sites in Kebbi state. A total of 5,762 client folders (from project inception to September 2014) were reviewed and all necessary updates were made in the relevant registers. This exercise also provided the platform to improve data documentation across all supported CCT sites in the state.

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

Proper harmonization of the state data and continuous coaching of LACAs and health facility M&E staff, has sustained quality monthly data extraction from the e-NNRIMS DHIS platform for reporting and transcription into MSH and USAID reporting platforms. The observed significant decrease in the average state timely reporting rate from 80% (last quarter) to 40% (this quarter) across all datasets and LGAs on the e-NNRIMS DHIS was due to the recent JOHESU strike. We believe the strike is responsible for the decrease in the reporting rate of the state from 100% (last quarter) to 50% (this quarter) on PMTCT and ART datasets on the eNNRIMS DHIS platform.

Kwara State

Overview

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

The State Government in this quarter approved and passed into law **277 million Naira to cater for the cost of transitioned PEPFAR supported HIV/AIDS services and 381 million Naira for other critical components of the state HIV/AIDS response in the state budget for 2015**. Following this approval, the project has provided technical support to the SMOH on writing of compelling memos to facilitate the release of funds for the procurement of chemistry and haematology reagents and other consumables. This has come to the Governor’s attention and it’s anticipated that funds would soon be released for the procurement of these reagents.

The integrated HIV/AIDS technical working group was launched within the quarter after the initial training of its members in Niger state and now the TWG is fully functional. All facilities have registered incremental improvements in the quality of services provided as attested by the quality improvement reports reviewed in the quarter.

2.2 Implementation Status

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

Community Activities

Progress Reports on CSO grant, VSLA and Kwara State NEPWHAN

Within the quarter under review, Pro-ACT provided technical support through on-site hands-on mentoring to the remaining two of the original three CSO grantees in the state. Service registers in the facilities and offices of the CSOs were reviewed for proper data entry and correctness. At the end of the reporting period, the two CSOs - Adolescent Support Organization (ASO) and Hope for Family Development Initiative - met and surpassed their targets on the different thematic areas. Detailed information on the distribution of targets versus achievements is given in tabular form below:

Table 14. CSO Targets vs Achievements on HTC, PMTCT and VC Service Areas

S/N	Name of Organization	HTC		PMTCT		OVC	
		Target	Achieved	Target	Achieved	Target	Achieved
1	Hope for Family Development Initiative (HFDI)	5000	6531	2500	3114	675	675
2	Adolescent Support Organization (ASO)	5000	5009	4200	4227	1875	1889

Village Saving and Loans Associations (VSLAs)

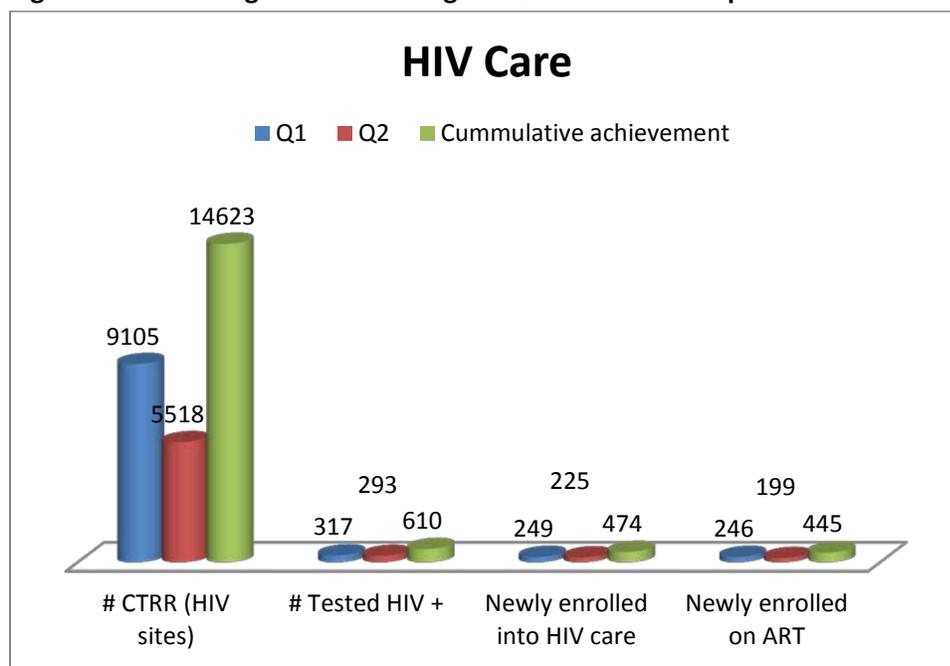
In November, 2014, the project trained two persons from each of the two LGAs of Omu Aran and Offa on formation and successful running of Village Savings and Loans Scheme. After the training, the project provided technical support to the support groups through Hope for Family Health Initiative (HFDI) – a grantee CSO. With this support, two VSLAs per LGAs were formed. Each of the VSLAs elected their EXCOs and initiated regular monthly contributions. Four months down the line, all the VSLAs have purchased metal cash storage boxes and the least contributing VSLA has 80,000 naira in their box. Furthermore, additional technical support was provided to Offa VSLA resulting in the disbursement of

loans to members and revolving funds to the account. Plans are afoot to step-down support to the remaining VSLAs in the next quarter.

Post-Training Evaluation of Facility Staff on HTC conducted between 2013 and 2014

In order to assess the knowledge retention of staff trained on HTC from 2013 to 2014 for a possible refresher training, the team administered post-training evaluation questionnaires to 14 facility staff from 9 supported facilities picking every third person on the HTC trainings list conducted from 2013 to 2014 in the state. This provided a basis for identifying knowledge retention among trainees and capacity gaps. Analysis of the tool showed scores ranging from **21-37** out of the maximum possible **42** marks and overall average performance of **69%**. Although the overall result shows that most of the trained facility staff still retained good knowledge on HTC, individual scores indicated capacity gaps which might call for refresher training to bring them up to speed.

Figure 6. HIV Testing and Counselling Achievements in the quarter



In the reporting quarter, HIV testing for clients was based on clinical suspicion as per the guidance from PEPFAR. Hence the number of clients provided with counselling and testing was 5,518 as against 9,105 in the first quarter. Cumulative achievement for the two quarters is 14,623. However, 317 (3.5%) of clients that received counselling and testing in the first quarter were HIV positive against 5.30% in this reporting quarter. Of the number positive, 249 clients out of 317 were enrolled (78.5%) in the first quarter whereas 225 clients out of 293 (76.8%) were enrolled in the current quarter. HIV positive rate across all supported sites was 3.48% in the first quarter and 5.30% in the current quarter. The drop in the enrolment rate was due to the prolonged health care workers strike in the state.

The number of clients provided with counselling and testing services dipped in the quarter when compared with the previous quarter; 9105 in Q1 versus 5518 in the current quarter. This is about a 40% drop in counselling and testing compared to the first quarter which again is attributable to the strike as well as the intense political activity leading up to elections. While 317 clients were HIV+ in the first quarter, 293 or 92.4% of first quarter performance was achieved in the current quarter. Out of the number of positive clients, 294 clients out of 317 were enrolled in the first quarter whereas 225 clients or 76.8% were enrolled in the current quarter. HIV positive rate across all supported sites was 3.48% in the first quarter and 5.30% in the current quarter.

Client Retention

Pro-ACT provided technical assistance to facility staff and volunteers on adherence and tracking through hands-on mentoring on a regular basis throughout the quarter. The team conducted supportive supervision visits to eight volunteers and six facility staff in-charge of adherence counselling and tracking in supported sites and mentored them on the basics of counselling, building and developing good relationships, and on adherence. Within the quarter, 1837 clients went through adherence counselling, 265 clients defaulted as against 670 in the October-December quarter and 153 (58.6%) were tracked back to the facilities.

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

Clinical Activities

SIMS/QI program activities and achievement

Data abstraction for the July – December 2014 review period was completed for 6 out of 8 comprehensive facilities and the indicators were calculated on Pro-ACT's national data dashboard. Whilst the strike action in the state impacted negatively on the implementation and monitoring of QI projects set up in 3 facilities, data from assessments addressed by the QI projects showed improvement in service delivery in two facilities.

An adherence assessment for PLHIV in GH Omuaran increased from a baseline of 43.7% to 50% when reviewed in October 2014. With the recent review at the end of March 2015, this has further improved to 90%. The indicator tracked is the NigeriaQual indicator A3: Percentage of ART patients who had at least one documented adherence assessment during the last three months of the review period (see Figure 7 below).

Figure 7. Improvement in adherence assessment in GH OMUARAN

An adherence assessment for PLHIV in Adewole Cottage Hospital increased from a baseline of 5.43% to 48.05% falling short of the 50% target by the end of the NigeriaQual review period in December 2014. The indicator tracked is the NigeriaQual indicator A3: *“Percentage of ART patients who had at least one documented adherence assessment during the last three months of the review period”*. This marked an increase in the adherence assessment through a QI meeting with the facility QI team where it was agreed that adherence to ARVs is key to success in ART and the routine assessment and documentation of this was crucial to patient care. All hands, it was agreed, should be on deck to achieve routine and ongoing adherence assessment for clients and documentation of same in patient care cards.

Civil Service Hospital dropped below its baseline status of CD4 evaluation for clients which was at 65.5% to 53.19%. The indicator tracked is the NIGERIAQAUL indicator A6: *“Percentage of patients with at least one clinical visit within the last 6 months who have a CD4 test result”*. Periodic measurement could not be conducted for this QI project due to 2 reasons. The first being the strike action by health care workers during the period of implementation which in itself could have been responsible for the poor outcome for the QI project. Secondly, during implementation there was a re-focusing of the QI project on improving CD4 estimation for clients as this investigation happens to be the only one currently supported by PEPFAR. Initially, the QI project had been focused on improving access to relevant investigations (haematology and chemistry). Suffice to say that implementation and monitoring of QI projects were generally impacted by the crippling industrial action, one of the worst in recent times. There is a plan to meet with the facility teams to discuss the results and plan a way forward.

Towards the end of the quarter, GH Lafiagi was supported to set up a QI project using data from the NigeriaQual review period of July to December 2014. The QI project is focused on increasing adherence assessment for PLHIV from 38.67% to 50% from April to June 2015. The Indicator to be tracked is NigeriaQual indicator A3: *“Percentage of ART patients who had at least one documented adherence assessment during the last three months of the review period”*.

Site Improvement through Monitoring Systems Visit by USAID

Three CCT sites and two Primary Health Centres (PHCs) were assessed by USAID during visits to Pro-ACT facilities this quarter. Feedback on each facility's status in respect to the various domains in the SIMS tool was given by USAID and the state team has worked on remediation plans with the facilities. This plan is being shared with USAID and is being implemented. The issues identified and activities planned to address these issues are in Table 15 below.

Table 15. Issues identified through SIMS at different facilities and planned activities for their resolution

S/No.	Facility Name	Key Results	Action Points
1	Sobi Specialist Hospital	<ul style="list-style-type: none"> 60% CD4 documentation 60% HIV infected and breastfeeding women placed on Cotrimoxazole 79% documentation of EID 	<ul style="list-style-type: none"> Ensure CD4 tests are requested in line with the National guidelines Mentoring of facility staff on use of CTX in pregnancy Mentoring of facility staff on collection of 1st DBS samples for exposed infants at 6weeks of life and documentation in child follow-up register
2	Specialist Hospital Offa	<ul style="list-style-type: none"> 40% documentation of adherence assessment 60% documentation of pediatric CTX 40% documentation of pediatric TB screening 70% documentation of EID 	<ul style="list-style-type: none"> Mentor facility staff on adherence assessment and documentation in appropriate column in the care cards Training of staff on use of CTX and proper documentation in care cards Continuous mentoring of staff on TB screening at every visit, and proper documentation in care cards Mentoring of facility staff on collection of 1st DBS samples for exposed infants at 6weeks of life and documentation in child follow-up register
3	GH Omuaran	<ul style="list-style-type: none"> No routine HIV testing in pediatrics ward No SOP for Isoniazide Preventive Therapy 	<ul style="list-style-type: none"> Pediatric testing to be done in HTC unit but entered into pediatric register National 3Is guideline made available to DOTS unit

4	Adewole Cottage Maternity Hospital	<ul style="list-style-type: none"> • No CTX prescription for HIV infected and breastfeeding women (although available) • No record of CTX prescription for HIV-exposed infants 	<p>HCW counselling of positive pregnant women on the benefits of CTX</p> <p>CTX column of child follow-up register to be updated as soon as drug is given</p>
5	BHC Olufadi	<ul style="list-style-type: none"> • CTX stockout 	<p>Strengthen Supply Chain</p>

TB/HIV

TB infection control

In the reporting quarter, a facility TB infection risk assessment was conducted in GH Lafiagi using Pro-ACT's checklist and feedback given to the facility team. Major areas requiring intervention include increase in frequency of health talks, need to put up cough posters in the waiting areas and need for effective cough triaging at the GOPD.

Sobi Specialist Hospital and Adewole Cottage Hospital were assessed in December 2014 with feedback given to the hospital management. As part of Pro-ACT's contribution, sharps containers and boxes were provided to both facilities. Biohazard waste bags were also supplied to the hospitals. However, monitoring of the other gaps requiring attention in the feedback was hindered by the health workers' strike action.

Civil Service Hospital and GH Lafiagi have functional infection control committees. Pro-ACT plans to carry out a TB risk assessment for GH Omuaran and SH Offa and support both facilities to finish up writing their infection control policies by the end of April 2015.

Isoniazid Preventive Therapy

On IPT, a total of 73 patients started their course in the quarter while 24 completed the others during the same quarter, bringing the total number who have completed since the inception of the IPT program to 1,219 patients. The breakdown of these numbers across the facilities is shown in Table 16 below.

Table 16. Patients starting courses of ARV treatment

FACILITY	Patient kits of INH supplied this quarter.	# that started IPT this quarter (Jan – March 2015)	# that started IPT since inception till March 2015	# that completed 6 months IPT this quarter (Jan – March 2015)	# that completed IPT from inception till March 2015)	INH patient kits left.
GH OMUARAN	0	0	100	0	72	22
SH OFFA	351 kits + 156 tablets	18	633	6	448	449
CSH ILORIN	60	19	257	18	173	55
GH LAFIAGI	50	0	92	0	81	50
SSH SOBI	200	36	324	0	169	164
ADEWOLE COTTAGE HOSPITAL	40	0	20	0	15	40
CIVIL SERVICE HOSPITAL	200	0	313	0	261	200
UITH	--	--	--	--	--	529
TOTAL	901 + 156 tablets	73	1739	24	1219	1509

Inauguration of SMT sub-committee on Care, Treatment and Support

Following the capacity building training for SMT sub-committee on treatment, care and support that took place in Niger State, the integrated Technical Working Group (TWG) was inaugurated within the quarter. It is hoped that this would positively impact quality of service provision and contribute positively to sustainability of HIV/AIDS intervention in the state.

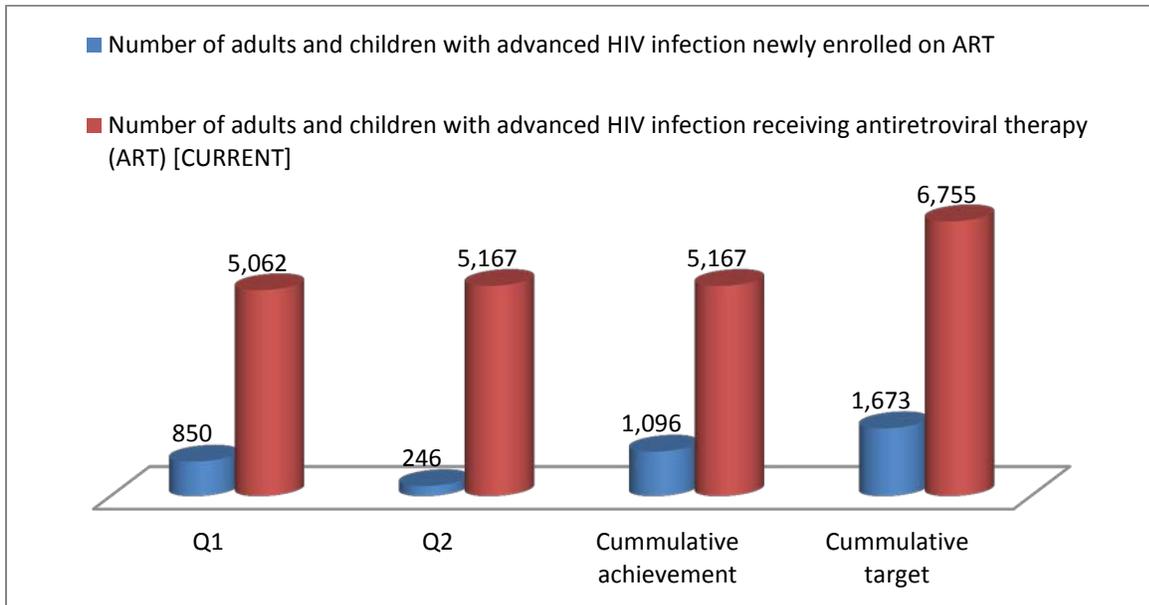


Members of the Sub-committee in a group photograph after the Inauguration ceremony.

ART

Within the quarter, 246 clients were initiated on ART as against 850 in the previous quarter. The reason for this decline in enrolment was due to the prolonged strike action by health care workers within the reporting period. To date, 5,167 clients are on ART across all facilities in the state.

Figure 8. New and current ART enrollment



Adherence

The following is a snapshot of the adherence assessment from NigeriaQual data abstracted.

Table 17. NigeriaQual adherence assessment

Serial No	Hospital Name	Percentage Scored on assessment (%)
1	Adewole Cottage Hospital	48.05
2	Children Specialist Hospital	6.02
3	Civil Service Hospital	98.88
4	G.H. Lafiagi	38.67
5	G.H. Omuaran	Not abstracted
6	S.S.H. Sobi	95.56
7	S.S.H. Offa	Not abstracted
8	UITH	71.88

The low performance of adherence assessment by CSH Ilorin (6.02%) has been discussed with the CMD and physicians who consult ART clients. A comprehensive feedback of the July- December 2014 review period data is being planned for the facility team. Working on a QI project to improve adherence assessment from 5.43% to 50% in a 3-month period, Adewole Cottage Hospital has been able to achieve an increase to 48.05% by the end of the last review period.

Retention

A review of the retention calendar at G.H. Lafiagi was carried out at the close of the quarter. Although the calendar is being used by trackers, its continuous update by data clerks has not been optimal. Since the introduction of the calendar about 3 months ago, there were 68 clients LTFU, 12 dead and no client was transferred out. This equalled to a retention rate of 78.8% using the client population of 379 active patients as at December 2014 when it was introduced. Since the discovery of this gap, there have been mentoring visits to three of the facilities with the same findings noted and the facilities M&E officers/ data clerks have been informed about the need to update the calendar on every clinic day and mentorship has been provided on this.

Prevention of mother-to-child transmission

A total of 7,262 pregnant women were counselled and tested within the quarter as against 7,250 in the last quarter. While there is a dip in the number of positive pregnant mother within the quarter, 14 as against 19 in the previous quarter, more women (108) were however placed on prophylaxis as against the last quarter (102).

Figure 9. Prevention of mother-to-child transmission

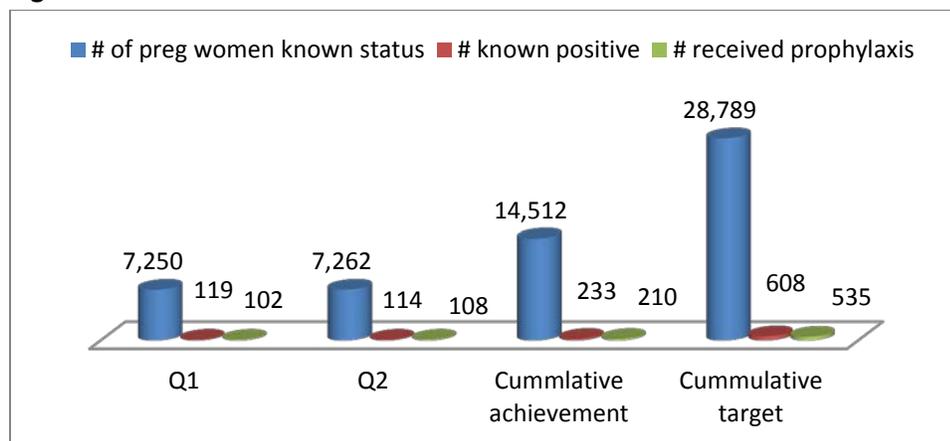


Table 18. Early Infant Diagnosis

	Q1 FY15	Q2 FY15
Total number of DBS samples sent for assay	87	24
Total number of results received (of the samples above sent for assay)	75 (inclusive of 4 to be repeated)	11
Total number of positives	4	1
Total number of positive infants started on treatment	2	0
Transmission rate	5.6%	9.1%
Minimum TAT	4 weeks	11 weeks
Maximum TAT	16 weeks	N/A (not all results received yet)

In the first quarter of FY15, 87 samples were sent to the reference laboratory for assay compared to only 24 sent in the second quarter. This drop was due to the strike action during most of the second quarter. A total of 5 positive infants were identified in both quarters. Only 2 could be started on treatment. The caregivers of the remaining 3 infants have been contacted but are yet to bring the infants to the hospital for assessment and possible commencement of treatment. The industrial action also increased the TAT for samples sent to the reference laboratory as can be seen in the above table.

Laboratory Services

Laboratory Revolving Fund (LRF) Activities

The State LRF committee is working on expanding the test menu and laboratory revolving fund to provide free services to people living with the HIV/AIDS in the state as well as an ongoing process to hand over vendor lists with donated laboratory reagents to the state government. It is expected that the state government will be able to generate funds through optimum utilization of equipment platforms at the health facility while at the same time providing free haematology and chemistry investigations to people living with HIV/AIDS.

IQA

Oversight functions on transitioned IQA activity to host government were conducted this quarter. A total of 28 test points participated and returned concordant results. HIV testers carried out HIV tests in line with national algorithm and guidelines.

LQMS and Accreditation

A laboratory audit checklist was conducted at Sobi S.H using the National Laboratory Audit Checklist towards accreditation. A score of 131/258 (51%) was recorded and feedback was given to laboratory HOD for follow-up. A concept note on Laboratory Technical Working Group (Lab TWG) was written and has been approved.

Access and Utilization of FACS Presto & Cartridges

Within the quarter, facility laboratory staff were mentored on good medical laboratory practice and BD FACSPresto operationalization. A total of 156 CD4 analyses (21 male, 135 female) was carried out using the FACSPresto at Adewole Cottage Hospital while Aisat Hospital had 39 CD4 analyses done (4 male, 35 female). Available stocks of cartridges include 91 at Aisat hospital while Adewole Cottage Hospital has 80.

Routine Laboratory Activities

Within the quarter, the project ensured continuous sample logging among facilities especially during health workers' industrial action and when there were equipment break downs. Faulty lab equipment were repaired in some of the facilities, including the repair of 2 Cyflow machines at UITH and BD Fascalcount at Civil Service, Children's Specialist, Offa Specialist and at Omuaran General Hospital.

Capacity Building

The project conducted an on-site retraining of laboratory staff (4 at Aisat Hospital and 2 from Adewole Cottage Hospital) on the operational procedures, handling, and troubleshooting of BD FACSPresto equipment, and laboratory staff are now able to effectively operate the equipment.



Hands on mentoring of Health Facility staff on BDPresto Equipment

Supply Chain Management System

Hands-on mentoring was provided to the Lab Technical Working Group (LTWG) M&E team. The LTWG was also guided on issues of strengthening the EDP after de-junking the Central Stores.

Good Pharmacy and Lab Practice

Technical support was provided to facility staff on prescription review, ADR monitoring, evaluation and documentation. Five ADR reports were retrieved from two facilities. Other health facilities were encouraged to provide feedback on the level of pharmaceutical care. Poor inventory control management and junks at Sobi State Specialist Hospital store was addressed by providing guidance on cleaning and arranging the commodities in the store.

Commodity Management

The project retrieved all short dated commodities including Nevirapine suspension and TDF/3TC/EFV 300/300/600mgs and redistributed them. TA was provided to facility staff on the need to continually apply the principle of First to Expire First Out (FEFO).

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

Health Systems Strengthening

Resource Mobilization Training and Strategic Plan Development

In an effort to entrench continuity and sustainability of HIV/AIDS programming in the state, Pro-ACT supported Kwasaca to train critical stakeholders from public and private sectors in the state on innovative domestic resourcing for HIV/AIDS and supported the state to identify and map out resources available in the state and ways of harnessing them. This was followed by the development of a resource mobilization strategic plan for the state.

Monitoring and Evaluation

Data Management

To ensure routine data collection and effective data management, validation and reporting was carried out in all 27 facilities (8 CCTs, 9 PHCs, and 10 private hospitals). In addition, in line with the recent PEPFAR MER reporting template, the team collected all retrospective data from all 8 CCT sites on patients on ART and pre-ART.

Niger State

Overview

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

The management of GH Suleja, IBB specialist, GH Lapai, GH Kuta, GH Mokwa laboratories and their respective Heads of Hospital Services were sensitized and the facilities are currently providing free chemistry and haematology laboratory services for PLWHA using LRF schemes. Plans to scale up the scheme to other project supported health facilities in the state are under way.

The state was supported by NACA to procure and install new sets of Partec Cyflow CD4 count machines (Cyflow counter 11) as a backup CD4 equipment support to the already existing CD4 count equipment in GH Bida, GH Minna, GH Suleja and GH Kontagora. Each of these benefitting hospitals received this machine with facility staff trained on the usage, operations and maintenance procedures. This is to enhance uninterrupted free CD4 count services for PLWHAs and to improve laboratory services efficiency.

The project built the capacity of 17 persons - made up of state government technical persons, members of the academia and TB program managers - to facilitate the setting up of a treatment, care and support technical working group of the State Management Team (SMT). This is aimed at ensuring sustained quality delivery of services as well as enhancing the ownership of ART and other HIV/AIDS support services by the government.

A total of 22 focal persons from strategic ministries, agencies and parastatals were trained on innovative domestic resourcing for HIV/AIDS and were supported to identify and map out local resources available in the state and ways of harnessing them. This was followed by the development of a resource mobilization strategic plan for the state.

Implementation Status

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

Community Services

HTC Post Training Assessment

To assess knowledge retention and applicability of knowledge for sustainability after one year of training, across all CCT sites, the project conducted a HTC post training assessment. A total of 74 health workers were trained out of which the post assessment was administered on 66 health workers. Preliminary findings from this assessment include:

- 85% of the trained personnel scored above their post-test training test scores re-administered during the assessment. Most were those still providing HTC services

- There were few cases of transferred personnel across the sites to other facilities.
- Internal transfers within facilities have affected services in some units, especially where there was only a single person trained in such a unit.

PHDP training needs assessment

In this reporting period a PHDP training needs assessment was conducted in two facilities: General Hospital Minna and General Hospital Lapai. General Hospital Minna had an adherence team comprised of the Adherence focal person (Nurse) and two Adherence Counselors (One Staff and One Volunteer). Although adherence efforts have not been at their best in both hospitals, the hospital team committed to improve services and also assured the assessors that if provided with the necessary skills, they will be able to provide the PHDP services. Other findings from the assessment were:

- No facility staff or volunteer trained on PHDP/PwP in the facility.
- PWP/PHDP services are not currently being provided in GH Minna, with minimal PWP services being provided in GH Lapai.
- The PWP services currently provided in GH Lapai by the adherence counselor are a result of the mentoring efforts provided to the volunteers by Pro-ACT technical staff (Prevention and M&E) and PwP job aids produced and distributed by the Pro-ACT project.

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

Community Services

Following a series of advocacy efforts after Pro-ACT disengaged PITC volunteers at facilities, 3 PITC volunteers in GH Suleja were engaged by the facility to continue providing HTC services.

The USAID SIMS tool was administered across CSOs providing vulnerable children (VC) services, and some of the gaps identified included: Lack of SOPs for assessment and follow –up of the psychological well-being of children and their caregivers and, lack of procedures for closing files or transitioning families under the VC program. To address these gaps, the project supported and mentored these Community Based Organizations on how to draft SOPs and ensure all vulnerable children in the family are enrolled. Caregivers’ skills on income generating activity were built through the Savings and Loans schemes in their communities.

The Mentor Mother program that was started about a year ago has continued to improve client retention and increase access to PMTCT and EID services in Suleja. The program initially had 13 Mentor Mothers who mentored 72 mentees with 18 deliveries. Presently, 7 Mentor Mothers are presently being supported by the project, and they are currently mentoring 99 enrolled mentees and have registered 64 deliveries. DBS samples from 43 exposed infants were collected for EID investigation and results received from PCR laboratory (see PMTCT/EID section below).

Prevention of mother-to-child transmission and Early Infant Diagnosis

In the quarter under review, out of 197 PPW that were identified, 186 of them (representing 94.4%) were commenced on prophylaxis. This indicates a decrease of 2.9% against Q1 (97.3%), mainly due to ARV stock-out at ANC clinics in the months of February and March.

Table 19. Treatment initiation

Month	New ANC attendees	No CTRR (counselled tested and received result)	Percentage of new ANC attendees CTRR	Identified No of HIV positive pregnant women	No of PPW who had initial clinical evaluation or CD4 count (Baseline assessment)	No commenced on triple ARV prophylaxis	Percentage of PPW commenced on prophylaxis
January	2949	2447	83%	27	9	27 + 2 from Dec. 2014	100%
February	7578	7248	95.6%	88	45	86	97.7%
March	7838	7333	93.6%	82	15	71	86.6%
Total (Q2)	18365	17028	93%	197	69	186	94.4%

Table 20. PMTCT intervention at ANC

Months	No HIV Exposed Infants (HEI) delivered in the facility	No of HEI delivered outside the facility that presented after delivery		Total number of deliveries by HIV positive women	No of HEI who received NVP prophylaxis after delivery		Total number of HEI who had NVP prophylaxis after delivery	Percentage of HEI that received NVP prophylaxis after delivery
		Within 72hrs	After 72hrs		Within 72hrs	After 72hrs		
January	17	8	29	54	24	27	51	94.4%
February	32	60	35	127	92	35	127	100%
March	23	21	34	78	40	30	70	89.7%
Total (Q2)	72	89	98	259	156	92	248	95.7%

During the quarter under review, a total of 175 dried blood spot (DBS) samples for early infant diagnosis were sent to the PCR laboratory from Pro-ACT supported sites and a total of 180 DNA/PCR results were received from the PCR laboratory, including 5 pending results in the previous quarters. 12 (6.7%) tested

positive for HIV, 4 out of the 12 positives were tracked with 3 commenced on ART and 1 died. 1 was lost to follow-up while active tracking is still on for the remaining 7 clients.

Table 21. Monthly DBS samples sent to PCR Laboratory and results received in Q2

		January	February	March	Cumulative(Q2)
1	No of DBS Samples Sent to PCR Lab.	40	72	63	175
2	No of DBS Results Received from PCR Lab.	13	93	74	180
3	Total DBS Samples Rejected.	1	0	0	1
4	Total Positive DBS Results.	1	7	4	12

ART

In pursuance to service integration and streamlining of ART services based on recently released integrated national curriculum for HIV prevention, treatment and care, a 2-day training of health care workers on integrated management of HIV/AIDS (adult & paediatric ART, PMTCT) using the CME approach was conducted for health workers (6 doctors, 16 nurses and 2 pharmacist/pharmacy technician) at IBB Specialist Hospital, Minna. This training has improved service delivery across the thematic units resulting in a more coordinated approach to the management of HIV/AIDS services in the facility.

The Abuja based ART advisor visited Niger state to provide support and hands on mentoring to facility staff in IBB Specialist Hospital on the retention calendar deployment. He also held discussions with the Hospital Management Team on strategies to close the gaps noted in the ART unit.

TB/HIV

Infection control committees have been set up and are fully functional in 7 supported CCTs in the state, with written infection control policies endorsed by the hospital managements. At least 2 health care workers from each facility were trained on infection control. Client management has also been strengthened as health education, TB screening, separation/triage are all currently being implemented.

TB-HIV collaborative activities during the quarter revealed the followings (for the months of January and February): 1853 of 4270 (43.4%) PLHIV had clinical TB screening, out of which 101 were children. Of those screened, 91 were suspected to have TB out of which 20 (22%) are confirmed TB cases> These confirmed numbers and 2 from TB DOTs (110%) were successfully commenced on anti-TB treatment.

GeneXpert Analysis Uptake in supported CCTs: A total of 319 sputum samples from TB suspects in the quarter under review (from GH Sabon Wuse, Minna and FMC Bida) of which 236 came from PLHIV, were analyzed with GeneXpert machine in the quarter. 52 samples tested positive for TB and 21 (40.4%) clients have commenced TB treatment.

Isoniazid Preventive Therapy

A total of 211 PLHIV (as against 175 PLHIV in Q1 - a 119% improvement) were commenced on IPT with 100 PLHIV successfully completing the 6-month course in this quarter.

In the quarter, an evaluation for the IPT intervention in 2 facilities - GH Kuta and GH Lapai, was conducted with support from the Abuja based team. The evaluation focused on assessing current interventions at the facilities against planned strategies. The IPT evaluation process identified a major system gap in service delivery at the facilities. Patients who are on ART and still up to date with their medication refill were found to default on IPT. This finding pointed to and helped to address communication gaps between units in the facilities. Additionally, the process also singled out patients who missed their medication refill appointment and have never been tracked. Of the 360 patients whose charts were reviewed, 187 were found to have completed the 6 months course of IPT with a 13% default rate. No patients were found to have contracted TB infection.

Quality Improvement

Facility QT meetings held in 7 supported CCT sites reviewed the progress of QI projects and concluded that there was an improvement in the quality of services during the review period. For example, based on EID data from the previous quarter that showed a 30% achievement rate where 3 out of 10 children with positive DBS results were commenced on ART, the IBB Specialist Hospital developed a QI project in January to promptly track and initiate 100% of babies with positive DBS results and to strengthen documentation in child follow-up register. Data for the reporting quarter shows that 8 out of the 12 (66.7%) confirmed DBS positive cases have been successfully commenced on ART while the remaining 4 are currently being tracked.

In GH Minna, to bridge the disconnect between the ANC, labour ward and the ART clinics, unique I.D numbers are now given to the positive pregnant women and escort services are now used when referring clients from the ANC to the ART clinic as part of the PMTCT program.

Previously in GH Bida, there were stock-outs of ARVs due to dispensing by proxy and giving prescriptions for more than 2-months and this impacted negatively on the quality of care at the facility. The QI project in the facility has strengthened the ARV dispensing protocol and aligned it with the FMOH guidelines.

Laboratory Services

As a follow-up to the to the installation of BD FACSPRESTO machine at GH Lapai and MCH Kpakungu, 4 laboratory staff of GH Lapai and 3 laboratory staff of MCH Kpakungu had a 2-day re-training on the proper use, care and maintenance of BD FACSPRESTO machines. With the installation of these machines, GH Lapai, for example, has stopped logging CD4 samples to GH Bida laboratory, which it had done over the past 8 years. Also the turn-around-time of CD4 count test results has reduced from 2 days to 3 hours.

The management of GH Suleja, IBB Specialist Hospital , GH Lapai, GH Kuta, GH Mokwa laboratories and their respective Heads of Hospital Services were sensitized and the facilities are currently providing free

chemistry and hematology laboratory services for PLWHA using Laboratory Revolving Fund schemes. Plans to scale up this scheme to other project supported health facilities are under way.

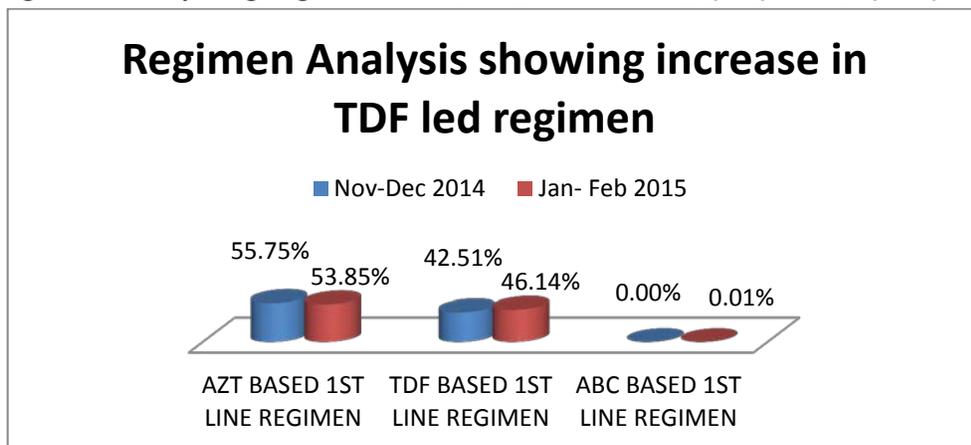
By the end of the quarter, 9 out of 16 facilities had returned their IQA proficiency testing results from their spokes to the atate’s QA focal lead. A total of 91 DTS proficiency testing samples were distributed across 91 test points and so far there has been 100% concordance results reported.

The state government was supported by NACA to procure and install new sets of Partec Cyflow CD4 count machines (Cyflow counter 11) as a backup to CD4 equipment support to the already existing CD4 count equipment in GH Bida, GH Minna, GH Suleja and GH Kontagora. Staff of the benefitting hospitals were trained on the usage, operations, and maintenance procedures of the machines. This is to enhance uninterrupted free CD4 count services for PLWHAs and to improve laboratory services.

Logistics and Supply Chain Services

The regimen analysis of the January – February 2015 bimonthly report collected from facilities supported by the project in the state showed a total of 12,745 adults (first line & second line) were on Highly active anti-retroviral therapy (HAART) with 54% of this number on AZT based regimen, while 46% are on TDF based regimen.

Figure 10. Comparing Regimen of AZT, TDF, and ABC in Q2 (red) and Q1 (blue)



The graph above showed a significant increase (about 50%) in the number of patients on TDF based first line regimen. This was achieved through meetings and discussions with ART coordinators, ART pharmacy focal persons, with emphasis on the need to adhere to the FMOH guideline. Similarly, of the 831 paediatric ART clients (first line & second line), 97.5% are on AZT based regimen; 1.1% on TDF while 1.4% are on ABC based regimen.

During the quarter, all the CCT and PMTCT sites were supplied with RTKs that ensured sustained HTC services. The March 2015 LMD revealed that the state received a total of 34600 Determine, 1360 Unigold and 220 Stat-pak test strips. With technical support and mentoring by the Axios team, these

commodities were redistributed between facilities to eliminate wastages, expiries and maintain continued flow of health commodities.

The state received 4000 kits of INH 300mg from the Tuberculosis and Leprosy North Central Zone warehouse and these were distributed to all Pro-ACT supported sites. A balance of 252 kits have been reserved as buffer stock. Currently there is enough INH 300mg for patients on IPT to complete their cycle and for allowing enrolment of new clients, thus ensuring sustained and quality service delivery.

IR 3. Strengthened public/CSO and community enabling environments

Health System Strengthening

The meeting of the subcommittees of the State HIV/AIDS Management Team (SMT) was held during the quarter. This meeting assessed the functionality of the SMT and its committees while challenging the members to be more pragmatic to its responsibility and to without further delay constitute its advocacy/policy and resource mobilization sub-committee. The members also scrutinized, deliberated and unanimously agreed on the names of the membership of the integrated technical working group (ITWG) submitted by SACA.

The project built the capacity of 17 persons made up of state technical persons, academia and TB program managers to facilitate the setting up of a treatment, care and support technical working group of the SMT. This will ensure sustained quality delivery of services as well as ownership of ART and other HIV/AIDS support services by the government.

A total of 22 focal persons from strategic ministries, agencies and parastatals were trained on innovative domestic resourcing for HIV/AIDS and were supported to identify and map out local resources available in the State and ways of harnessing them. This was followed by the development of a resource mobilization strategic plan for the state.

Monitoring and Evaluation

The project continued to support the state to hold monthly data collection meetings, thereby reducing the discrepancies in data generated between the implementing partner and the state. Technical support was provided to G.H Minna and FMPC Gawu Babangida and, as a result, a 75% level of documentation in the ART, Pre-ART, clinical care and care cards was achieved. The project also provided 4 metal shelves to GH Minna to help improve clients' folder filing system. Patients' folders at the facility are now better arranged and easier to retrieve.

All data from 16 CCTs and 98 feeder sites (a total of 114 facilities) have been collected and reported and has been up-loaded on the USG DHIS platform. This was achieved through aggressive retrospective data collection and validation across all the CCT sites by project staff and across the feeder sites by LACA M&E officers.

Advocacy visit to Niger State on the EMR deployment

As part of the preparations for installation of the EMR at the General Hospital Minna, an advocacy trip involving both Abuja and Minna based staff, was organized in the state. This provided a good opportunity to meet with all relevant stakeholders especially the key decision-makers strategic to the successful implementation of PROACT initiative of EMR use of clients' data useful for planning and decision making. There were also advocacy visits to members of the hospital management board (HMB), state agency for the control of AIDS (SACA), and state ministry of health (SMoH) in order to earn their trust as this would ensure regular flow of data after the deployment of EMR in the selected HF. Discussions were centered on creating relevant awareness on the modalities of the EMR, and getting all the key stakeholders to support the deployment based on strong evidence of impact and the use of the data to make informed decisions. Ultimately, the deployment of the EMR system will facilitate optimal program implementation and performance.

Sokoto State

Overview

Activities conducted by Pro-ACT during the quarter under review centred on improving quality of HIV/AIDS service provision as well as transitioning some aspects of HIV/AIDS interventions to the state government in accordance with the PEPFAR Nigeria strategic focus. In the same vein, there was continuous engagement with key stakeholders to revive the state management team as well as to have functional laboratory revolving funds in all Pro-ACT supported facilities. To enhance the process, a total of 22 members of the technical working group (TWG) on treatment care and support were provided with the required knowledge and skills to improve and sustain quality HIV/AIDS treatment and care services.

An improvement in the uptake of HIV testing has been noted among pregnant women attending ANC from 98% to 100% in this quarter surpassing the SAPR target almost threefold. All the identified HIV positive pregnant women (19) were initiated on ART prophylaxis. This success can be further appreciated when compared with the same quarter last year in which only 59% of these patients accessed ART.

In the general population however, a total of 224 HIV positive patients were initiated on ART - 4 (or 1.7%) of these are paediatric patients. There were 3 HIV positive deliveries recorded in the quarter, and all the HIV exposed infants received syrup Nevirapine within 72 hours after birth in line with the Federal Ministry of Health's recommendations. Adherence to ART as well as TB screening among HIV patients have improved significantly in all the facilities resulting from improved adherence counselling and technical assistance from the project. Notably, UDUTH and Specialist Hospital Sokoto (SHS) recorded a documented adherence of 90% and 80% respectively.

A significant improvement in ART retention from 48% to 66% was recorded in the quarter under review as compared to the previous quarter which resulted from introduction of the retention calendar, continuous mentoring on adherence as well as defaulter tracking. Similarly, 77% of defaulters were tracked back to care during the quarter through the active tracking system put in place.

A total of 110 Dried Blood Samples (DBS) were analysed for HIV exposed infants out of which six (5%) were found to be HIV positive. By implication, the HIV transmission rate through mother to child transmission was at 5%. Out of the HIV infected babies identified in the quarter, 4 (67%) were placed on life saving ART while the remaining 2 were lost to follow-up. In a related development, 42 patients with clinical suspicion of ART treatment failure were referred for viral load monitoring of which 19 (45%) had significantly detected viral load.

Chart reviews revealed that there was no documented adherence counselling in a significant proportion of these files which makes the switch to second line treatment irrational since the result can be due to poor ART adherence. This has informed the team decision to conduct a targeted continuous medical education (CME) on ART treatment failure in the next quarter.

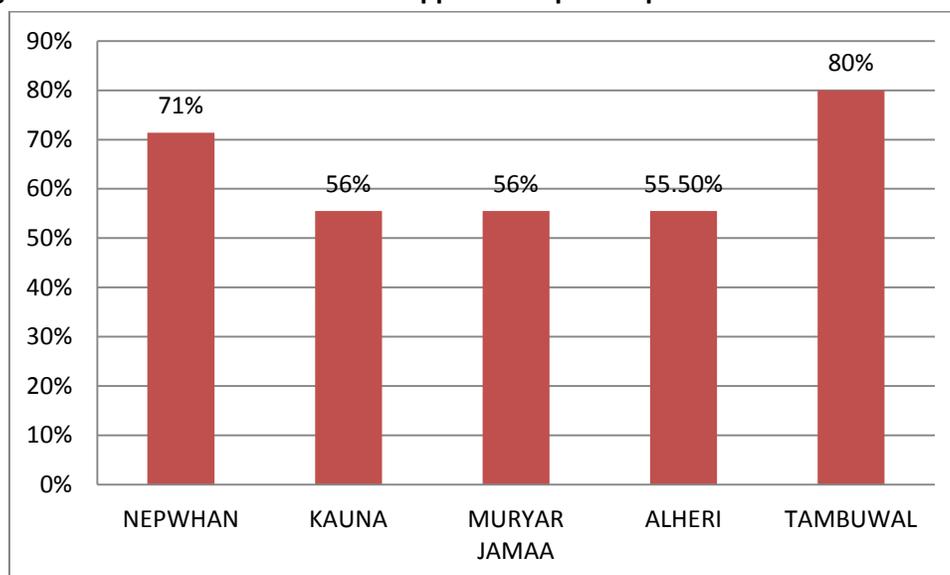
Implementation Status

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

Community Care Services

Following the Leadership Development Program (LDP) conducted in November 2014 for support groups (SGs) and Sokoto state NEPWHAN, a midterm review of the implementation of the 4 work plans was carried out during the quarter. The review revealed a significant improvement of capacity as 4 support groups have established some form of savings and loans associations (SLAs) through which people living with HIV are empowered to start up small scale businesses for better livelihoods. Figure 11 below represents the level of implementation of the 4 month LDP improvement plans at midterm.

Figure 11. Percent achievement of Support Group work plans



Vulnerable Children (VC) Programme

Through the project grant programme, CHANGE, one of state grantees trained 350 caregivers on nutritional education to support VCs nutritional needs using local food supplements while Jama'a System Consult provided emergency health and nutritional support to 70 VCs that are in need, in project communities of Dange-Shuni and Yabo LGAs . The nutritional items provided were millet, beans and palm oil. The food items were donated by community members after advocacy by their religious and community leaders.

HIV Testing and Counselling

The team provided continuous mentoring and supportive supervision to facility staff trained to provide HTC services with the aim of ensuring quality testing to all eligible clients. A total of 10018 patients were counselled and tested for HIV during the quarter of which 238 (2.4%) were identified HIV positive. All were appropriately linked to care/treatment even though some of testing points were not functional due to shortage of manpower.

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

Clinical HIV/AIDS Services

Activities conducted by Pro-ACT during the period under review centred on improving quality of HIV/AIDS service provision. Technical assistance through regular hands-on mentoring visits and supportive supervision, Continuing Medical Education, monthly quality improvement meetings and data quality audits were carried out. NigeriaQual data was collected from all the 7 CCT sites, EID and viral load services resumed fully after the long period of the JOHESU strike.

ART

A total of 224 HIV positive patients were initiated on ARVs - of these, 4 were children. All clients and care givers were provided with adherence counselling before initiation on drugs. The rate of routine adherence counselling and documentation in the care card and adherence register has increased from 20% to 65%.

The retention calendar, routine adherence and tracking of clients have helped in increasing the rate of retention in all the CCT sites. In GH Tambuwal, the retention rate increased from 30% to 50%, SHS from 62% to 73%, UDUTH From 82% to 94%, WCWH from 41% to 54%, GH D/Daji from 20% to 45%, HFMCH from 56% to 78% and MAWCH from 47% to 65%.

During the quarter, the project helped set up processes and procedures that entrench best practices for viral load optimization in UDUTH. A total of 42 samples were analysed for viral load, of which 19 had significant detectable viral load. This activity culminated in the review of folders for 107 PLHIV who are already on second line therapy, the conduct of a CME session on resistance and treatment failure to address identified gaps and the development of a tracking tool for real time follow-up of suspects of treatment failure. Below are some of the issues that were highlighted by the reviews:

- A total of 107 patients were reviewed on second line therapy- 53 adult male, 51 adult female and 3 male pediatric clients
- There is an apparent confusion over substitution and switching from the reviewed charts - a significant number of folders pulled out for review were actually cases of substitution not switch

Substitution relates to replacing one or two drugs in a patients regimen with other drugs in the same class as a result of toxicity etc, while switching relates to changing a patient from one class of regimen to another because of treatment failure.

- Some patients were not properly switched – this was noticed in about 7 folders where clients remained on NRTI backbone after NNRTI was replaced with PI
- The pattern seen with the failure did not suggest preponderance of any gender over the other However, the facility adherence counselling needs to be structured to encourage couple counselling with proper male involvement
- The current average CD4 count of patients on second line therapy is 391. This has implications on subsequent failure where these patients are candidates of opportunistic infection and will require OI treatment and prophylaxis Screening, treatment and prophylaxis for OI should be improved as a result of low mean CD4 for patients on second line in the facility
- 25 (23%) patients have defaulted on second line therapy. This is a spring board for further failure
- 28 (26%) patients did not have follow-up CD4 count after initiating second line therapy. Programmatically there would not be measures to assess early progress while on second line therapy
- Only 19 patients have atazanavir as the lead regimen for patients on second line as recommended by the national program. This obviously shows that the sparing effect of atazanavir on lopinavir is lost with this approach.
- 62% of patients did not have documented adherence before switching was done. This will jeopardize the chances of the success of patients on second line therapy

During the following continuing medical education (CME) session in Sokoto, the above findings were discussed and capacity building was provided on the management of patients on second line therapy. An adult learning model was employed during the presentation making the process participatory with room for questions, comments and discussion of future plans for Viral Load optimization. The forum was used to reactivate the switch team (which is a subset of the QI team) with inclusion of adherence counsellors in the team.

TB/HIV

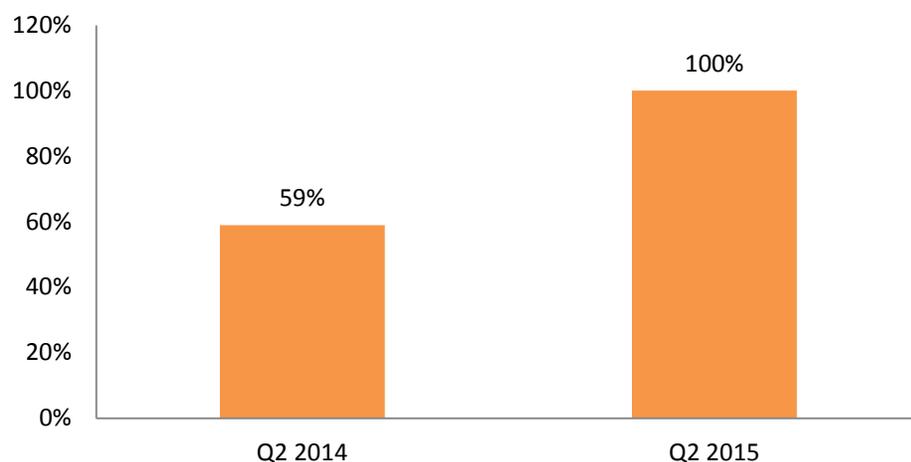
All HIV positive patients identified in the quarter were screened for TB – this was a result of the continuous technical support provided to the healthcare providers. A total of 16 cases were confirmed to have TB and all (100%) were put on TB treatment. However, there was an observation of a high default rate (51%) on Isoniazid Preventive Therapy (IPT) in some facilities as a result of poor coordination in these facilities. The team resolved the issue by advocating for synchronization of IPT and ART collection points within the facilities. A total of 40 sputum samples were analysed by the GeneXpert technology from Pro-ACT supported facilities in the quarter under review in which 9 were confirmed positive for TB and 1 MDR TB was identified. All the patients were incidentally HIV co-infected.

Prevention of mother-to-child transmission

There has been continuous HIV Counselling and Testing for first booking ANC attendees in all supported sites since the return of health workers from their strike. A total of 3,447 pregnant women were counselled and tested for HIV in the quarter of which 19 were HIV positive and all (100%) were placed

on ARV prophylaxis. There has been a significant increase in ARV uptake among HIV positive pregnant women in the quarter as compared to the corresponding quarter in 2014.

Figure 12. ART Uptake at ANC Q2 2014 vs. Q2 2015



Early infant diagnosis of HIV (EID) services have fully resumed in the PCR lab of UDUTH with 110 DBS samples analyzed in the review period of which 6 (5%) were identified HIV positive, out of which 4 (67%) have been initiated on ART while the other 2 are still being tracked. However, due to the non-availability of Nevirapine syrup, the project advised the service providers on the use of NVP dispersible tablets although concern on dosing was raised by some clinicians.

Quality Improvement

Significant quality improvements were evidenced in State Specialist Hospital (SHS), where documentation on adherence increased from 11% to 80%. In Holy Family Hospital, TB screening among HIV patients increased from 34% to 95% within the reporting period. Table 22 below depicts selected QI indicators tracked during the quarter.

Table 22. Selected Quality Improvement indicator achievements

Indicator	January - March 2015
# of individuals who received counselling and testing for HIV and received their test results (Including PMTCT, TBHIV, Infants)	10,018
# of individuals who tested positive to HIV and received their test results (HTC sites only)	238
% positive	2.4%
Total # of clients who received adherence counselling	2340
Total number of defaulter for the reporting period	112
Total number of defaulter who were Tracked	94
Total tracked and returned to care	79
% of defaulters tracked and returned to care	67.9%

Laboratory Services

The Pro-ACT-supported PCR Laboratory in UDUTH successfully cleared the backlog of DBS and viral load plasma samples. As a response to the PEPFAR withdrawal of support for clinical chemistry and haematology services, the laboratory in collaboration with the project have been facilitating the strengthening of laboratory revolving fund (LRF) through advocacy to key stakeholders in the facilities as well as SMoH. The team provided technical support to the SMoH to come up with a costed plan for laboratory reagents specifically for chemistry and haematology. The project hopes that this will commence in a number of facilities by next quarter. The quarter recorded significant improvement in the quality of DBS samples collected from WCWC and Sokoto Specialist Hospital, MAWCH and GH D/daji as a result of continuous mentoring and coaching of the facilities staff.

Supply Chain Management System

The unit provided capacity building to facility staff on stock status review to minimise stock out commodities in the facilities. There were adequate stocks of most commodities except for Atazanavir/ritonavir and Nevirapine suspension in UDUTH due to inadequate resupply of these items as a result of a national shortage. However, there have been enough Lopinavir/ritonavir and Nevirapine 50mg tablet for substitution. The unification team has assured adequate supply in the next distribution cycle.

Commodity Management

In the quarter, the team facilitated the resupply of laboratory reagents and consumables to all health facilities and also addressed PCR reagent stock out in UDUTH thus securing uninterrupted EID services in the state and other Pro-ACT states feeding into Sokoto. In furtherance to this, the team provided technical support to LMCU during a joint supportive supervision.

Laboratory Equipment Status

Laboratory equipment across many of the supported sites is functional and is running maximally for the provision of services. However, the Beckman Coulter machine in GH Dongo Daji remains faulty, the Reflotron machines in SHS and GH Tambuwal broke down during the quarter and needs repair. The memory of the Cyflow counter 1 in UDUTH needs replacement, the -80°C Freezer needs repair especially with the increasing sample flow to UDUTH as the PCR hubs for the zone. The Sysmex machine in UDUTH also needs repair. Pro-ACT is working to fix these as soon as possible.

IR 3. Strengthened public/CSO and community enabling environments

Health Systems Strengthening

Considering the new strategic shift on the HIV response by PEPFAR, and the need to increase ownership and sustainability by the state, the team organized a series of engagements with the key stakeholders during the quarter under review. The team provided technical support to the SMoH to come up with comprehensive operational procedures for the Laboratory Revolving Fund. In addition, the team supported the State Management Team in developing an action plan to strengthen HIV/AIDS services in the state during its first quarterly meeting since its inauguration last year. The key outcome of the SMT meeting was to develop a consensus on advocating for an incremental budget for supporting HIV/AIDS

services in the state. The State had previously budgeted for 120 Million for HIV/AIDS Services in the 2015 state budget which was recently passed into a law.

Monitoring and Evaluation

During the quarter under review, the M&E team focused on activities that foster state government ownership and sustainability. The team collaborated with stakeholders in the state to strengthen data documentation, reporting using national tools and to transfer skills to enhance quality of service delivery. These tasks were achieved through providing technical assistance to health facility staff, and through on-site supportive supervision of CSOs.

In order to better the working relationship and increase Pro-ACT visibility in the state as the lead Implementing Partner, the project was actively involved in the health and non-health sector data validation exercise, providing technical support to the Sokoto State Agency for Control of AIDS and SMOH staff to collect and validate Q3 and Q4 data using the National DHIS 2.0 platform and the source documents i.e. summary forms and database as the means of verification.

Zamfara State

Overview

Pro-ACT has increasingly engaged stakeholders during the reporting period to ensure that HIV/AIDS programs are owned and sustained by the state. As a result of such efforts, the State Agency for the Control of AIDS (SACA) took over and commenced the distribution of rapid test kits to support HIV testing among the general population at health facilities. The Laboratory Revolving Fund has been strengthened at the Federal Medical Center, Gusau and other CCT sites to ensure that HIV patients continue to receive free lab investigations following the withdrawal of PEPFAR support for chemistry and hematology services and the state stakeholders led by SACA have formed a Resource Mobilization Committee for HIV/AIDS and drew up a strategic plan for implementation by the committee.

In spite of the SACA's commendable efforts to provide test kits, figures for HIV counselling and testing drastically dropped during the quarter to about 16% of the previous quarter's achievements. This was mainly because of the change in PEPFAR strategy regarding HCT in maintenance states as well as the health care workers strike. The positivity rate among the people counseled and tested was 56% in Q1 and 44% in Q2 as reported in the M&E project database. The state during the quarter enrolled **115** clients who met clinical criteria of CD4 count, clinical staging, and or viral load before counting.

Implementation Status

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

Community Services/Prevention

HTC Services

Activities in the reporting quarter focused more on transitioning of HTC services to the health facilities. In an effort to achieve this, meetings were held with the management of health facilities on the process, strategies and resources needed to achieve this result. As a result most PITC points - with the exception of ANC, DOT unit, and Lab - have been transitioned to the health facilities and SACA has made provisions of RTKS for use in these transitioned points. The distribution of the RTKS across facilities was made based on the HTC yield per facility.

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

Community Services

PHDP Training needs Assessment

A training needs assessment was carried out in 2 support groups (Trust support association, Gusau and Daraja SG, Kaura) and 3 health facilities(FMC, GH Kaura, GH Shinkafi) in Zamfara state using the PHDP training needs assessment tool. This assessment serves as a baseline and below are the findings of the assessment:

- Active, passionate and trainable support group coordinators – Trust SG Gusau
- Active, passionate but not trainable support group coordinator – Daraje SG Kauran Namoda
- Passive, unmotivated but trainable facility based adherence counsellors – in GH Kauran Namoda
- High stigma – especially self-stigma among community VIPs living with HIV – both in FMC Gusau and GH Kauran Namoda
- Additional facility assessed to make up for GH Kauran Namoda where staff showed a less than enthusiastic attitude – GH Shinkafi to be used instead of GH Kauran Namoda

These results were used to design a PHDP training which will implemented in the upcoming quarter.

Technical Support to Grantee CSOs VC services

By the end of the quarter, three CSOs (FHF, FULPEL, and BCiCe) had met their targets as shown in the table below and were successfully closed out while MDC was unable to meet the targets hence necessitating an extension of up to to 30th March, 2015. Part of the reason MDC struggled with the target was that the number of of PLHIVs in the facility allocated to them, GH Kaura Namodo, was lower than previously assumed.

Table 23. CSOs targets versus achievements during the Dec 2014 – Mar 2015 extension period

CSO	Thematic area	Target	Achievement	% Achieved
FHF	HTC	5378	5383	100
	PMTCT	2140	2211	103
	VC enrolled and served	1000	1024	102
	Caregivers trained	400	598	150
FULPEL	HTC	5440	5498	101
	PMTCT	2000	2332	117
	VC enrolled and served	1000	1284	128
	Caregivers trained	400	405	101
BCICE	HTC	3000	3007	100
	PMTCT	1932	1966	102
MDC	HTC	4000	4103	103
	PMTCT	1500	1529	102
	PABA	7124	7138	100
	PHDP	2000	563	28

Clinical Services

Prevention of mother-to-child transmission

About 7,038 pregnant women were counselled and tested for HIV during the reporting period, across MSH supported sites in the state and 43 positive cases were identified out of which 41 (95%) were placed on prophylaxis to reduce mother to child transmission and one (from GH Shinkafi) is yet to commence treatment because, according to her, she needs to get the husband's consent before starting on drugs.

Continuing Medical Education

A total of 32 HCWs participated in CME sessions on infant feeding, EID, and active commencement of positive pregnant women on drugs in General Hospitals Zurmi, Birnin Magaji, PHC Dauran, and Kasuwa Daji.

DBS Testing

An initial **33 DBS samples** were sent through the system and another 6 during the second round. A total of **39 results** have been received so far and 3 of them were positive. The initial 8 results were from the backlog of samples that were sent in the previous quarter but were not processed due to the strike and stock outs of EID reagents at UDUTH. One of the positive clients (from the initial 8 results received) is from GH Kaura Namoda and has been located and commenced on treatment and efforts are in process to bring the other two from FMC Gusau for treatment.

ART

HIV services are fully integrated at the GHs Shinkafi and Kaura Namoda. Clients are being seen like all other patients. This has significantly reduced the waiting time for the clients as any doctor or ART nurse on OPD duty tend to attend to them like any other clinic patient. In addition to that, being able to get a refill any day of the week sits well with the clients and many have complemented the initiative because it has also helped to reduce stigmatization at the facilities. Moreover, the health workers at the facilities are comfortable with integration and are committed to keep it that way.

A total number of 118 clients were initiated on ART this quarter, the % of ART initiating decline from 52% in the last quarter to 49% due to prolong national strike by health workers affecting routine and HIV service delivery at MSH supported sites. The target for Q2 stands at 756, and 121 (15.5%) recorded as achievement, overall SAPR target stands at 1,512 and 239 (15.8%) reported as achievement.

Table 24. Percentage of retention of ART clients at 3 supported sites

NAME OF FACILITY	ART Retention at baseline (%)	ART Retention in Quarter 2 (%)
FMC Gusau	61	62
GH Kaura Namoda	50	70
GH Shinkafi	50	70

Mentoring

Health care workers at PMTCT sites were mentored on prompt commencement of ART for positive pregnant women. About 24 health workers were reached at the PMTCT sites. The visit helped in addressing the gaps related to when to commence drugs for pregnant women as many of the investigations including the CD4 cannot be done at these PMTCT sites. They were however trained to commence pregnant women on drugs regardless of CD4 but refer them to CCT centres for further investigation.

TB/HIV

A total of **75** samples have been sent for GeneXpert analysis in this quarter, and of these 18 were positive. Two of the cases were HIV clients and they were promptly referred for commencement of TB treatment. No MDR was detected. Approximately **200** clients have fully completed their IPT prophylaxis - no cases of TB have been recorded among clients on prophylaxis. Clinic attendance of PLHIVs in the month was **1,573** across the CCTs and about **1,322** were clinically screened for TB as documented in the care cards.

Infection Control

Infection control committees have been successfully established at 3 of the 4 CCTs. The wards and clinics have been identified as possible high TB transmission points and measures have been taken to improve aeration and ventilation at the point. For instance, as a result of mentorship, non-functioning fans in the facilities wards were repaired and health workers have cultivated the positive habit of always leaving the windows open. Further, all the facilities have been provided with the Infection Prevention and Control policy.

Table 25. IPT report for the quarter

FACILITY	NO STARTED IPT THIS QUARTER	NO COMPLETED IPT IN THE QUARTER	NO STARTED IPT SINCE INCEPTION	NO COMPLETED SINCE INCEPTION	STOCK LEFT (KITS)
GH Kaura	5	27	69	33	41
GH Shinkafi	3	61	73	70	37
YBSH	6	2	34	16	46
FMC	6	60	241	81	249

Table 26. Performance against key indicators

Indicator	Annual Target	Month's achievement	Quarter achievement	Remarks
Monthly meetings QI	48	4	7	No meeting was held in January
ART initiation Adult	265	37	90	
ART initiation Children	12	1	5	
TB screening	2533	271	1322	Some of the clients were counted twice because they were presented to the clinic twice during the reporting period - 2 monthly appointments. About 40 TB suspects were identified and only two were positive and were commenced on treatment.
Number of positive client with at least	2815	271	1322	Same as above. Health workers who fill the care cards fill for both

clinical assessment; WHO staging				
IPT initiation for prophylaxis		15	20	
DBS result collected	149	6	39	
GeneXpert result		34	75	FMC: 66, YBSH: 8, GH Kaura: 1

Quality Improvement

A total number of 7 QI meetings were held at the facilities this quarter. GHs Kaura and Shinkafi have completed their QI projects with significant improvement in adherence documentation in the ART cards of clients at GH Shinkafi from a baseline of 10.87% to 81% (80% being the target of the QI project) and TB screenings have improved to 90% (50% being the target of their QI project) among the adult client population in GH Kaura from a baseline of 17%. YBSH QI team would like to work on the CD4 request to raise it from 14% to 50% by the end of July.

Laboratory Services

Strengthening of Laboratory Revolving Fund

Following the withdrawal of support for clinical chemistry and haematology services by PEPFAR, the laboratory unit has continued to advocate for making the existing LRFs in all CCT facilities in the state more effective with the main aim of having these facilities provide these services at no cost to the PLHIVs. Despite commitments from the management of these facilities, advocacy is continuing for the desired results.

IQA Activities

All the 4 CCT and 2 PMTCT sites participated in the IQA activities in the quarter. These activities involve DTS panels' distribution for HIV serology. A total of 21 testing points received panels, all returned results in a timely manner, and 136 returned were concordant (136%). No discordant results were observed in all the facilities. Feedback was sent to the participating facilities by focal persons.

Routine laboratory activities

Within the quarter 37 DBS samples were sent for testing, 5 were positive and 6 were rejected. All the results received were dispatched to the health facilities while results for 6 samples are yet to be dispatched from UDUTH to FMC. Two facilities were provided with CD4 Facspresto point of care machines in the previous quarters and data has been collected to assess uptake of CD 4 services at these sites. KFWCH Gusau conducted 14 CD4 count tests with 86 cartridges as stock on hand (SOH), GH Tsafe conducted 10 CD4 tests and had a cartridge balance of 87 at the end of the quarter.

11 personnel drawn from GH Kaura (5) GH Shinkafi (4) and PHC Bilbis (2) were trained on ISWMHCW and DBS collection. This contributed greatly in the successful commencement of DBS sample collection and transportation involving the facility staffs.

Supply Chain Management Services

Integrated Supply Chain Management Services

In order to ensure uninterrupted availability of health commodities at all the health facilities, on-site technical support was provided to all the sites in the areas of data generation, validation, collection and collation of January-February 2015 bi-monthly report. Stock balances were physically verified at the Pharmacy and Laboratory departments. The facility CRRIRF and PPR reports generated were transmitted to central level for resupply of commodities. RTKs, ARVs, OI drugs and Laboratory reagents were resupplied to health facilities to enhance service delivery.

The project worked together with a member of the state Logistics TWG to provide technical support to the health facilities on January-February 2015 LMIS reporting. This was done as part of capacity building for transitioning of such responsibilities to the government for possible ownership and sustainability.

Good Pharmacy and Laboratory Practice

There was one reported case of occupational Post Exposure Prophylaxis (PEP) from Federal Medical Centre Gusau. There was no report of adverse drug reaction from the health facilities, but facility staff are encouraged to probe clients for ADRs and report any through the pharmacovigilance forms.

Regimen analysis of clients on HAART, as at the end of February 2015, for all the CCT sites was done. The analysis shows that **59.97%** of adult clients are on Zidovudine based regimen while **40.03%** are on Tenofovir (TDF) based regimen.

Laboratory Services

Symex Automated Haematology Analyser at Yariman Bakura Specialist Hospital Gusau and Beckman Coulter Haematology Analyser at General Hospital Shinkafi are faulty and need repairs. Other laboratory equipment available at health facilities are in good working condition. Facility staffs are encouraged to maintain an updated tally cards. First to Expire First Out (FEFO) health commodities management principle was adhered to. This is to prevent incidences of stock expiration. Some ARVs and laboratory reagents were redistributed among supported health facilities, so as to ensure that they are not left to expire in any facility.

System Strengthening

Zamfara SACA agreed to commence monthly supply of HIV RTKs with immediate effect. The first tranche of the test kits has already been released by Zamfara SACA and has been distributed to the health facilities following a series of advocacy and lobbying meetings. The following laboratory equipment were delivered to FMC Gusau; CD4 BD FACSCount Machine & Accessories, Symex Haematology Analyser, Blood Mixer, Stabilizers, Fire Extinguishers and Thermometers. BD FACSPresto Point of Care CD4

Analysers and accessories were delivered to GH Tsafe by Pro-ACT to improve clients' access to CD4 and haematology services and the provision of quality integrated health services in the hospitals.

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

Health System Strengthening

Pro-ACT supported Zamfara State SACA to develop a HIV/AIDS resource mobilization strategy plan. The activity was informed by the project's transitioning of support to the state. Participants were sensitized about the transitioning process and the need to develop a resource mobilization strategy for the state in order to ensure ownership and sustainability of HIV/AIDS program currently being supported by donors. Key stakeholders in the development of the HIV resource mobilization strategy were the SMOH, Ministry of Budget and Economic Planning, Hospitals Services Management Board, Ministry of Women Affairs, LACAs from three senatorial districts, NEPWAH and Pro-ACT grantee CSOs. A draft of Zamfara multi-sectoral HIV/AIDS Resource Mobilization Strategy was developed and a plan for the formation of a Technical Working Group on Resource Mobilization and RM training modules was also put in place.

A draft copy of the Zamfara State budget obtained and awaiting passage into law and has a sum of 100 Million naira which earmarked for PEPFAR Transition.

Monitoring and Evaluation

Strengthening Ownership and Sustainability of M&E Functions with Stakeholders

Zamfara State Action Committee on AIDS (**ZAMSACA**) demonstrated leadership by taking full responsibility of coordinating and sponsoring the monthly M&E forum meetings by providing both technical and financial support to M&E TWG for data collation and validation. Pro-ACT is currently working with ZAMSACA to produce a quarterly fact sheet to enhance information sharing and data use for decision making.

Strengthening monthly data reporting from facility to SACA and MSH

Building on existing knowledge to provide technical skills and hands-on training to facility M&E officers across Pro-ACT supported sites is beginning to yield dividends in ensuring timely and accurate data reporting to both SACA, and IPs working in the state using NNRIMs monthly summary form.

The objectives of the strategy was to transfer skills and build their capacity in understanding national indicators and how they are collected and reported to the various reporting points this will not only give them a better understanding of the key USAID and Government of Nigeria's reporting indicators but also strengthen their capacity to coordinate the process and have better understanding of the new USG MER indicators to prepare them for the challenges ahead.

Table 27. Zamfara State DHIS eNNRIMS State Pervious Quarter Reporting Rate

Month of Reporting	Expected Report	Actual Report	Degree of accuracy
October	23	23	100%
November	23	22	95.7%
December	23	23	100%

A critical review of the data showed a notable success and sustained timely reporting rate of **100%** (HCT), **100%** (ART), and **100%** (PMTCT) respectively in the previous quarter of **October, to December, 2014** while the **January, to March, 2015** is still ongoing at the time of compiling the report with updates and entry of the quarterly data by LACA M&E officer's. These reflect strong commitment on the part of government and effective leadership role been played by SACA and SASCAP/SMoH in driving the process.

During the next quarter, facility M&E officers will be put through on the new USG MER reporting guideline to support data documentation and reporting which is ongoing, with the transition plan.

Integration of Crosscutting Issues and USAID Forward Priorities

Sustainability Mechanisms

The Pro-ACT project seeks to improve access to quality and efficient HIV/AIDS services through engagement with various institutions providing services in this area of intervention in line with the PEPFAR program implementation shift. The project continues to enhance coordination mechanisms both at state and health facilities level. The project has supported the establishment and the strengthening of capacity for Hospital Management Committees and Quality Improvement Teams in all supported comprehensive care and treatment sites. During the quarter integrated Technical Working Groups were trained and inaugurated in all the 5 states at state level. In addition, in order to ensure the sustainability of the Pro-ACT project intervention by government, the project is working in collaboration with different strata of government and non-government actors: CSOs, community leaders, LGAs, SACA and state policy makers to ensure state governments have in their budgetary provisions for supporting transitioned PEPFFAR supported services.

Policy and Government Support

Governance and Leadership: Pro-ACT provided technical support to Kebbi state in inaugurating the State HIV/AIDS Management Team with the active participation of all critical stakeholders (SMoH leadership, SACA, Office of the Governor, CSO leadership, Implementing Partners, religious leaders and womens groups etc.). The SMT, just like the SMTs in the other states, is working closely with government to ensure mobilization of financial support for the sustenance of HIV/AIDS work in the states.

State Strategic Plans (SSP): Three of the five Pro-ACT supported states (Niger, Kwara and Zamfara, were provided with technical assistance to develop resource mobilization strategic plans to guide them in mobilizing resources for supporting the HIV response in their states. The strategic plans map out the available resources and potential sources of additional resources in the states.

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

Local Capacity Development

The project has continued to support various local capacity development initiatives as part of the effort to transition capacity to host states and local governments. Formal and site based trainings were conducted targeting facility clinical and laboratory staff, as well as staff of Community Based Organizations. In addition, the project, through its grant program mechanism, has institutionalized one Center for Continuous Professional Education (CME) in each of the five states to address the human resources for health gap through coordination of specialized trainings for all cadres of health care workers in the states. The project provided institutional grants to the state government through the State Ministry of Health (SMoH), which is mandated with the responsibility of capacity development of health care workers in the state. The grants help the centers to identify and train a faculty of trainers and also facilitate the accreditation of the center by all relevant health professional regulatory councils. The ToT programs conducted through the State CME faculties' availed more skilled personnel to the respective States to roll out similar trainings in the future.

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

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

Challenges

- The joint health care workers industrial action which started late last quarter and continued this quarter affected recorded progress and milestones gained in program implementation. Some health facilities were completely closed at some point affecting all forms of access to services.
- During the quarter, political tension created by the national general election period impacted negatively on service delivery at the facility level and limited movement of technical teams due to security issues. This also hindered data collection and supportive supervisory visits to facilities.
- Reduced government revenue arising from the fall in oil prices negatively affected governments' ability to budget sufficient resources for HIV activities
- Documentation challenges with the disaggregation of samples sent for GeneXpert analysis into PLHIV and non- PLHIV samples sent from the referral facilities Competing priorities of facility Quality Team Members led to reduced participation in quality improvement activities.
- Poor documentation skills in health facilities e.g some medical records staff and data entry clerks deployed to Yariman Bakura Specialist Hospital in Zamfara has been affecting the output of data recording
- The Niger SACA is not driving the process as expected as the Coordinator of the state HIV/AIDS response but continued advocacy has been employed to get the desired result.
- Perceived stigma arising from non-integration of ART services into existing hospital plans in some supported facilities as those facilities started off that way and they are finding it difficult to integrate. A typical example is the ART medical record in GH Minna, Niger state that is separate from general medical records.
- Frequent equipment breakdowns due to aging equipment across sites affected access to laboratory services and patient management
- SACA/LACA M&E staff skills are still poor and affects data quality. This sometimes necessitates project staff to collect data from facilities on their own.

Planned Activities for Next Quarter

Clinical Services

- To continue to provide qualitative PMTCT services in all supported PMTCT sites.
- To review the Early Infant Diagnosis data to determine the peripartum Mother-to-child transmission (MTCT) rate of exposed infant in the Pro-ACT project in all supported states
- To collaborate with the Federal Ministry of Health for the engagement of the Nigerian Postal Service as a platform for the scale up of the SPEEid model to other states in Nigeria.
- Training on the retention calendar across the five states and full analysis of client retention
- Follow up on ART focal persons/clinical team to complete the deployment of retention calendar at the few remaining CCTs and report an update of retention assessment by the end of April.
- Follow up with the post training plans, monitor step down training by the TWG members and the training feedback to their respective SMT chairman and state stakeholders.

- Ensure uninterrupted access to laboratory services (CD4 and Viral Load assessment), proper ART switching, adherence counselling and tracking activities.
- Support FMOH distribution of the guidelines across facilities.
- Document and link Pro-ACT supported facilities to facilities where GeneXpert machines are newly installed.
- Support state led technical working group meetings including state orchestrated mentoring supportive supervision to facilities
- Continue to promote and institutionalize collaborative TB/HIV strategies across facilities supported by Pro-ACT
- Continue to evaluate outcomes from the ongoing IPT program.
- Support structured reporting of infection control and prevention activity reporting at the facility level
- Improve EID services at supported facilities by continuous mentoring and strengthened logistics support for sample transport.
- Ensure adherence protocol is implemented in all supported facilities.
- Continued advocacy to facility leadership to take up support of laboratory services for PLHIV.
- Deploy the SIMS tool for mentoring and supervisory activities across all Pro-ACT-supported sites.
- Continued advocacy visits to respective SMTs to lead Quality Improvement activities at the state level.
- Advocacy visits to facility leadership at all supported Comprehensive Care & Treatment Sites to ensure continuous support for QI activities.
- Conduct a 2- day stakeholders meeting with CMDs of 41 supported CCTs to review progress of NigeriaQual implementation in 5 supported states.
- Review all on-going QI projects in states and initiation of QI projects based on Cycle 3 performance measures in remaining facilities where pending.
- Complete data abstraction and reporting of NigeriaQual (July – December 2014 Reporting Period) and plan for Round 4 data collection which commences in July 2015.
- Train data clerks across Kwara, Kebbi, Sokoto and Zamfara States on upload of NigeriaQual data; in preparation for upload of Cycles 3 and 4 data (NigeriaQual software is currently being upgraded).
- Conduct a Cost-Effectiveness Analysis at General Hospital, in Niger State to compare the effectiveness of decentralized daily clinic days and fixed ART Clinic days.
- Expand the present scope of the QI team to incorporate a training monitoring team comprising of the HHS and other facility staff with TOR that includes selection of staff for trainings and, who will periodically monitor activities of trained facility staff across the different service delivery points.
- Follow-up with SMoH through the TWG to achieve full operationalization of the LMCU.
- Follow up with SMoH for the harmonization of developed work-plan for the TWG and its costing and integration into SMoH funding.
- Follow-up with Country Office to execute de-junking of CMS which was earlier proposed.

Community Services

- Support the transitioning of the 8 identified support groups previously supported by Pro-ACT to state chapters of NEPWHAN for sustainability.
- Continuous review and mentoring to SLAs founded by support groups and CSOs till they close out.
- Continue to work with clinical and M&E teams to intensify clients tracking to achieve an increase in client retention rate across all supported facilities.

Laboratory Services

- Implementation of QMS especially the development of facility-specific tools as part of site preparedness towards accreditation.
- Continue with the Evaluation of FACSPresto CD4 POC machine.
- Review of the implementation of the LRF across the states.
- Inauguration of laboratory technical working groups in some states.
- Support the state teams to evaluate the Health Care Waste Management program in selected 13 pilot facilities and deployment of tracking tools.
- Assess the current status of integration across supported facilities.
- Conduct state laboratory IQA review meetings for all the 16 IQA Focal officers to harmonized activities as it was agreed in last year review meeting at Suleja. This will enhance strengthening their various IQA sustainability plans, sites coverage and gradual transition plans from Pro-ACT.
- Continue to provide site support monitoring services to the 16 CCT laboratory units for sustainable quality improvement with focus on documentation, equipment safety and best practices.

Health System Strengthening

- Continue capacity building of State AIDS Control Agencies and SMOH technical teams on writing compelling memos to facilitate funds release and also support states to develop policy briefs and investment cases to defend the HIV/AIDS budget.
- Skills transfer sessions to SMT members through joint supervisory visits.
- Advocacy to state government and hospital management to fully integrate the ART services into routine clinical services.
- Follow-up with Center for Professional Continuing Education to link up with State Heads of Service for funding of its training activities.
- Continue to engage HMB to scale-up LRF to cover other facilities that have not benefitted.
- Engage Niger SACA for the supplies of test kits to the transitioned HTC points.

M&E

- Continue to provide support to the State M&E teams to improve the quality of data reported.
- Build the capacity of medical records staff in the 41 CCT sites in order to collect correct and accurate data and use analyzed data for decision making.

- Mentoring and supportive supervision to health facilities for transfer of skills and ensure quality data documentation, reporting for ownership and sustainability including the new USG MER guidelines.
- Deployment of the EMR system to Kwara, Sokoto, and Niger states.
- Step down training on DHIS/DATIM to all health facility M&E officers, LACA M&E officers and both SACA and SMoH M&E officers.
- Provide necessary guidance and support for all M&E-related activities in the state to achieve sustainable M&E system.
- Continue to liaise with clinicians in ensuring client information are accurately documented in the ART care cards, and also with health facility personnel in populating the registers.
- Provide continuous technical field support and hands on mentoring to the data clerks on observed M&E knowledge gaps and data management.
- Conduct DQA in selected facilities Distribute all necessary HMIS tools to all Pro-ACT-supported health facilities based on request.
- Work with relevant stakeholders to install electronic medical records in 3 states.
- Finalize internal data quality assessment and validation of client using RADET tool.
- Commence deeper evaluation of clients treatment outcome for operations research.
- Continuous follow-up with State SACA, SASCP, SMoH and LACA M&E officers to strengthen and sustain 100% data reporting rate via National DHIS eNNRIMS platform.
- Provide support for the SIMS exercise.

Performance Monitoring Plan: Progress Summary

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
Intermediate Result (IR): 14.1 Increased demand for HIV/AIDS and TB services and interventions, especially among selected target groups											
Sub-IR: Prevention/Prevention of Mother to Child transmission											
Indicator #P1.3.D Output: Number of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site	Pro-ACT Database	COP 08	21	198	198					100%	Y
Indicator #P1.1.D Output: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Pro-ACT Database	COP 08	30,260	159,941	83833	41578	4225 5	0	0	52%	Y

(Denominator) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	Pro-ACT Database	COP 08	New indicator	5,236	1056	489	567	0	0	20%	N
Indicator #P1.2.D Output: Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	Pro-ACT Database	COP 08	399	2,970	998	456	542	0	0	34%	N
Numerator: Number of infants who had a virologic HIV test within 12 months of birth during the reporting period	Pro-ACT Database			2,970	270	100	170	0	0	9%	N
Number of infants born by HIV+ pregnant women	Pro-ACT Database			0	636	321	315	0	0		
Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	Pro-ACT Database			0.57	0.33	20%	33%	0%	51%	39%	N
Sub-IR: Prevention/Testing and Counselling											

Indicator # P11.1.D: Output: Number of individuals who received testing and counselling services for HIV and received their test results (including PMTCT)	Pro-ACT Database	COP 08	114383	581379	195005	107,953	87,052	0	0	34%	N
Indicator # P11.1.D: Output: Number of individuals who received testing and counselling services for HIV and received their test results (HCT Sites Only)	Pro-ACT Database	COP 08	114383	410585	109076	65,053	44,023	0	0	27%	N
Indicator #P11.3.N: Outcome: Percentage of health facilities that provide HIV testing and counselling services	Pro-ACT Database			100%	100%					100%	Y
Sub-IR: Care/"Umbrella" Crae Indicators (formerly Adult Care and Support)											
Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services (Newly enrolled)	Pro-ACT Database			12,000	8417	0	0	1594	6823	70%	N
Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (DSD)	Pro-ACT Database			40,000	17627	0	0	2120	15507	44%	N
Sub-IR: Care/Clinical Care											

Indicator #C2.1.D Output: Number of HIV-positive adults and children receiving a minimum of one clinical service	Pro-ACT Database	COP08	8031	53,615	101464	51,410	50,054			0%	N
Sub-IR: Care/Clinical Preventive Care Services - Additional TB/HIV											
TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	Pro-ACT Database			90%	36%	31%	30%	60%	52%	52%	N
Numerator: The number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	Pro-ACT Database			48,254	15910	11153	4757	0	0	33%	N
Numerator: The number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	Pro-ACT Database	COP 08	927	2,515	129	91	38	0	0	5%	N
Denominator: The number of registered TB cases with documented HIV-positive status during the reporting period	Pro-ACT Database				151	72	79	0	0		
Sub-IR: Treatment/ARV Services											

Indicator #T1.1.D Output: Number of adults and children with advanced HIV infection newly enrolled on ART	Pro-ACT Database			11,538	3211	1694	1517	0	0	28%	N
Indicator #T1.2.D Output: Number of adults and children with advanced HIV infection receiving ART therapy	Pro-ACT Database			35,744	26681	30967	31688	0	0	0%	Y
Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	Pro-ACT Database			9801	7062				7062	72%	
Indicator #T1.3.D Number of adults & children who are still alive and on treatment at 12 months after initiating ART	Pro-ACT Database			8331	4738				4738	57%	
Indicator #T1.4.D Output: Number of adults and children with advanced HIV infection who ever started on ART	Pro-ACT Database				0	49566	51083	0	0		
Indicator # T.1.5.D Output: Number of health facilities that offer ART	Pro-ACT Database			41	41					100%	Y

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

Output: Number of states and local governments who have annual operational plans for the current year with budgets that are used to monitor activities and outputs (LMS Indicator Menu)	Program Report	COP 08	0	5 States	5 States						100%	Y
Monitoring and Evaluation:												
Output: Number of state governments and LGAs demonstrating increased capacity for using data for decision making (LMS Indicator Menu)	Program Report	COP 08	0	5 States	5 States						100%	Y
Overall Health Systems Strengthening:												
Output: Number of local organizations (including grassroots CSOs and other CSOs) provided with technical assistance for HIV-related institutional capacity building (PEPFAR indicator 14.3)	Program report				22	5	12	22	22			
Sub-IR: Small Grants Program for grassroots organizations												
Output: Number of CSOs receiving grants to deliver community HIV/AIDS services linked with health facilities	Program report				22	5	12	22	22			
Output: Number of CSOs awarded new grants					0	0	0	0	0			

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

Success Story

Volunteers' Support Improves the Quality of HIV Services in Kebbi State



Mr. Shehu Umar – PITC Volunteer, General Hospital Yauri



Miss Jamiama Yusuf – PITC Volunteer, General Hospital Yauri

In Kebbi state Nigeria, a major gap identified in the health sector was the shortage of trained health workers (Nurses, midwives and Junior Community Health Extension workers (JCHEW) who provide HIV and AIDS treatment services. This gap affected service delivery and led to low output, burn out, ineffectiveness, and fatigue as a result of work load.

In a bid to bridge the existing human resource gap in the state health sector, the Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT) project, funded by PEPFAR through USAID and implemented by Management Sciences for Health (MSH), recruited 42 volunteers and equipped them with skills to support the existing workforce, and improve the quality of HIV service delivery in all six Pro-ACT supported health facilities.

The volunteers were trained on HIV counseling and testing skills; adherence counseling; community mobilization and relationship building skills; Positive Health Prevention and Dignity (PHDP); data documentation, collection and analysis; and use of monitoring & evaluation platforms to export and analyze data using quantitative and qualitative methods, and report and share results.

After the training, the volunteers put their new skills to good use. They streamlined documentation of all clients in HIV services, which improved client retention. The

volunteers also enabled the supported facilities to provide more Prevention of Mother to child transmission of HIV (PMTCT) services. Output in the six ProACT supported facilities increased. Health workers had more manageable work loads, and patients were attended to promptly.

As the Pro-ACT project prepares to transition its program to the State Ministry of Health, the project has advocated for the employment and retention of these volunteers, whose contributions to the state HIV program have been significant. Retaining these volunteers will help ensure the sustainability of the gains accomplished. So far, the General Hospital Argungu has engaged a PITC volunteer to provide HIV counseling and testing in the General Outpatient Department, and support to the ante-natal unit. And two adherence and tracking volunteers will soon be retained by the General Hospital Yauri.

The Chief Nursing Officer, General Hospital Argungu, Mr. Mohammed Bello said, *“These volunteers are assets to the facility given the services they provide using the skills they acquired from MSH. Therefore, we must include them in our budget and retain them.”*