

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

Quarterly Progress Report, July – September, 2014

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

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

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

Quarterly Report

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Acronyms

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

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

Contents

Acronyms	2
PROGRAM OVERVIEW/SUMMARY	5
SUMMARY OF RESULTS TO DATE.....	6
ACTIVITY IMPLEMENTATION PROGRESS.....	11
Major Achievements	11
Prevention and Community Services	11
Clinical Services	13
Supply Chain Management	18
Laboratory Services.....	18
Health System Strengthening	19
Monitoring and Evaluation	20
IMPLEMENTATION STATUS BY STATE.....	21
Kebbi State	21
Kwara State	26
Niger State	34
Sokoto State.....	39
Zamfara State.....	44
IMPLEMENTATION CHALLENGES	49
INTEGRATION OF CROSSCUTTING ISSUES AND USAID FORWARD PRIORITIES	50
PLANNED ACTIVITIES FOR NEXT QUARTER	51
Annex 1. Performance Monitoring Plan (PMP).....	53
Annex 2. Success Story.....	60

PROGRAM OVERVIEW/SUMMARY

Program Name:	MSH - Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT)
Activity Start Date and End Date	July 15, 2009 – July 15, 2015
Name of Implementing Partner	Management Sciences for Health
Contract/Agreement Number	620-A-00-09-00013-00
Name of Subcontractors/sub awardees	Axios Foundation
Major Counterpart Organizations	Government of Nigeria: FMoH, SMoH, NACA, SACA
Geographic Coverage	Kebbi, Kwara, Niger, Sokoto, Zamfara
Reporting Period	July – September 2014

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/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	212799	45623	63686	54354	49136	133%	Y
(Denominator) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	5,236	2868	555	805	762	746	55%	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	2395	423	696	666	610	81%	N

Numerator: Number of infants who had a virological HIV test within 12 months of birth during the reporting period	2,970	612	105	135	173	199	21%	N
Number of infants born by HIV+ pregnant women		1603	349	406	463	385		
Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	57%	38%	30%	33%	37%	51%	66%	N

Sub-IR: Prevention/Sexual and other Behavioral Risk Prevention

Indicator #P8.2.D Output: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	2,721	6758	3248	3376	134	0	248%	Y
Indicator #P8.1.D Output: Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,137	15338	6629	4461	2469	1779	188%	Y
Number of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet minimum standards	5,367	710	313	231	70	96	13%	N
Indicator #P.8.4.D Output: Number of targeted condom service outlets		40	24	4	0	12		

Sub-IR: Prevention/Testing and Counseling

Indicator # P11.1.D: Output: Number of individuals who received testing and counseling services for HIV and received their test results (including PMTCT)	581,379	488126	103,128	121,003	128,627	135368	84%	N
Indicator # P11.1.D:Output: Number of individuals who received testing and counseling services for HIV and received their test results (HCT Sites Only)	410,585	280272	56,935	65,681	72,588	85068	68%	N
Indicator #P11.3.N: Outcome: Percentage of health facilities that provide HIV testing and counseling 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	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)	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	53,615	40785	36,367	38,039	39230	40785	76%	N
Sub-IR: Care/Clinical Preventive Care Services - Additional TB/HIV								
Indicator # C2.4.D Number of HIV-Positive patients who were screened for TB in an HIV care or treatment settings	48,254	21211	5284	5809	5093	5025	44%	N

TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	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	48,254	21211	5284	5809	5093	5025	44%	N
Numerator: The number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	2,515	417	88	112	108	109	17%	N
Denominator: The number of registered TB cases with documented HIV-positive status during the reporting period	0	607	131	242	123	111		
Sub-IR: Treatment/ARV Services								
Indicator #T1.1.D Output: Number of adults and children with advanced HIV infection newly enrolled on ART	11,538	6754	1550	1594	1846	1764	59%	N
Indicator #T1.2.D Output: Number of adults and children with advanced HIV infection receiving ART therapy	35,744	27613	24568	25910	26681	27613	77%	Y
Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	9801	7062	0	0	0	7062	72%	

Indicator #T.1.3.D Number of adults & children who are still alive and on treatment at 12 months after initiating ART	8331	4738	0	0	0	4738	57%	
Indicator #T1.4.D Output: Number of adults and children with advanced HIV infection who ever started on ART	0	45143	39940	41534	43380	45143		
Indicator # T.1.5.D Output: Number of health facilities that offer ART	41	41					100%	Y

ACTIVITY IMPLEMENTATION PROGRESS

Major Achievements

- 94% (46,733) of all new women attending ANC in Q4 received HIV counseling and testing and received their test results in MSH-supported PMTCT service sites
- The annual project target for pregnant women counseled and tested was surpassed 33% by end of quarter 4 reaching 212,799 women (FY14 target 159,941)
- 84% of all newly diagnosed HIV pregnant women were provided with triple ARV prophylaxis.
- 81% IPT uptake among PLHIV and less than 7% default rate registered.
- Expansion of the quality improvement dashboard to analyze the impacts of service delivery gaps on outcomes of reportable interventions in the project.
- Successful transition from manual to the automated CAP/CTM 48 PCR platform at the Usman Dan Fodio University Teaching Hospital (UDUTH) in Sokoto.
- Successfully convened a one day round table meeting with key leadership for health planning and budget in Pro-ACT supported states towards effective transitioning of PEPFAR HIV/AIDS support

Prevention and Community Services

Prevention

During the quarter under review, there was a strategic shift in Pro-ACT's prevention interventions as part of efforts to transition interventions to state and local governments in all USAID designated maintenance states. As part of these efforts and in consultations with USAID, Pro-ACT has strategically shifted its HIV prevention intervention to focus on biomedical prevention interventions particularly injection safety, health care waste management and blood safety. Two key activities under this new area were carried out and one activity is currently on-going.

Baseline assessment of injection safety, blood safety and health care waste management practices in selected Pro-ACT facilities: Pro-ACT implemented a baseline assessment of current injection safety, blood safety and health care waste management practice across selected Pro-ACT supported facilities from the 4th to 8th August 2014. The assessment ascertained the current practices and identified existing gaps in service delivery. It served as a baseline for planning site specific interventions which included the step-down training for MSH staff and facilities. As part of the assessment, Pro-ACT staff held meetings with relevant stakeholders drawn from the Ministry of Health, Ministry of Environment, Urban Development Authorities, and State Agencies for the Control of AIDS. The Stakeholders meeting discussed key findings which included the following; generally below average current injection safety and waste management practices, some facilities have an infection control committee, most non-functional, and most facilities lack trained staffs and supply of safety boxes were inadequate. At the stakeholders meeting, support and commitment of the stakeholders was solicited and obtained. A total of twelve health facilities (2 from each state) were assessed.

Step down training for Pro-ACT technical staff and health care workers: As part of preparation for IS/HCWM interventions, relevant Pro-ACT technical officers were trained by 2 AIDSTAR-One Project facilitators. The training equipped the Pro-ACT technical staff with the capacities to train and support health facility staffs, waste handlers and select stakeholders to carry out successful biomedical interventions.

On-going is a step-down training which is also being used as an opportunity to facilitate the establishment and strengthening of infection control committees in these health facilities. The training is also providing hands on mentoring support to health service providers and waste handlers across Pro-ACT supported health facilities in the implementation of biomedical prevention intervention across the five Pro-ACT supported states of Kwara, Niger, Kebbi, Sokoto and Zamfara.

Community Services

The primary focus of all activities carried out by the community team over the last quarter of FY14 continued to center on transitioning of qualitative HTC, VC and care services in supported states. The preceding three month also witnessed concerted efforts by the community team to align all community activities, supported through sub grants to CSOs to the new PEPFAR guidelines.

Through the Pro-ACT grants program, 22 CSOs continued to provide community HIV services in 35 LGAs across the project supported states. The services target people living with HIV/AIDS and their families, vulnerable children and their care givers and a facility based HTC and PMTCT services. A range of technical and institution support through trainings, hands-on mentoring and supportive supervision were conducted for the grantees to promote civil society participation, ownership and sustainability of HIV/AIDS response in Pro-ACT states.

The community team also focused efforts on strengthening the capacity of Pro-ACT supported facilities to provide quality HIV treatment and care services. This was done through a series of capacity building workshops for health care workers on HTC and adherence counselling in July and August 2014. These trainings were facilitated by health care workers from the state whom had earlier been trained as master trainers in HTC. The master trainers were supported by the community team to that quality and expected national training standard is maintained. Within the review period, we noted **an increase in the number of HIV positive individuals tracked with 40% success rate of return to treatment and care.** This can be attributed to the sustained strategies including the adherence training to retain PLHIV in treatment.

For the OVC interventions, 8417 orphan and vulnerable children were served with a minimum of one service. **About 80% of children served were reached in the fourth quarter** because of the process of engaging CSOs. **The project was able to achieve 70% of its annual target of 12,000 for OVC served** and 44% for active beneficiaries who include the care-givers.

The community team, as part of the vulnerable children and care strategies, facilitated two Savings and Loans Association Trainers of Trainers trainings for support group members and the staff of the CSOs implementing VC and care activities in the five project states in September 2014. The participants are

planned to train and facilitate the formation of Savings and Loans Associations within support groups and among caregivers of vulnerable children. This strategy will strengthen the economic base of these vulnerable groups as a sustainable strategy for retaining PLHIV in care and treatment and for caregivers to sustain care and support to vulnerable children. A total of 75 participants were trained.

The community team also participated and supported the piloting of the SIMS tool by USAID in Suleja. The tool supports the PEPFAR internal accountability of USG's investment in the global HIV response, facilitate improvement of the quality of services and maximize impact on the epidemic. The goal of SIMS is to standardize site monitoring by PEPFAR staff through assessment and scoring of site performance on key program area elements (standards) and quality of care in order to increase the impact of PEPFAR programs on the epidemic. The USAID team commended the CSO in Suleja which was used for the pilot for their level of documentation while recommending improvements in domains where they didn't score very well. The CSO performed very well in their documentation of service provision to their beneficiaries while they scored low in their documentation of their engagement with MSH supported facilities (they didn't have a letter of introduction to the facility). In line with this new direction the community team will support the CSO in Suleja, CLAP, to improve in all the domains where they scored very low to ensure that there is an improvement during the subsequent follow up assessment. In addition all future site visits will be conducted using the SIMS tool.

Clinical Services

HIV Counseling and Testing

In this quarter, **134,850** individuals including pregnant women were reached with HTC services. The total number of HIV positive individuals identified in the reporting period is **3,343 (Male = 1347 Female = 1,996)** representing **2.5%** of the total number of individuals tested and receiving their results for HIV. A total of **2416 (72%)** HIV+ individuals were enrolled in the program in all 5 states.

PMTCT & Exposed Infants Data

During the quarter under review, **49,136 (282 Known positives at entry & 48,854 unknown)** pregnant women received HIV counseling and testing and received their test results in Pro-ACT-supported PMTCT service sites. This is a drop in performance when compared with the last quarter's achievement of **54,394**. This drop is a direct reflection of the 55 day nationwide Doctors strike. Pro-ACT exceeded the **FY14** target of **159,941** by **33%**, reaching **212,799** pregnant women with HTC services. Only **1,812** of these pregnant women were newly identified HIV+. The total number of HIV positive pregnant women identified in the reporting period is **2,868** which represent **55%** of the annual target of **5,236**.

A total of **2395 (84%)** pregnant HIV positive women identified at the end of the fourth quarter received a complete course of antiretroviral prophylaxis at the ANC and L&D. For pregnant women who received ARV prophylaxis, we have reached **2,395** HIV positive pregnant which is **81%** of the FY 14 target of **2970**.

During the quarter **390 (Males = 208 & Females = 182)** exposed infants were delivered. A total of **349 (89%)** received ARV prophylaxis for prevention of HIV transmission from mother to child. Most of the exposed babies that were not reached were children of HIV positive pregnant women who were

delivered outside the health facilities and were presented very late at the facilities. All **179** exposed babies that were delivered in the health facilities received ARV for PMTCT. Also, a total of **309** EID blood samples were collected for DNA PCR test; a total of **199** PCR results were received and **12** of them tested HIV positive. In summary we had a positivity rate of about **6.0%**. Most of the babies that tested positive are those that were delivered outside the health facilities.

The primary focus of all activities carried out over the last quarter of FY14 continued to center on transitioning of qualitative PMTCT services in supported states. However despite consolidating achievements and gains from Q3, the 55-day nationwide doctors' strike which took place during the quarter further disrupted service delivery in Pro-ACT supported sites..

Despite the strike, Pro-ACT continued to maintain an improved quality of PMTCT services with a 17% decrease in the gap of women attending ANC and not provided with HIV counselling and testing in Q4 compared to Q3. This resulted in **94% of all new pregnant women attending ANC in all supported sites counselled, tested and provided with their results in Q4**. Also within the review period, **84%** of all newly diagnosed HIV positive pregnant women were provided with triple ARV prophylaxis.

In Q4, a needs assessment exercise identified low capacity gaps in supported facilities in select facilities in all MSH support states providing HIV services including EID for pediatric age group and poor treatment adherence among PLHIV who are in the program. As a result we conducted a pediatric EID training and an adherence counseling and PHDP training in the five project state with 139 and 179 HCWs trained in the respective program areas.

The NIPOST DBS transportation model was scaled up in 3 states in this quarter. At the end of the quarter, **51% of HIV exposed infants received their EID results, which is an improvement from 37% in Q3**. Although the goal remains to reach 90% of all exposed infant in need, EID of exposed HIV infants poses a huge challenge, with only 4 % of HIV exposed infant tested nationally.

HIV Care & Treatment

The project focused on capacity building of health care workers to improve care and treatment as well as ensure enrolled PLHIV are retained along the care and treatment continuum. Further, the project strengthened care and treatment interventions through real time monitoring of care and treatment uptake using the ART dashboard in 5 high volume facilities per supported state. The dashboard is a tool developed to track enrolment and treatment at the facility level – it is also used to monitor attrition. This approach ensured limiting leakages along the continuum of care as patients are provided with real time escort services for enrolment and laboratory evaluation. Additionally, the tracking systems in the facility were further bolstered through re-structuring, procurement of phones and by the introduction of CSOs who also provide tracking support in the facilities. Continued chart reviews, use of clinical mentors, extended CME's that fostered service integration and knowledge gap bridging, use of streamlined ART regimen and CD4+ T cell of 500cell/mm³ contributed to the results achieved this quarter.

Further, the project deployed 10 clinical mentors across 10 facility in the five project states (2 in Kwara, 2 in Niger, 3 in Zamfara, 1 in Kebbi, 2 in Sokoto)to provide direct technical support on treatment uptake, to ensure continued review of patients charts in care for identification of patients who are eligible to

receive ART and are not on treatment and to ensure blockages in the Gardner's cascade to limit patient loss through the continuum of care and treatment. The clinical mentors are medical doctors with short term engagement (STTA) provided with structured orientation to support direct service delivery in the states mentioned. The mentors helped a lot to sustain service delivery during the strike period and contributed significantly to targets met this quarter including reduction in LTF. Additionally, the Pro-ACT supported sites have, throughout all the 4 quarters, employed use of CD4 count of 500 cell/mm³ as the treatment eligibility criteria, and use of simplified recommended regimen (TDF, 3TC FV) for treatment initiation.

During the quarter, **2,416 (Pediatric = 214, Adult = 2,202)** new patients were enrolled into care and **73% (1798)** of them initiated on ART. Cumulatively, the number of HIV positive clients enrolled into care by the end of this quarter stands at **68,579** (Niger **32,583**; Kwara **12,406**; Zamfara **4,666**; Sokoto **10,286** and Kebbi **8,688**). Currently, the number of HIV+ clients on ART is **27,613** which is **77%** of the FY14 target of **35,744**. By the end of the quarter under review, the total number of clients ever initiated on ART treatment stood at 45,143. This was less by 44 PLHIV when compared to Q3. In the same period 1,798 were newly initiated on ART which is lower than what was reported in Q3 by 21 PLHIV. This reduction in care and treatment uptake is partly due to the health care workers industrial action (strike) that lasted for almost half of the quarter. The project registered a 40% reduction of loss-to-follow-up when compared to Q3.

TB/HIV

TB Screening

The Pro-ACT team continued to consolidate the gains of the previous quarters including scaling up interventions that yielded results in the past quarters. In Q4, the 6 teachers TB screening approach to optimized TB screening among PLHIV was scaled up to all the supported facilities in the five project states. The approach which is structured CME on TB screening using the 5 'Ws' (why, where, when, who, and what) and one H(how) to address both gaps in TB screening and impact of screening among PLHIV has increased awareness and also improved TB screening. Additionally, quality improvement projects were centered on TB screening in supported states and facilities that reported poor TB screening in Q3. The Pro-ACT project screened a total of 5024 PLHIV for TB in Q4 which is 1.5% less than what was screened in Q3. Analysis conducted in month 1 of Q4 revealed that Niger, Kwara, Kebbi, Sokoto and Zamfara had screened 55%, 51%, 19%, 22% and 10% respectively of their expected target with national screening average of 31.4%. However strategies deployed including the 6 teachers ensured we gained an additional 10.6% screened. The screening was less this quarter mainly because half of the quarter was lost to industrial strike action in the country which affected service delivery across board.

Further, TB detection continued to be expanded through the use of GeneXpert machine across the five project states. In Q4, 109 PLHIV were confirmed TB cases and as well started on anti-TB drugs. This represents a marginal increment when compared to Q3 where 108 PLHIV were diagnosed with TB and commenced on TB treatment. Nonetheless, these shortfalls resulted from industrial strike actions in the health sector which took place in Q4 as these services critically depended on service providers affected by the strike. Overall, **the project exceeded PLHIV screening for TB by an additional 11994 when**

compared to FY13 with 52% of PLHIV who received a minimum of one clinical service screened for TB while meeting 42% of the annual TB screening program target. This is in contrast to FY13 where 9217 PLHIV were screened for TB which represented 34% of FY13 annual program target.

IPT

Structured mentoring and supportive supervision continued to ensure that PLHIV commenced on Isoniazid Preventive Therapy (IPT) and that they received adequate review and monitoring. In addition, the clinical team worked closely with the logistics unit to support real time and accurate data reporting on IPT interventions. While IPT program completion rate continued to improve across supported facilities, new PLHIV who screen negative for TB were commenced on IPT. In Q4, despite the striking actions in the health sector, systems put in place ensured 1408 PLHIV commenced IPT as compared to 1309 that commenced on IPT in Q3. For the FY14 program calendar, the project collaborated with the National Tuberculosis Leprosy Control Program (NTLCP) to receive an allocation of Isoniazid nicotinic acid hydrazine (INH) for preventive therapy to cover 5776 PLHIV for TB prophylaxis. Overall, during the year, **4660 PLHIV were started on IPT which represents 81% IPT uptake rate**, a record that has received commendation from the NTLCP as no other Implementing Partner has reported this level of success with IPT uptake. Another associated achievement is the registration by the project of a default rate that is less than 7%.

Infection Control

Continued integration of infection prevention control activities into the Pro-ACT QI program and processes, has strengthened emphasis on prevention and thus sustained strategies developed to mitigate infection transmission at the facility and community level. Infection prevention activities have continued to ensure proper triaging of patients in health facilities supported by the project including active sorting of patients with priority to screen PLHIV for TB infection. Part of the successes recorded is the collaboration of the infection prevention team at the facility level in Kebbi state with local government TB supervisors to transport samples of PLHIV who are in need of GeneXpert evaluation for TB diagnosis. This became possible due to continued Pro-ACT technical persons engagement with the State TB program manager. Currently, sample transport activity for GeneXpert to the point of diagnosis carried out by the facility with fund support from the national program as against MSH supporting the activity at the kickoff of the intervention. Further utilization of this services has help both in improving TB diagnosis and unravelling of difficult TB cases Further, infection prevention activities strengthened this quarter include sustained setting specific screening for TB, adopting 6 teachers approach to screening as part of the strategy to bridge knowledge gaps on TB, contact tracking including continued expansion of GeneXpert use.

Quality Improvement (QI)

In Q4 emphasis was on strengthening existing facility level QI teams, providing feedback on performance measurement on indicators of critical elements of care evaluated between the period of July 1 - December 31st, 2013, collection and analysis of data on QI performance measurement for the period of January 1-June 30 2014. Further, a state level orientation and test running of the site improvement through monitoring systems (SIMS) introduced by USAID was undertaken in Q4. An assessment of four health facilities was conducted in Niger state (GH Mina, GH New Bussa, GH Suleja and FMC Bida) to

determine their readiness for electronic migration of the NigeriaQual, the national HIV quality management program which is the platform on which Pro-ACT project quality improvement program runs.

In this Q4, Zamfara state joined the quality management program and as a result has increased the number of CCT sites implementing quality improvement in the Pro-ACT project to 37.

In Q4, as part of effort to strengthen facility level QI teams, capacity building sessions were streamlined/ integrated into facility monthly QI meeting in all supported health facilities. The sessions which took place during the quarter in Kebbi(6 facilities), Sokoto(7 facilities), Niger(11 facilities), and Kwara(2 facilities) were used to provide feedback on NigeriaQual performance measurement for each facility while building facility staff capacity on the use of data to conduct quality improvement projects. To this end, 26 (Kebbi 6, Sokoto 7, Niger 11, and Kwara 2) quality improvement projects have been set up across four of the five project states. The QI projects are aimed at further improving quality of care in areas of identified gaps. This reflects an additional 13 facilities with QI projects, an improvement of 50% when compared with Q3 reporting period. Overall, **a compliance rate of 65% was recorded in establishing QI projects.**

Performance measurement data for the cycle of January 1- June 30, 2014 were collected and analyzed across 38 of the 40 supported comprehensive care and treatment facilities in Kebbi(6), Kwara(6), Niger(16), Sokoto(7), Zamfara(3). Indicators of clinical care that impact on health of PLHIV showed remarkable improvement when compared to the last cycle. The reports revealed that **access to ART improved by 8% from 59% to 67%, clinic visit by PLHIV improved by 22% from 73% to 95%, TB diagnosis and treatment improved by 26% from 69% to 95% including pediatric access where 32% improvement was recorded from 49% to 81% in the last cycle.** Indicators with poor results will be used to initiate quality improvement project in the affected facility. These indicators are basically related to early infant diagnosis which includes percentage of exposed infants who received DBS services had marginal increase from 15% to 20%, percentage of infant who received confirmatory rapid test investigation equally had marginal increase from 16% to 19% while access to Nevirapin within 72 hours of delivery dropped from 61% to 52%

In Q4, the project was able to register 27 of the 41 supported health facilities in the NigeriaQual web portal for readiness for electronic migration and reporting of quality care provided to PLHIV. Further, an assessment was conducted in four facilities in Niger state as part of the phased transition to electronic migration of NigeriaQual data which facilitated electronic reporting in two supported facilities in Niger this quarter. Planned scale up of e-migration will commence in FY15.

Also achieved during the quarter was the orientation for both project and selected facility staff on the new USAID SIMS tool. Four of the project states (Niger, Kebbi, Sokoto and Kwara) benefited from capacity building on the use of the SIMS tool. The tool further stresses the need of providing the right tools, settings, capacities, interventions that meets quality care for PLHIV. The Pro-ACT project will use the tool as a quality audit system to continue to strengthen facility and organizational level quality of care.

Laboratory Services

In the quarter under review, the project focused on transferring the capacity to State Government and the Federal Ministry of Health in line with Pro-ACT's transition efforts. Among the achievements recorded was the procurement, installation and operationalization of the Cobas Ampliprep Cobas Taqman 48 (CAP/CTM 48) automated PCR platform which replaced the Roche Ampliclor V. 1.5 at the UDUTH in Sokoto. The in-kind grant for private medical laboratories also witnessed a boost with the delivery of equipment to selected Laboratories in two States of Kwara and Niger.

Procurement and Installation of CAP/CTM 48 Platforms

With the phase out of the manual PCR equipment platform, Pro-ACT had procured and installed the Cobas Ampliprep/ CobasTaqman 48 automated PCR equipment platform which replaced the manual Roche Ampliclor V1.5. This was in line with PEPFAR's goal of optimizing EID/Viral load services in Nigeria. 8 medical laboratory scientists from the UDUTH received on-site training on the use of the platform. This PCR facility will serve as a regional hub for early infant diagnosis (EID) and viral load (VL) services for Kebbi, Sokoto and Zamfara States. The project is working with the management of UDUTH for the launch of the new facility sometime in November 2014.

In-kind Grant to Private Medical Laboratories

In the quarter under review, Pro-ACT facilitated the delivery of in-kind grants in the form of equipment to selected private medical laboratories to strengthen the quality of laboratory services in the private sector. The selection process which was in line with USAID fixed obligation grant process and of 15 private medical laboratories that applied, only 2 were selected and awarded in Kwara and Niger States. The event which took place in September 2014 had at the handing over ceremony in the State Ministry of Health headquarters was the Hon. Commissioner of health and other key stakeholders in the health sector. A similar event took place in Niger State in the same month. The equipment supplied will be used by these private laboratories in serving general populations including people living with HIV/AIDS.

Organizational Development for Association of Medical Laboratory Scientist of Nigeria (AMLSN)

Pro-ACT through its added scope of work for laboratory and Knowledge for Health (K4Health) project, provided technical facilitation in the review of the Association's strategic plan and also supported the development of the costed operational plan for the Association. The goal was to align the Association's activities to its strategic vision of strengthening health systems in Nigeria with specific focus on Laboratory improvement programs. At the end of the workshop, a new strategic plan was produced for the Association.

Supply Chain Management

The quarter under review witnessed the procurement and installation of an Automated PCR machine at Usman Dan Fodio University Teaching Hospital (UDUTH), Sokoto. 10 BD FACSPresto point of care CD4 machines were also procured and distributed to selected high volume PMTCT sites to improve services in the five states.

Monthly TWG on logistics meeting, Joint supportive supervisory visit (JSSV) and Quality Improvement (QIT) meetings by state teams were held in all the five states during this reporting period. A renewed

commitment to addressing identified gaps at the facilities, buy-in by partners into the thrust for integrated Logistics Management of Health Commodities (LMHC) in the states was a key focus for the quarter; completion of baseline assessments of state logistics systems using the Logistics System assessment Tool (LSAT) in Kwara state and commencement of the same activity in Kebbi state were undertaken. Updated transaction records and consistent service delivery have resulted from these efforts.

ARVs and Cotrimoxazole tabs were supplied by SCMS/JSI to all the supported health facilities following the orders from facilities. Laboratory reagents and consumables procured during the period were supplied to the health facilities to meet up with the needs. 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.

There was also involvement of the SMOH and LACA managers in supporting the facilities across the states to promptly collate, validate and submit bimonthly LMIS reports which facilitated the resupply of ARVs, OIs, RTKs and consumables to all supported sites during the period under review. Participation of government officials helped in building their capacity and will foster ownership and sustainability of health commodities logistics system in the states.

A joint SCMS/JSI and Pro-ACT management team meeting was held to discuss issues regarding the formation and operations of a Logistics Management Coordination Unit (LMCU) and its relationship to the Logistics TWG in the state. The LMCU is a structure that the SCMS project has been mandated by USAID to put in place across all states to coordinate the logistics of drugs and other commodities in the states. However in Pro-ACT supported states where functional TWGs already exist, this is being viewed as a potential duplication of roles. This meeting was an avenue to clear 'grey' areas and strengthen the understanding and relationship between the three organizations.

Health System Strengthening

During the quarter, the Health Systems Strengthening (HSS) unit activities' focused on the provision of technical assistance to State Agency for Control of AIDS (SACA), SMOH, and health facilities in conducting strategic activities aimed at improving coordination and government stewardship.

One day round table meeting with key leadership for health planning and budget in Pro-ACT supported states towards effective transitioning of PEPFAR HIV/AIDS support

In order to ensure the continued delivery of HIV/AIDS services in the 5 states, Pro-ACT, working closely together with USAID, organized a one day stakeholders round table meeting on September 18 2014 involving different strata of government and non-government actors from the State Ministries of Health, Budget and Economic Planning, State House of Assembly and State Agency for Control of AIDS. The meeting's aim was to plan for a smooth transition of PEPFAR support to the states. Each of the state teams comprised of high level state government officials led by the Commissioners of Health. In addition to the state participants, representatives from USAID, MSH Leadership, NASCP and NACA also attended. During the meeting, stakeholders were provided with data on the number of HIV patients (adults and pediatrics) in their states, numbers on antiretroviral therapy (ART) and in basic care, as well as the cost

of treatment/care and laboratory services per month and per annum. State teams discussed their specific state needs and came up with the amount of resources required to meet these needs. They carried these back to their respective states for more discussion and to start on the process of having them incorporated into the states 2015 budgets which are currently under discussion.

At the end of the meeting a communique was developed which showed the appreciation of PEPFAR HIV&AIDS investments and services, acknowledged the need for governments to take on responsibility for HIV/AIDS support, encouraged the states as a matter of urgency to mainstream HIV programs into the state health budget and into other various projects like SURE P, MDG and PCRP funding, and to explore opportunities to roll out community based health insurance scheme in states to accommodate PLHIV.

Training of master trainers for health development in Kebbi, Kwara, Sokoto and Zamfara States

During the quarter, Pro-ACT supported the Kwara, Kebbi, Sokoto and Zamfara State Ministry of Health to conduct capacity building training to strengthen the capacity of senior health professionals as master trainers for effective delivery of continuous, sustainable and high impact training to health care workers in public (State and LGA) and private sectors, especially those delivering primary health care services in states. The overall goal of the training is to improve health outcomes in supported states through the effective delivery of qualitative health care services by different categories of health workers. 62 master trainers from the Centre for Health Professional Continuing Education (CHPCE) under the SMOH with support of Pro-ACT, through HSS grant, were trained on facilitation and training skills that will empower them for the transfer and up-date of knowledge, skills and attitude through training and re-training of multi-disciplinary health workers that will boost functional and highly skilled work force in the state.

In addition, provisional accreditation has been granted to Kebbi and Zamfara states' CHPCE training center by medical laboratorists, medical and dental councils of Nigeria while the remaining 4 councils are in the process of accrediting the center.

Monitoring and Evaluation

The M&E team during the quarter under review recorded remarkable achievements through engagement with stakeholders at different levels to provide technical assistance (TA), share feedback on strategic information and activities aimed at strengthening data documentation and reporting system covering all program areas. This will ultimately lead to ownership and sustainability and retain 100% DHIS state reporting rate.

We have continued to engage with the government through monthly M&E review meetings, M&E TWG and national data validation exercises. In a bid to strengthen the health system in 5 states, Pro-ACT through the M&E teams provided technical support in relation to quality of data, tracking of state data reporting rate and advocate for utilization of state data through the production of monthly factsheets. Data gaps such as transcription errors, collation and summation errors (especially by the LACA M&E officers) identified across the quarters were addressed timely and the differences were integrated within the period under review, thus no effect on the final output on the annual data reported.

The increase in reporting rate from 60% to 100% covering all facilities in the 5 project states into the national reporting platform is an indication of strengthened state M&E systems. The states through the Ministry of health and SACA are actively involved in all M&E activities from data documentation, collection and reporting.

The team also embarked on compiling the ART patients data using the Retention and Audit Determination (RADET) Tool which is aimed at verifying and validating the actual number of patients on ART in the program. This data is being triangulated with data in DHIS in an ongoing process.

In the quarter under review, the M&E team has made tremendous progress in the process of setting up electronic medical record system in 3 health facilities in Sokoto(UDUTH), Kwara(UITH) and Niger(GH Minna) states. The scope of work has been developed with input from different members of the team. Assessment of each facility has been done to determine the hardware needs and engagement of stakeholders has started across the facilities to ensure ownership. Next steps will involve putting up an RFP to engage a consultant that can work with the team to set up the EMR.

IMPLEMENTATION STATUS BY STATE

Kebbi State

Overview

Ownership and sustainability which was the main focus during this reporting period took a step further following the one day round table meeting involving key stakeholders from Ministry of Health, Ministry of Budget and Economic Planning, State House of Assembly and State Agency for Control of AIDS, held in Abuja to discuss the transitioning of PEPFAR Supports to the States. As a result of Pro-ACT activities, the state has incorporated about N217 million in the SMOH budget for 2015 and the state is being supported technically to articulate a strong advocacy to the governor for release of funds for HIV&AIDS in SMOH and SACA 2014 appropriation to meet the lab services needs from October 2014 to February 2015.

The Hub and Spoke system between CCT and PMTCT sites as well as service integration and continuous collaboration with stakeholders have been deployed towards ensuring access to a continuum of care.

Implementation Status

Community Services/Prevention Unit

A total of 18 health workers (13 male & 5 female) were trained on adherence counselling in September 2014. The program team expects an improvement in client's retention in care and treatment in subsequent months as an outcome of this training. Six (6) support group executives and one representative from a CSO implementing Vulnerable Children Care and Support were trained as ToTs on Savings Loans Association (SLA) formation, facilitation and coordination. This is part of the project's strategy to strengthen Leadership and Resources Mobilization capacity for sustainable HIV care service delivery.

Grantee CSOs were trained and linked to health facilities in support of HCT especially for pregnant women. This CSO-facilities relationship is intended to strengthen community facility two way referrals.

Table 1. PITC reach summary

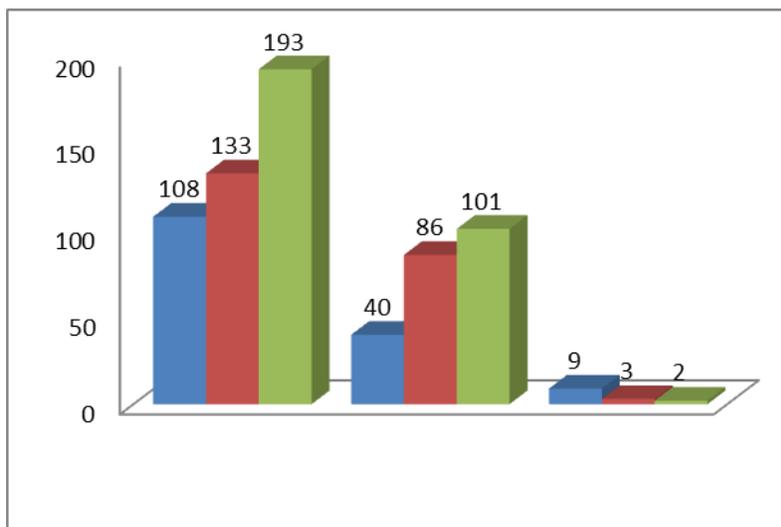
JULY - SEPT, 2014						
FACILITIES (CCT)	3rd Quarter					
	July		August		Sept	
	C&T	+ve	C&T	+ve	C&T	+ve
General Hospital Koko	201	3	215	3	230	14
GH Argungu	209	9	200	9	282	15
GH Jega	509	2	442	3	419	4
Sir Yahaya Mem. Hosp.	425	15	874	11	517	26
General Hospital Yauri	23	2	165	6	318	7
FMC, Birnin Kebbi	23	6	39	17	35	12
Total	1,390	37	1,935	49	1,801	78

A total of 5,126 clients were counselled and tested and received result as against 4,817 reached in last quarter representing 6% increase. The CSOs also reached 172 clients with C&T. Total number of clients reached with C&T through PITC is 5,298.

Reasons for low return

- The Nation-wide NMA strike affected service delivery
- Two of the contact tracking volunteers were admitted in the hospital during this period
- There was Sallah break during this period
- Greater number of clients who missed appointments are from outside the state – most are based in Niger and Sokoto states – hence making it difficult for the tracking teams to get them back in to care.

Figure 1. Clients tracking summary



Key: Blue=July; Red=August; Green=September

- The analysis shows that 47.7% of clients tracked returned into the program.
- Provided PHDP services and biomedical intervention to PLWHA during ART clinic in General Hospital Yauri. Myths and misconception on condom usage were addressed. PLWHA were sensitized on adherence and importance of belonging to support group.
- KEBBISACA supported Federal Medical Centre through Pro-ACT with 100 pieces of safety boxes after injection safety and waste management assessment was conducted.

Clinical Care

ART: With continuous mentoring, provision of technical assistance, joint supervisory visits and site visit matrix, the project provided support to ensure clients receive all required services when due. This has continued to help maintain enrollment into care of newly positive clients, while the use of Cd4 count of 500 for ART commencement has also helped put more clients on ART. A comparative analysis of number positive, number enrolled and number started on ART in the 3rd and 4th quarter shows: **477 persons tested positive in Q4 as compared to 395 persons who tested positive in Q3**. 317 persons were enrolled into care in Q4 as against 357 in Q3 and 213 clients were eligible and were commenced ART in Q4 as against more number of ART eligible clients of 268 in Q3.

TB/HIV: The availability of the GeneXpert machine in the state and the support from the state TB program on sputum sample transportation has helped the facilities to utilize the services. This has improved TB diagnosis among PLHIV and helped to resolve the difficult cases encountered in the clinics. The key challenge encountered during the quarter was lack of cartridges for the GeneXpert machine for some time. This was however resolved following a meeting between the Pro-ACT Kebbi clinical team and Laboratory Specialist with the state TB program manager. The cartridges have since been supplied.

Uptake of IPT is increasing with the involvement of more clients who receive the service. This has greatly improved the lives of PLHIV. Clinical TB screening at all visits prompted by the NigeriaQual data analysis

is also increasing. This awareness resulted in the 6 CCT sites choosing one of their QI projects to be on TB services.

Table 2. Isoniazid Preventive Therapy (IPT) Tracking Table

INDICATORS		NUMBER STARTED ON IPT			NUMBER COMPLETED IPT		
MONTHS		JULY	AUGUST	SEPTEMBER	JULY	AUGUST	SEPTEMBER
S/N	FACILITY						
1	GH ARGUNGU	12	15	18	22	16	16
2	GH JEGA	11	15	27	11	11	8
3	GH KOKO	17	11	19	11	24	
4	GH YAURI	14	36	7	Nil	Nil	Nil
5	SYMH	13	53	5	Nil	Nil	37
6	FMC	32	30	5	Nil	Nil	2

QI

Facility Quality Improvement Team meetings held in all CCT sites this quarter, with all sites demonstrating capacity to manage these meetings without Pro-ACT presence. Highlights of the meetings this quarter include: Presentation of the NigeriaQual data analysis of performance in the first 6 month cycle, collection of the second cycle data using the audit forms, development and adoption QI projects to be assessed in the month of October, presentation of monthly reports, discussion of challenges in various service deliver points and adherence training step down by participants.

PMTCT/PAEDIATRICS

The PMTCT services were enhanced in the state through the Hub and Spokes system that connects the CCT sites and the PMTCT sites. These linkages help staff and volunteers refer clients for services they need that might not be available in their facilities. This system was further enhanced by the EID training that was held in the state in August. This training was attended by 33 participants, 2 people from the 6 CCT sites, 1 person each from maternity and pediatric units and 1 person from all 21 CCT sites. The EMS-DBS transport system was established after this training and following several meetings between NIPOST and Pro-ACT Clinical and Laboratory Teams. DBS results, that have delayed for some time, were eventually delivered in 2 batches this quarter with 1 positive child in the first and 2 positive children in the second batch. The babies' parents have been tracked and proper interventions given as necessary.

Laboratory Services

Five CCT sites were supported in preparing HIV Serology DTS panels which were used for IQA program in this quarter. A one-day review meeting was conducted with all the QA focal persons in attendance in which challenges identified from all the testing points were addressed. Some of the challenges handled included the issue of reposting trained staff to other units where testing is done and strengthening the linkages between the testing points and the M&E unit. The QA focal person for GH Jega has also prepared DTS panels for Hepatitis B and C which is used as quality control for the screening of Transfusion Transmissible Infection. As a result of this development all the CCT sites have adopted it in their Blood Banks.

Advocacy meetings with various stakeholders involved in safe blood practices, injection safety and health care waste management was conducted as well as an assessment of Sir Yahaya Memorial Hospital and FMC Birnin Kebbi in conjunction with representatives from Kebbi state Urban Development Authority, Kebbi state Environmental Protection Agency, KEBBISACA, Primary Health Care Development Agency, State Ministries of Health and Education, and Hospital Management of the two facilities. This activity was held on 7th of August 2014.

Supply Chain Management Services

SCMS has continued to work with the facility staff to strengthen counselling for patients before dispensing of their drugs. There was no reported ADR reported over the period. Two cases (one occupational, one non-occupational) of post-exposure prophylaxis were recorded at Sir Yahaya Memorial Hospital during the reporting period.

SCMS took on the delivery of DBS bundle kits, HB sAg and BD FACSPresto point of care machine for distribution to facilities. While the HB sAg kits have been distributed to facilities the point of care machine is still awaiting the supply of accessories before it is handed over to the facility.

Bimonthly LMIS reports (laboratory commodities and pharmacy) were collected for both May-June and July-August review periods and submitted to the country office and SCMS during the quarter following which all facilities were re-supplied ARVs and RTKs thereby ensuring uninterrupted service delivery.

SCMS redistributed 105 units of soon-to-expire ARVs for Pathfinder thereby forestalling wastage during the period under review.

Health System Strengthening

The state technical working group (TWG) on logistics held one meeting during the period under review. The session which was attended by SMOH officials and partners featured a capacity building session and presentation of TOR for sub-committees among other regular features. A task team to undertake state Logistics System Assessment was also constituted and has commenced the assessment.

These activities have brought the issue of logistics management of health commodities to the fore in the state with greater commitment being demonstrated by the DPS and other SMOH officials.

Stakeholders Round Table Meeting towards transition of PEPFAR investments in state

As Pro-ACT gears towards ownership and sustainability, a step further was taken by hosting a one day stakeholders round table meeting which involved stakeholders from the State Ministry of Health, State Ministry of Budget and Economic Planning, State House of Assembly and State Agency for Control of AIDS, this is to strategize for smooth transition of PEPFAR support to states.

The representatives from Kebbi State at this meeting included the Hon. Commissioner of Health, Permanent Secretary State Ministry of Health, Permanent Secretary State Ministry of Budget and Economic Planning, Chairman House Committee on Health and Project Manager Kebbi State Agency for Control of AIDS. Following the meeting a budget proposal of **N217, 918,495.59** was made for the 2015 budget as the state's commitment on PEPFAR counterpart fund. This will **cover 36% of ARVs scale up and 100% laboratory reagents and consumables** and the also the cost of equipment maintenance.

This meeting has been extended to the state level as a smaller committee of technical group was formed. Participants included the Director Medical Services, Director Planning State Ministry of Health, Director Budget, Secretary House Committee on Health, Project Director Kebbi State Agency for Control of AIDS. Adjustments and corrections of errors like the duplication of activities between the budgets of State Ministry of Health and Kebbi State Agency for Control of AID were made. A follow up high advocacy visit to the State Governor is being planned.

Monitoring and Evaluation

Continuous follow-up on proper data collation, entry and documentation as well as technical support to the quarterly state data validation meeting has led to improved quality data documentation, **maintaining a 100% data reporting on PMTCT and ART datasets** on the eNNRIMS DHIS platform. The quarter data validation meeting provided the platform for Kebbi state data harmonization addressing data gaps and improving data integrity and accuracy in the state.

Technical assistance was provided to SACA to improve capacity to write and present reports to relevant stakeholders. The monthly M&E meetings which are now being held at the various LGAs have ensured development of local capacity, technical expertise and availability of quality data for informed decision-making at the LGA level. Two LACAs (in Jega and Gwandu LGAs) have produced community/LGA HIV factsheets and presented their data findings to relevant community and state stakeholders this quarter.

Kwara State

Overview

The state program continued to make incremental improvement from one quarter to the other within this quarter. Two grantee CBOs partnered with supported health facilities to provide HTC services within the last two quarters of the program year thereby reducing the number of persons who desired HTC but were not served. With the principle of partial enrolment, community activities outside of health facilities have been shelved. However, trackers have been working hard to ensure that defaulters and LTFU clients return to the facilities and there was a marked improvement on the number of clients that returned back to the facilities within the last quarter. 340 clients returned to the facilities as against 245 in the 3rd quarter, 222 in the second; and 22 in the first quarter. Surprisingly too, the number of defaulters have been increasing from one quarter to the other.

There was an improvement on all the indicators when compared to the third quarter of the program year, though the two indicators that have to do with TB (HIV positive clients screened for TB; and number of registered TB patients screened for HIV) still fell below expectations as the number of diagnosed TB patients were far less than the given target. However, the improvement made on the preceding quarters' performance, in general, was significant. Efforts are ongoing to improve on the two less performing indicators.

The State Government showed a lot of commitment to HIV/AIDS work within the quarter by providing an office space for MSH in the SMOH to facilitate dialogue in the transition of capacity to it. The

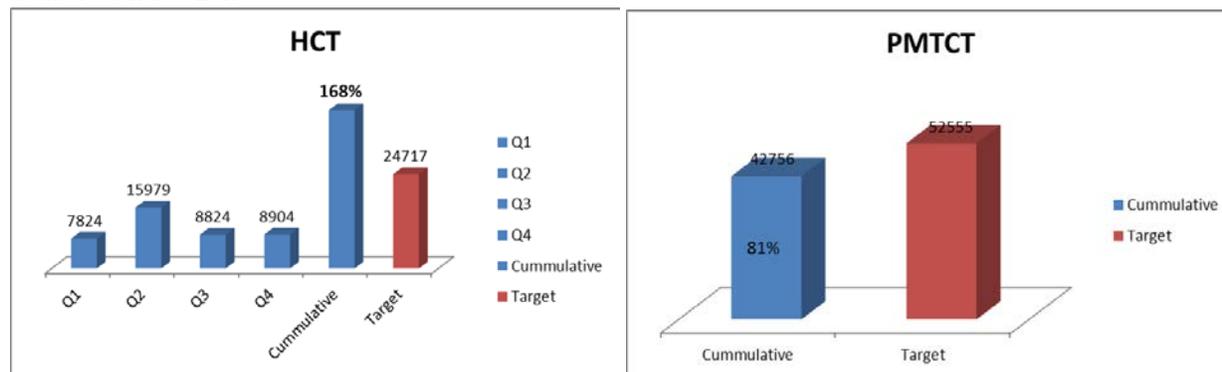
government has also approved N650, 000.00 to renovate a laboratory at Ilesa Baruba prior to the activation of HIV/AIDS activities as part of Government ownership drive. It has equally budgeted for PEPFAR counterpart funding in the 2015 budget and it is hoped that this will eventually translate to budget release which will snowball into a giant stride in the HIV/AIDS work in the state.

Implementation Status

Prevention and Community Services

The project partners with three CSOs to deliver HTC/PMTCT services in the state to meet the partial enrolment policy of the project and ensure that all pregnant positive women who visit the hospitals for services are provided with HTC so as to prevent mother-to-child transmission of the infection. Due partly to the implementation of these strategies, among others, HTC and PMTCT uptake of services improved significantly within the quarter/program year.

Figures 2 & 3. HTC achievement for the program year was 168% against target, while HTC in PMTCT achieved was 81%.



Vulnerable Children Program (VC)

Needs-based services were provided to VC using a family-centered approach. Currently, the two CSOs Adolescent Support Organization (ASO) and Hope for Family Development Initiative (HFDI) have mobilized the communities in Ilorin, Offa and Omu-aran for community support and raised awareness on the issues and needs of VC. In this reporting quarter and as a follow on to the training on VC programming, the CSOs have built the capacity of more than 100 volunteers on VC services. These volunteers have in turn identified over 3,000 VC, enrolled 2,520 of them using the necessary service tools. As a result there has been a 33% increase from the initial 840 to 2520 VC in number of VC enrolled and served during the quarter when compared to last quarter. The project has achieved 120% of the target for the state.



VC Identification in the community.

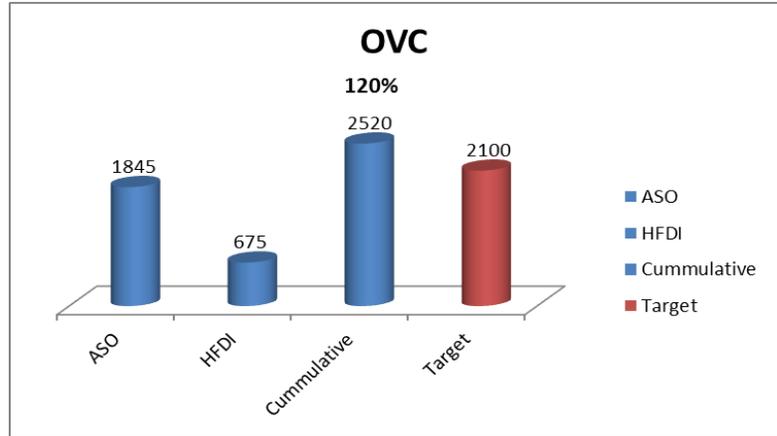


Figure 4. VC served based on CSO needs

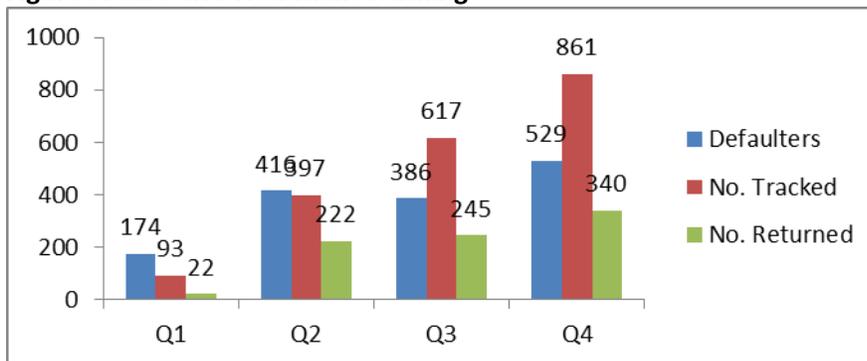
Care and Support for PLHIV

Following a needs assessment of two support groups at Offa and Omuaran, the gap in knowledge was identified which necessitated a 6-day Village Savings and Loan (VSLA) training for two executive members of each of the support groups and three staff of the CSO (HFDI) implementing Care and Support program in Offa and Omuaran communities. As a follow-up to this, a step-down training had been conducted for 27 other members of the support groups. The VSLA will make food and nutrition security program more sustainable and also help PLHIV to know how they can and should leverage on the social assets in their communities.

Client Retention

Within this quarter, 25 facility staff were trained on adherence to ensure that more clients are retained in care/treatment. The performance of the trained staff has contributed to improvement in the number of people retained on the program. More people were tracked back to care and treatment within this reporting quarter.

Figure 5. Care and Treatment Tracking



Prevention

In accordance with the new PEPFAR guideline, the sexual transmission prevention segment of prevention activities was transferred to government and community actors. Also, within the quarter, Pro-ACT commenced the implementation of biomedical intervention with a focus on injection safety, blood safety and effective health care waste management.

Sexual Transmission Prevention (STP) Intervention

Activities reported during this period were those conducted before the strategic project shift as a result of PEPFAR directive that prevention activities targeting key populations and other vulnerable groups should be phased-over to government/community.

Peer Educators Review meeting

A total of 116 persons (72M, 44F) were reached with Minimum Package of Prevention Intervention (MPPI) during the reporting period.

Condom Services

RHHF (former CSO grantee) was supported by the prevention team in the establishment of 11 condom service outlets across the intervention sites during the reporting period in order to increase accessibility to safer sex products. A total of 2976 condoms were distributed to 94 persons (56M, 38F) and 32 bottles of Lubrica to 32FSWs.

Biomedical Intervention

A stakeholders' meeting on injection safety, blood safety and healthcare waste management was facilitated by Pro-ACT with participants from relevant sectors in the state. An assessment of the current situations on injection and blood safety practices was conducted in conjunction with Ministries of Health and Environment, SACA, Sobi Specialist Hospital, and UITH Ilorin and Pro-ACT.

Positive Health Dignity and Prevention (PHDP) Intervention

PHDP intervention was implemented across all the supported health facilities with the main aim of improving the quality of life and overall wellbeing of PLHIV. A total of 373 (84M, 289F) PLHIV were reached with a minimum package of PHDP intervention during the reporting period.

Clinical Activities

Plans are afoot to support the state government to activate HIV/AIDS services in three additional government-funded CCT sites as part of government's ownership and sustainability drive for HIV/AIDS intervention in the state.

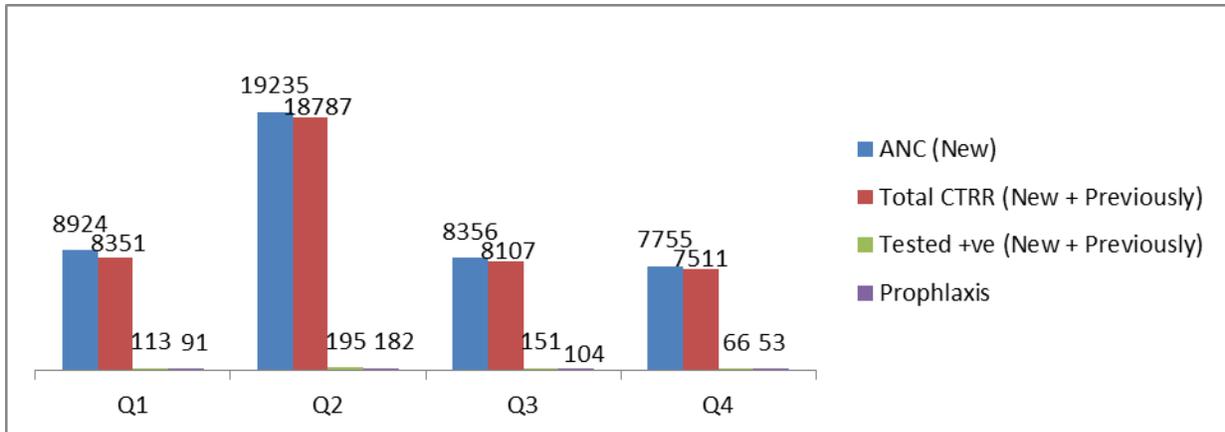
Ongoing site technical assistance and mentoring visits, capacity building sessions in the form of short course trainings (PEDIATRIC/EID and ADHERENCE) and data abstraction for the NIGERIAQUAL reporting period January 2014 - July 2014 were key activities carried out within the quarter. The recent doctors strike (July-August) slowed down and significantly hindered progress towards target achievement and implementation of activities within the quarter.

PMTCT

Within the quarter, PMTCT technical assistance activities focused mainly on PMTCT stand-alone sites (private and public). These mentoring visits focused on availability and use of the full complement of PMTCT registers (General ANC, PMTCT HTC, PMTCT ART, Child follow up, Delivery, Partner and Labour ward HTC). Technical assistant visits bridged knowledge gaps in PMTCT settings, e.g. correct dosing of NVP. Hands-on mentoring was provided on DBS sample collection with job aids on DBS sample collection also placed in facilities visited.

During the quarter the clinical team developed a Dried Blood Spot (DBS) sample transportation and result tracking tool. This was deployed to the two DBS sample hub sites – CSH ILORIN and UITH ILORIN. The aim of this tool is to ensure a more effective tracking of collection and movement of DBS samples to the reference laboratory at Ife and also the return of results so that delay in transit could easily be traced and addressed to reduce long turn-around-time (TAT). Below is the performance of PMTCT segment of our treatment program.

Figure 6. PMTCT treatment performance



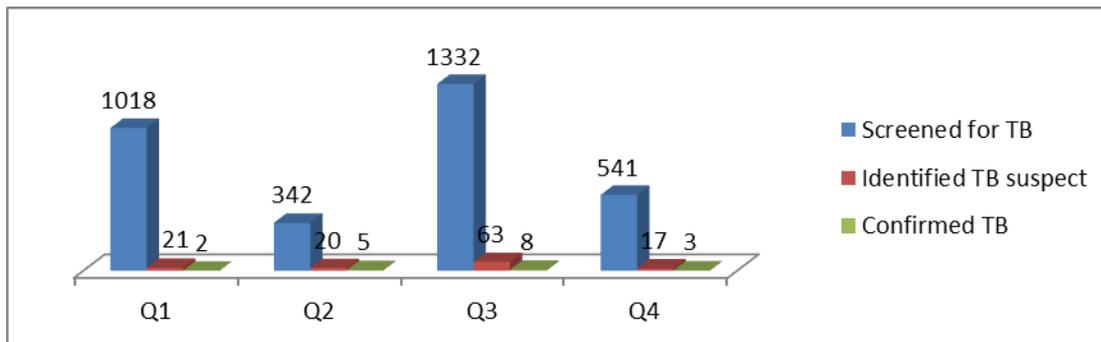
Within the program year, 44,270 new pregnant women attended clinics in the supported sites, 42,751 (96.5%) were provided with HTC. Of this number, 525 (1.2%) were HIV positive; and 430 (81.9%) went through HIV prophylaxis. Second quarter’s performance was clearly the best within the program year because of the outreach activities conducted within the period. Within the 4th quarter, the strike that lasted for almost two months impacted negatively on achievement levels.

TB/HIV & QI Program

Data abstraction for January – June 2014 review period was completed for 6 facilities and the indicators were calculated. Two CCT sites – SSH Sobi and GH Lafiagi could still not take part in the process this time because Care/ART cards were introduced only in March 2014. Of the 6 facilities where data was abstracted, 2 had feedback on their performance and supported to develop QI projects to improve on one poorly performing indicator (*percentage of ART patients who had at least one documented adherence assessment during the last 3 months*) over a 3-month period.

Within the program year, 3,233 clients were screened for TB; 121 (3.7%) were identified TB suspects with 18 (14.9%) of the suspects confirmed to be TB positive.

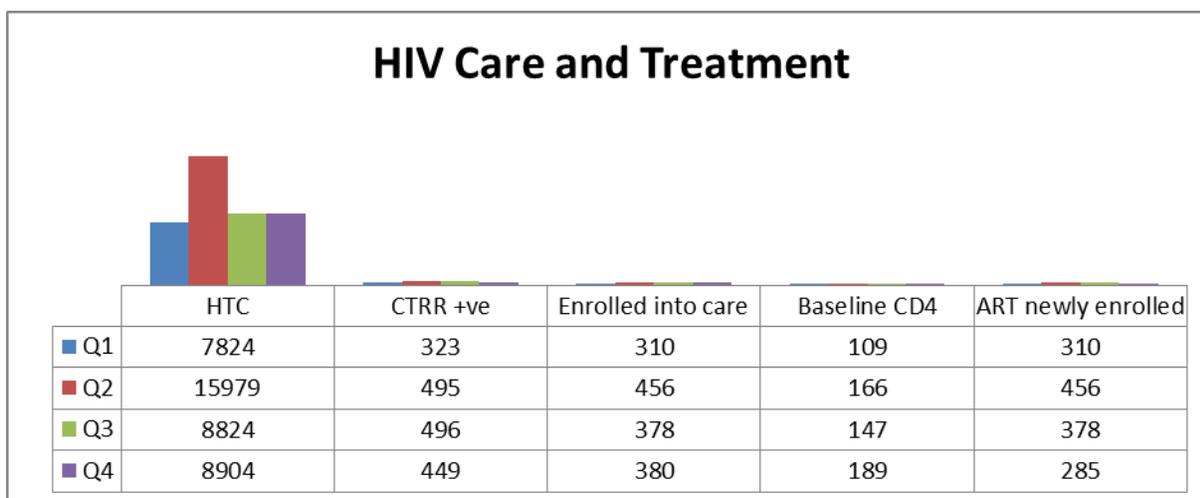
Figure 7. Tuberculosis screening and confirmed cases



ART

AN ART dashboard was developed and shared for use in monitoring clients’ initiation on ART. Within the program year, 41,531 persons were C&T for HIV. Of this number 1,763 persons (4.2%) were HIV positive and 1,524 persons (86.4%) were enrolled while 611 (40.1%) did baseline CD4. 1,426 commenced ART within the year.

Figure 8. HIV Care and Treatment



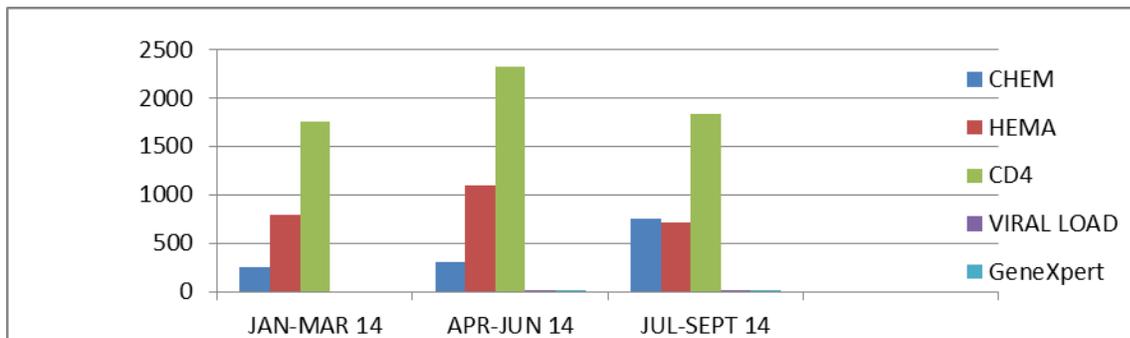
Laboratory Services

The quarter witnessed the introduction of waste management, blood safety and injection safety in collaboration with the Pro-ACT Biomedical Prevention team. The state’s laboratory systems strengthening activity was affected by multiple equipment breakdown across sites, giving rise to prolonged equipment downtime affecting uptake of HIV testing and baseline investigations such as CD4, Chemistry and Hematology. However, the team’s intervention through sample logging ensured continuous laboratory service.

Within the quarter, there was an increase in the number of laboratory investigations for CD4, hematology and chemistry. This could be attributed to various interventions such as strengthening sample logging where there is no equipment, addressing reagent stock-outs and equipment

breakdowns. The analysis shows increased uptake of laboratory investigations including viral load (3) and TB Genexpert samples (10) for HIV regimen switching and increased detections of TB among HIV clients despite multiple equipment breakdown and an industrial strike by medical doctors.

Figure 9. Laboratory Investigations



HIV IQA Serology

The SMOH continued to demonstrate sustainable capacity to conduct HIV IQA serology without involvement of Implementing Partners. The process of this activity involves blinded panel preparation, distribution and result collation. In this quarter, 22 facilities participated, covering a total of 44 testing points, 21 scored 100% both in accuracy and technicality while only 1 testing point scored 100% in accuracy and 75% in technical capability. This achievement is remarkable in comparison to last quarter's where 21 facilities participated covering a total of 41 testing points, 18 of the facilities with 33 testing points scored 100% both in accuracy and technicality while 3 facilities scored 100% in accuracy and 50 % in technical capability.

BD Presto Machine Installation

In the reporting period, Aisat Memorial Hospital and Adewole Cottage Hospital received a Point-of-Care CD4 machine each. Although both sites are PMTCT sites, this addition will also support other CCT sites through sample logging where there is equipment breakdown. The 2 equipment were successfully installed.

Provision of equipment to Redox Diagnostic Laboratory

Pro-ACT conducted an assessment of private labs and called for Expression of Interest for in-kind grants to improve services in private medical laboratories in the state. This resulted in the emergence of Redox Diagnostic laboratories, Kwara State winning the competitive bid process for an in-kind laboratory grant to support and consequently upgrade their services with the objective of ensuring increased clientele and improved laboratory service for the general public.

Supply Chain Management System

The TWG platform was used to secure 200 pieces of Unigold as support from Kwasaca/SMOH and 1200 Determine to facilities. Distributed Isoniazide tablets as preventive therapy to CCT sites; and adult weighing Scale, Hepatitis B test strips, 1 vaccine rush; and refuse waste bags to private health facilities.

Bi-monthly July-August, 2014 LMIS reports were collected from 8 CCT and 19 PMTCT sites. Hands-on mentoring was provided on ICC and PMTCT CRRIRF review and validation to facility Pharmacists/technicians. SMOH was involved in report collection. Feedbacks on quality of report were provided to all facilities within two weeks of submission. Gaps in SCMS supply are being spotted and feedback provided to SCMS and CO. The project also provided hands-on-mentoring and guidance in the de-junking of pharmacy stores at Sobi Specialist Hospital.

Pharmacovigilance

Within the quarter, 8 adverse drug reactions reports (ADRs) were reported from UITH, and Children's Specialist Hospital, Adewole Cottage Hospital; and the principles of Pharmaceutical Care were provided to the pharmacists in the facilities. The project retrieved and quarantined expired 70 tabs cotrimoxazole 120 mgs, 2PKs TDF/3TC 300/300mgs, 3PKS NVP susp, all expired between March and November 2013; 19 Strips of Unigold, May 2014 batch expiries. Provided guidance on Pharmaceutical care processes, and good pharmacy and laboratory practices at all the CCT sites.

Commodity Management

Pharmacy units generally did not observe major short fall of ARVs and Adult cotrimoxazole, but there were for pediatric cotrimoxazole 120mgs and laboratory reagents across most facilities.

Health Systems Strengthening

Transitioning of PEPFAR support to GON

Following the planned transitioning of PEPFAR support to GON, the state team worked with SMOH to ensure that HIV/AIDS continues after PEPFAR ends support for HIV/AIDS activities in the state. Pro-ACT worked with different state actors to ensure that HIV/AIDS is properly budgeted for in the 2015 State Appropriation. Consequently, N374,000,000.00 was budgeted for HIV/AIDS while N277,000,000.00 out of this amount was budgeted as the PEPFAR counterpart fund for HIV/AIDS.

HSS Grant

The fund was released for the training faculty of the SMOH for Continuous Health Training of health staff across board. A TOT was held for 14 health staff that will be facilitating these trainings. This will eventually continually update the knowledge and skills of health practitioners in HIV/AIDS and malaria. Planning meetings had been held for the first training for health workers under the grant.

Monitoring and Evaluation

Quality Data Management

The M&E unit ensured routine timely data collection and validation from the 27 supported facilities (8 CCT, 8PHCs and 11 Private facilities) and also 3 CSOs (HFDI, ASO and RHFF). Some key indicators - HCT, PMTCT and ART data were analyzed on a monthly basis among the state team to show progress made so far and what steps need to be taken to address challenges/achievements of targets. The team also carried out the RADET assessment, capturing of data into the USG DHIS and validation of the pivot table.

Niger State

Overview

During this quarter we witnessed the transfer of capacity to health workers across 78 PMTCT sites with improvement in the quality of PMTCT services evident by the reduction in the PMTCT cascade loss from 1476 in Q3 to 726 in this quarter. **94%** of new ANC attendees were counseled, tested and received their results (CTRR) while **98.3%** of the positive pregnant women commenced on triple ARV prophylaxis (11.3% improvement compared to last quarter). 1210 adult PLHIV were clinically screened for TB as against 3297 state target for the quarter (36.8% achievement). Of the number screened, 27 were confirmed as having TB, with 18 (66.7%) commenced on anti-TB treatment. In addition, IPT implementation attained a **159.74%** increase over the previous quarter (608 PLHIV were initiated in Q3 while 1579 clients were successfully initiated in this quarter) and monitored on INH.

The reasons for the low score in this service area during the quarter as compared to the 3rd quarter include the 7 week nationwide strike by the medical doctors (which commenced on July 1st) as the clinicians are primarily responsible for TB screening of clients while the threat of Ebola epidemic in Nigeria further caused absence of healthcare workers from some health facilities.

MSH provided laboratory equipment to a private medical diagnostic laboratory in the state through an in-kind award grant following a transparent competitive assessment process. This equipment is to be used by the facility to provide diagnostic support for people living with HIV/AIDS in the State while extending services to other clients.

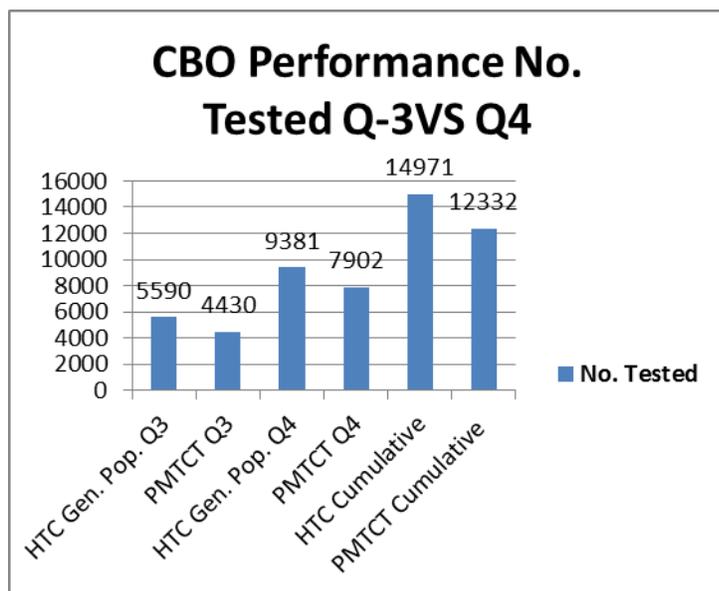
The State Management Team (SMT) was successfully inaugurated to coordinate resource mobilization for the president's comprehensive response plan (PRCP) for the state that is aimed at accelerating the implementation of key interventions (Prevention, Treatment, Care and Support) and support the coordination of HIV responses over a 2 year period and bridge existing service access gap in the state.

A one day round table meeting was held in Abuja to identify strategies that will improve health budgets with increase on HIV/AIDS allocation and releases at the State level. Niger State was represented by the permanent Secretary from SMOH, the Ministry of Budget and Planning, Director General of Niger SACA, Chairman House Committee on Health and Director of Budget and Planning. Niger State presented its strategic and priority plans for resource mobilization to support the take up of the immediate transitioned HIV/AIDS programs from PEPFAR.

Community Services

Based on the recent guidance, counseling and testing efforts were facility focused, as the facility staff, PITC volunteers and CSO partners continued to support HTC services across designated points while efforts were largely provided in setting up a clinic flow system that encourages client's initiation for HTC services from the triage point across all supported sites. These have significantly improved the HTC up-take for PMTCT services in these facilities in the quarter under review. The graph below shows CBO Contribution HTC & PMTCT.

Figure 10. CBO Testing Performance



A Community Resource Mobilization/Village Savings and Loans Association Training was conducted for 16 members from the 8 groups that were listed for transitioning to the chapter of NEPWHAN in the state, 8 persons representing 4 CSOs partners and 2 Mother Mentors. The training built the knowledge and skills of support group members and CSOs partners to form savings and loans association aimed at equipping and positioning the groups towards capacity transfer to its members and self-sustaining efforts to its members and to re-position them for program ownership and sustainability.

Seven Mentor Mothers that were using mobile phones as a pilot were now integrated with the volunteering team and continued to support pregnant positive mothers resulting in further increase in the up-take of PMTCT in these facilities. Under the same period, PLHIVs engaged as community volunteers continued to support tracking of defaulting clients, aimed at

Prevention Services

During the quarter, Pro-ACT’s Prevention program experienced a shift in priority from HIV sexual transmission prevention activities to HIV Biomedical prevention with emphasis on implementing Injection Safety, Blood Safety and Health Care Waste Management activities in some selected Health facilities. Biomedical Assessment of 3 pilot health facilities was conducted for injection safety, health care waste management, and blood safety services. The outcome of these assessments informed the need for the training of health workers in these facilities.

PMTCT

Forty-nine health care workers from 8 comprehensive care treatment sites and 33 stand-alone PMTCT sites were trained on Pediatric and Early Infant Diagnosis aimed at improving quality of PMTCT services across supported facilities in the state. In addition, the clinical team supported the step down training of Integrated Management of Pregnancy and Childhood (IMPAC) by four trained nurses at GH Minna to

other health care workers, including medical doctors, with aimed at enhancing the integration and mainstreaming of HIV programs at various service delivery points within the facility.

Seventy-eight PMTCT sites recorded remarkable improvement in the quality of PMTCT services evident by reduction in PMTCT cascade loss from 1476 in Q3 to 726 in this quarter. 94% of new ANC attendees were counseled, tested and received their results (CTRR) while 98.3% of the positive pregnant women were commenced on triple ARV prophylaxis (compared to 11.3% improvement in the last quarter).

ART

Facility-based chart review for PLHIV on care was conducted in 2 supported CCTs sites (GH Minna and Bida) aimed at identifying missed ART eligible clients for tracking, accelerated adherence counseling and ART commencement. A total of 56 ART eligible clients were identified with 20 tracked, 12 returned, 2 restarted ARVs; 10 awaiting CD4 counts; and 1 transferred out. Capacity (knowledge and skills) of 48 adherence counselors from the 16 CCT sites were enhanced through continuous medical education (CMEs).

Transportation system from facilities (in hub and spoke pattern) to the PCR laboratory and vice versa in collaboration with NIPOST, a DBS Sample Hub Transportation and Result Tracking Register was introduced to PPFN Suleja - a hub facility supporting 36 sites in Suleja. This is expected to give a boost to efficient and timely tracking of DBS results especially, the positive results, such that the infected children are promptly tracked, assessed and adequately commenced on ART.

TB/HIV

1210 adult PLHIV were clinically screened for TB against 3297 state target for the quarter (36.8% achievement). Of the number screened, 27 were confirmed as having TB, with 18 (66.7%) commencing on anti-TB treatment. The reasons for the low percentage during the quarter as compared to the 3rd quarter are due to the 7 week nationwide strike by medical doctors, which commenced on July 1 as the clinicians are primarily responsible for TB screening of clients. The threat of Ebola epidemic in Nigeria further also caused absence of healthcare workers from some health facilities.

IPT implementation attained a 159.74% increase over the previous quarter (608 PLHIV were initiated in Q3 while 1579 clients were successfully initiated in this quarter) and monitored on INH and about 1,593 PLHIV completing the 6-month course of IPT.

Table 3. GeneXpert Analysis Uptake: FMC BIDA

Indicator	July	August	September
Number of GeneXpert samples received	19	19	32
Number of clients diagnosed with TB	7	5	8
Number of clients diagnosed with MDR-TB	1	4	1
Number started on treatment	7	5	8

QI

Quality of service delivery has improved in supported CCTs to varying degrees. Notable changes include the inaugurated and fully functional QIT at IBB Specialist Hospital, Minna, integration of ART services such that all facility clinicians now attend to PLHIV coming for appointments as seen in SMYMH Sabon Wuse, and increased TB screening results from GH Minna. In GH Zungeru, noted impacts of QIT include the decentralization of HCT Services to all Service Delivery Points; and a step-down HTC Training of HCWs at the ANC and maternity.

Laboratory Services

Thirty health care providers involved in PMTCT services were trained on EID aimed at Improving sample collection and packaging.

In support of public-private partnerships and to widen the reach of HIV services in the state, Pro-ACT procured and delivered laboratory equipment (spectrophotometer, inoculation hood, water distiller, digital incubator, water bath, anaerobic jar, autoclave, 12-bucket centrifuge, microhaematocrit centrifuge, 2 automatic pipettes, biohazard materials, safety boxes, bench pad, and SOPs) to Ganisol Medical Diagnostic Laboratory, a private laboratory. This followed a transparent and competitive assessment process. The equipment will be used by the facility to provide diagnostic support for people living with HIV/AIDS in the state while extending services to other clients

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

Logistics and Supply Chain Services

A one-day workshop was held to introduce to the pharmacy HODs in the secondary health facilities in the state the new electronic templates designed by SCMS as a way of harmonizing reporting channels with mSupply system. The workshop was also used to give them hands on training on how to use the newly developed requisition template and the monthly consumption reporting template. The reports are sent via email to the central medical store for attention and processing. Participants were also introduced, during the workshop, to the new INH standard dispensing protocol (pre-packaging of INH tablet as a kit of 180 tablets per patient).

Four Pro-ACT supported facilities benefitted from equipment support. Clinical items were delivered to them to strengthen their delivery of services to patients. These facilities include GH Lapai (BD FacsPresto CD4 machine); MCH Kpakungu (BD FacsPresto CD4 machine); GH Minna (Infantometer); and FMC Bida (Hepatitis test kit, Infatable air splint (full arm), Infatable air splint (half arm), Infatable air splint (full leg), Infatable air splint (half leg).

Niger State Technical Working Group on logistics held its quarterly general meeting where crucial issues that included progress on quantification, updates on mSupply and the report on the Integrated Supervisory Checklist by the drafting sub-committee were discussed. The outcome of the discussions on

the report on integrated (pharmacy and laboratory) or joint supervisory checklist was the adoption of a proposal to test run the check list to determine its user friendliness and adaptability at the facility level.

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

Health System Strengthening

Inauguration of the State Management Team

In order to improve coordination of the state HIV response, Pro-ACT provided technical and financial support to Niger 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 Women Group etc.). The SMT already scheduled a meeting for streamlining all the TWGs that would function within the SMT which will ensure a coordinated team that would work closely with government to ensure transfer of technical skills and mobilize financial support for the sustenance of HIV/AIDS work in the states.

Transitioning of PEPFAR support to the State

A one day round table meeting was held at Abuja to identify strategies that will improve health budgets with increases in HIV/AIDS allocation and releases at the State level. Niger State was represented by the permanent Secretary from SMOH, Budget and Planning, Director General of Niger SACA, Chairman House Committee on Health and Director of Budget and Planning. It was observed from projection, at the meeting, that the State Government will need about N370,428,530 to continue to support the HIV/AIDS response in the state. The State identified the amount needed to support the transitioned activities which will be captured in the State health budget for 2015. Furthermore, a communiqué from the meeting was drafted and signed by a designate from the members of each State present at the meeting. The communiqué will be presented along with a memo to the Chief Executive (Governor) of the State. Meanwhile, some priority areas for resource mobilization have been mapped out by the delegates at the meeting.

Monitoring and Evaluation

Data collection and Reporting

114 facilities have been activated and validated with 85% of them on the USG DHIS platform. This was achieved through aggressive retrospective data collection and validation across all the CCT sites while the capacity of LACA M&E officers have been built to do same for the feeder sites. In addition, monthly data collection, through the joint data collection meeting with the state, continued to provide accuracy, consistency, meeting timelines and provide avenues for mentorship as well addressing challenges.

Support to LACA and Facilities

Capacity of 31 data clerks and facility M&E staff have been built on documentation, data collection, collation, and reporting with increased ownership. Meanwhile, 25 LACA M&E Officers have been supported and only 2 of them presently have major capacity gaps with collection of quality data from

their respective facilities. Twelve CCT sites have their client folders clearly separated and filed accordingly for easy identification. The gaps that still need to be addressed include data documentation, collection, collation, as well as the ability to compile monthly summary reports. These are however being addressed and the M&E associates now work very closely with the data clerks in these facilities to support them.

Sokoto State

Overview

The quarter the team has recorded 80% TB Screening among HIV patients and a 41% decrease in the incidence of TB among HIV patients due to the strategy put in place on the use of Isoniazid Preventive Therapy (IPT) among Pre ART patients.

Although the nationwide strike embarked by doctors contributed in the reduction of patients accessing HIV services, **96%** of pregnant women were counselled and tested for HIV at Antenatal Care Clinics (ANC), while **95%** of the identified HIV infected among them received ARV prophylaxis reflecting a **23% increase when compared with previous quarter**. However, a significant reduction (from 56% to 35%) of hospital delivery by HIV positive pregnant women was recorded in the quarter under review as compared with the previous quarter partly as a result of the Doctors' strike. Consequently, the number of HIV exposed infants who received Nevirapine prophylaxis within 72 hours after birth has also declined from 81% to 74%.

The setting up of quality assurance projects across all the CCT supported facilities has resulted in 10% increase in adherence which culminated in improved patient retention. In addition, a 10 member tracking team was constituted in 4 CCT sites to track patients who missed appointments. Within 2 months of inauguration, a total of 45 patients were tracked back to care appropriately. Furthermore, adherence training was conducted for 23 participants from across the 7 CCT sites and grantee CSOs implementing care.

Continued advocacy to heads of health institutions in the state, as well as support to grantee CSOs have synergistically resulted in the establishment of more HTC testing sites within the facilities and an increase of HTC uptake by 7% despite the doctors' nationwide strike which affected the state. In order to promote the quality of life of PLHIV, a total of 720 buckets, 1140 water guards, 4050 Antiseptic soaps and 410 LLNT Nets were distributed to 10 Pro-ACT supported facilities as well as support groups and CSOs implementing Care and Vulnerable Children services.

The installation of the multi-million Naira automated platform CAP/CTM 48 DNA PCR machine in Usmanu Danfodiyo University Teaching Hospital (UDUTH) has improved the turnaround time for both DNA-PCR and Viral Investigations not only in Sokoto State but also in the neighbouring states. During the quarter under review, a total of 23 samples were analyzed for viral and 146 for EID of which 6 were positive. This development is a positive stride towards establishing a regional EID Hub and Center of Excellence for Paediatric HIV treatment, care, and support.

The need for ownership and sustainability of HIV program by the states and the new PEPFAR strategic focus on HIV intervention in Nigeria necessitated a round table meeting of key stakeholders in which Sokoto State was represented by high powered delegation from Ministries of Health, Budget and Economic Planning, Sokoto SACA as well as National Assembly. The meeting has sensitized the delegates to redirect their focus on the need to increase funding allocation of HIV program by the state and advocate for its release and implementation.

In the spirit of collaboration and leveraging of resources, a meeting of USG/USAID implementing partners was organized by Pro-ACT in the quarter under review. The meeting has opened windows of opportunities for collaboration on HIV integration with Family Planning, OVC services as well as income generating activities.

However, despite the enormous success achieved by the team, the quarter was not without its own challenges. The strike action by the medical doctors which lasted for almost 2 months, has really affected delivery of HIV services. In addition, non-availability of reagents for the CAP/CTM 48 PCR Machine has significantly affected EID and related services. As a stop gap measure however, the reagents for the manual PCR machine were supplied to the facility in order not to bring the services to standstill.

Community Care and Prevention Services

The measure has increased the uptake of HIV Counseling and Testing and reduced missed opportunities in all the facilities supported. HTC uptake has recorded a total increase of 7% in all the facilities except UDUTH where the figure has declined as a result of the doctors' nationwide strike action.

A training of 10 members of 5 grantee CSOs on Savings and Loans (SLA) was conducted to further enhance and sustain the provision of prevention, HTC/ PMTCT, VC, care and support services in the various community projects implemented by the CSOs.

In its effort to strengthen capacity of People Living with HIV in the State, the team linked up 4 support groups to Civil Society Organizations and the State Chapter of NEPHWAN. It is envisaged that the targeted groups will be provided with the necessary skills for income generating activities even after MSH's close out.

In order to improve retention in care and treatment, tracking teams were formed in 4 CCT sites following Pro-ACT's tracking protocol of using support group members as tracking volunteers. A total of 10 trackers were engaged in the 4 CCT sites supported by Pro-ACT. A total of 45 clients have been tracked back to care and treatment between middle of July and August either through phone calls or physical tracking through home visits.

Prevention Services

The project implemented adherence training for 23 participants from across the 7 CCT sites and grantee CSOs implementing care. A PHDP module was also included in the training to improve the skills and knowledge of the participants in preventing HIV with positives. Registers were distributed to enhance

proper documentation of adherence support services. The team also provided mentoring and supervision to the staffs to improve adherence service delivery.

The team centered on developing a strategy to guide the implementation of PHDP, injection safety, blood safety and waste management as to build capacity internally and within Pro-ACT supported facilities and PLHIV support groups for effective delivery of quality PHDP, Injection/ blood safety and waste management services.

Clinical HIV/AIDS Services

ART

Continuous technical assistance and mentoring visits were carried out in this quarter by the clinical team yielded ART initiation in 93% of eligible patients. At the same time 45 defaulters were tracked back to care between mid-July and August, re-evaluated and re-started on life saving ART. An ART dashboard was developed and deployed to monitor weekly Pre ART and ART indicators which improved data analysis for result-driven interventions. A review of pre ART patients case files to identify clients eligible to initiate ART using CD4 count has led to a 7% increase in the number of new ART enrollees in Holy Family Mother and Child Hospital.

TB/HIV

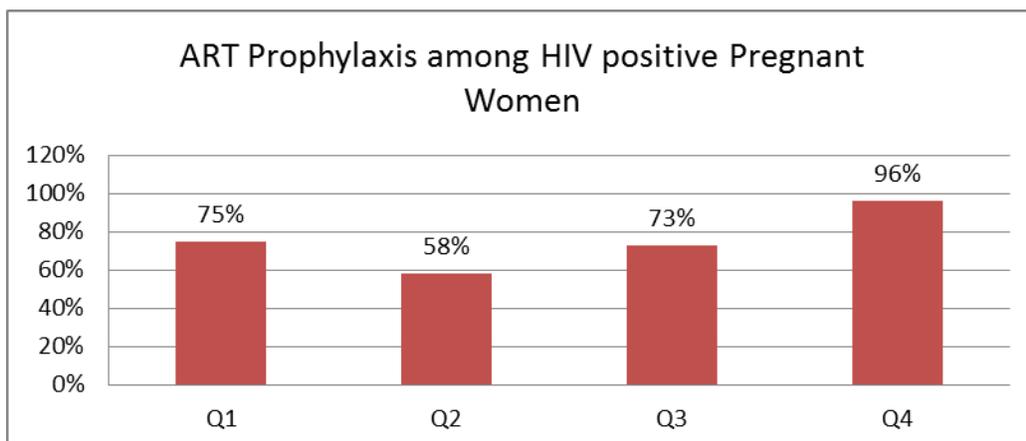
Up to 80% of all clients were screened for TB in the quarter under review. A total of 1377 patients were screened for TB in this quarter. Likewise, continuous supportive supervision and mentoring resulted in significant improvement in IPT uptake of up to 70%. A total of 593 patients were placed on IPT. This has significantly reduced the incidence of TB among the patients.

PMTCT

HIV counseling and testing of pregnant women attending ANC has been high, similar to the previous quarter (95%) across the 10 supported facilities. The 'Test and Treat' approach is being practiced, although a number of women refuse the treatment due to poor health practices, low exposure, denial and lack of disclosure. The triple regimen (TDF/3TC/EFV) for prophylaxis for pregnant positive women and Syrup Nevirapine were available at all PMTCT site with proper mentoring on how to use the drugs.

The graph below indicates a continuous increase in uptake of ART prophylaxis among pregnant women attending ANC.

Figure 11. ART Prophylaxis among HIV positive Pregnant Women



Despite the success recorded in getting women to accept ART prophylaxis, a high rate of home delivery coupled with the doctors' strike have contributed in commencing Nevirapine prophylaxis in a significant proportion (26%) of HIV exposed infants after 72 hours of delivery.

The installation of an automated PCR machine in UDUTH has improved EID services by reducing turnaround time of test results. In the months of July and August 2014, a total of 25 samples were analyzed of which 24 were done at age 2 months while the remaining 1 was at age 12 months. This is a slight improvement compared to the 3rd quarter in which no sample was analyzed at age 12 months. Inadequate supply of test reagents have hindered PCR analysis as some backlog samples are yet to be analyzed at the end of the reporting period.

Quality Improvement

Monthly Quality Improvement meetings were held consistently in 6 of 7 CCT sites in July and August with all CCT sites holding QI meetings in September. Quality Improvement projects have been set up in all CCT sites and three facilities surpassing set targets (Specialist Hospital 95% documented adherence, Holy Family 94% clinical TB screening, and GH Dogon Daji with 100% initiation of TB treatment).

Notable improvement resulting from facility based QI projects include: Documented adherence has improved from 35-45% across all Pro-ACT supported CCT sites; Clinical TB screening has nearly doubled across most facilities from 36%-61%; Initiation on TB treatment following confirmation has improved dramatically from 26-80%; Increased CPT uptake from 75%-82%; a drop in repeat CD4 was noticed from 49-35% as result of equipment breakdown and erratic requests within this period. As a stop-gap measure, laboratory investigation calendars have been stapled to each client folder to keep track of this going forward. In addition, CME will be planned to specifically enlightened service providers on the issues surrounding CD4 monitoring and paediatric HIV.

Laboratory Services

The Laboratory team built the capacity of the laboratory staff of UDUTH and Maryam Abacha Women and Children Hospital on the CAP/CTM 48 PCR and Facs Presto Point of Care CD4 Machines respectively. Already, an improved service delivery such as reduction of turnaround time for PCR and CD4 tests were

recorded in these facilities. Another laboratory staff was trained on DTS and was made the quality assurance focal person in Specialist Hospital. This is aimed at improving quality in the facility.

Sample logging for PCR, CD4 as well as GeneXpert was supported by the laboratory team in order to hasten diagnosis and reduce missed opportunities which could result from patients being transferred to far distant facilities.

Supply Chain Management Services

Hands-on training was continued for one UDUTH ART pharmacy staff. During the quarter, it was observed that his documentation and understanding of the ART services improved a great deal. Similarly, the SCM team facilitated the HTC training to build capacity of facility staff on LMIS reporting for RTKs. The participants were walked through the purpose of logistics, the essential data element, data entries and RTKs CRRIRF reporting. The various service points representative were also linked to the ART laboratory focal persons for stronger collaboration and efficient workflow.

Commodity Management

On-site technical support was provided to all the CCT sites in areas such as data entries, interpretation and analysis. During the QI meeting in HFMCH, 25 kits of short dated TB kits (September 2014) were also found unused and redistributed to Specialist Hospital Sokoto. TB focal person in SHS confirmed that the 25 TB kits from HFMCH have been exhausted to prevent expiry.

The team followed up on unification project twice to review and made input in the Last Mile Delivery in July and September 2014 distribution. The Combivir requested to mop up short dated Nevirapine (Nov 2014, Tyonex brand previously quarantined due to FMOH directive) which was not granted in July because of non-availability of enough stock of Combivir. To match up the request the project supplied in September 600 packs of the short dated NVP transferred from UDUTH to SHS to ensure quick utilization.

It is worthy of note that 100% reporting rate was recorded across all supported facilities. On-site technical support was provided to all the sites in the areas of various needs such as data entries, validation, and report preparation. Stock balances were physically verified at the pharmacy and laboratory departments and stock status reviewed with facilities staff and with reference to stock date monitoring and best practices in commodities management.

Equipment across many of the supported sites are functional and running maximally for the provision of services. The SHS reflotron machine forwarded to the Pro-ACT country office for repairs has been returned. Stock outs of Sysmex Stomatolizer and Cell pack remain an impediment to the use of the hematology equipment in UDUTH and SHS. The Beckman Coulter machine in GH Dongo Daji still remains faulty. The management of SHS has procured UPS for the Selectra Pro platform and has now become functional but unfortunately it is out of reagents because the previously available reagents were redistributed to other facilities to avoid expiry. An order for the reagents has been submitted to the country office and the supply was expected within the first 3 weeks of the following quarter.

SCMS

The SCMS team participated in the Sokoto team joint supportive supervision in SHS, GH Dogon Daji, HFMCH, MAWCH, WCWH during the quarter. Findings from the exercise include inadequate update of laboratory tally cards for some commodities, inadequate commitment on the part of some staff members posted to assist the ART laboratory focal person and inefficiency of the laboratory revolving fund with many points of revenue leakages. However, commodities security has improved substantially and collaboration with other points of HTC services has equally improved thus improving accountability.

Health Systems Strengthening

The team coordinated and conducted a USG implementing partner's forum with the following objectives:

- To identify areas of leveraging and collaboration among USAID/Global Fund Implementing Partners
- Share and overcome common challenges encountered Implementing Partners working in the state
- To discuss how to strengthen and foster State actors to embrace Sustainability and ownership measures of USG Partners projects in the state by inclusion in state budget and planning.

Areas of collaboration between MSH and other partners were discussed in areas such as HIV integration with Maternal and Child Health; linking MSH's supported support groups to SLA, agricultural services among others. A follow up to this effect is underway.

Zamfara State

Overview

The project this quarter focused more on ownership and sustainability. In achieving these results Zamfara State Stakeholders from the Ministry of Health, Ministry of Budget and Economic Planning and from the State Agency for the Control of AIDS fully participated in a one day Round Table Meeting in Abuja that discussed the transitioning of PEPFAR support to the states. The meeting yielded good results whereby the state joined its counterparts in developing proposed budget for HIV/AIDS services to be submitted to the Ministry of Health for integration into 2015 health budget that is under process. Specifically the Zamfara MOH came up with an additional budget proposal to the tune of N30, 018,722.89 that will be included in the State Ministry of Health Budget for 2015.

MSH provided high quality technical support to the four CSOs working in the state on the following thematic areas: HTC, PMTCT, VC and Care and Support. Following a round table meeting on transitioning of PEPFAR supports to the states held in Abuja, the state deliberated and agreed on various states commitment towards achieving the desired goals of the meeting.

As a result of the advocacy and sensitization efforts that preceded the activation of ART services in Yariman Bakura Specialist Gusau, the facility management has approved and commenced direct procurement of reagents for full blood and differential count tests using the facility's revolving funds system.

Community and Prevention Services

SLA Training

Five-day training on Savings and Loans Association was organized by Pro-ACT, 10 participants were drawn from the state (2 each from FULPEL, FHF, MDC, Daraja Support Group, and TSA). As a result of the training, the capacity of the health workers has been built on the formation and facilitation of savings and loans association. The health workers were given the mandate to go back to their communities/SG to form and facilitate SLAs.

Transitioning of Support Groups

Following the mandate to transition Pro-ACT supported support groups, the community team has worked with SACA, NEPWHAN and MDC to achieve a smooth transition. The SGs were linked to receive support from NEPWHAN and Hannun Tamaiko Foundation under the World Bank SACA HAF II grant. A formal introduction of MDC (the CSO implementing care) was made to Daraja Support Group as part of the transition process.

HTC training. Training on HIV counselling and testing was organized by the project from 30th June to 8th July, 2014. The training had 35 participants drawn from Pro-ACT supported sites. As a result of the training, the capacity of the health workers has been strengthened to deliver quality HIV counselling and testing services in the state following the HTC guiding principle.

Distribution of Basic Care Kit

Basic care kits were distributed to health facilities and CSOs implementing VC services and care and support services with the aim of improving sanitation, positive living and retention of HIV clients in supported facilities. These are kits that remained over from the FY 13 procurement.

Prevention

In September a 3 day ART Adherence and PHDP training was conducted for 22 health workers drawn from 4 supported CCT sites in the state. The training aimed at strengthening the capacity of health workers to deliver adherence, PHDP counselling and referrals in the state.

Clinical Services

PMTCT

Early Infant Diagnosis (EID)/Paediatric ART Training

In August a 3-day training on EID/ Paediatric ART was organized by the project. The training had 33 participants from all 4 CCTs and 9 high volume PMTCT sites. This was followed up by EID-DBS sites clustering and engagement of NIPOST for transporting blood samples from points of collection to screening site to ensure efficiency in the process.

Mentoring

2 PMTCT focal persons were mentored in GH Shinkafi on rendering quality PMTCT services especially

right dosaging of syrup nevirapine and ensuring EID DBS sample collection at six weeks including infant feeding options.

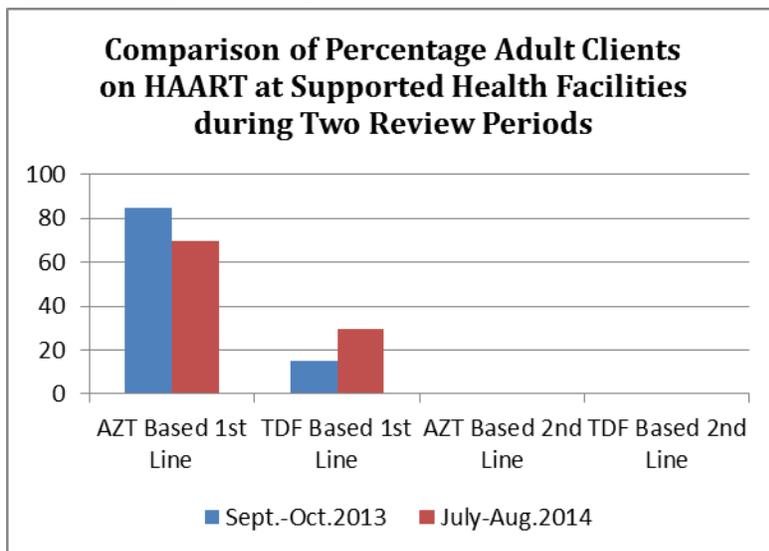
ART

During the quarter under review, **154** new patients were enrolled into care and **89%** out of **154** were initiated on ART. The previous quarter recorded a lesser number of patients enrolled into care with 48% in Q3 and 52% in Q4, relatively showing an increase of 4% compared to 53% of newly initiated on ART in Q3 and Q4 reported 47%; the number new patients initiated on ART dropped with 6% between in Q4 compared to Q3.

ART focal persons, clinicians in all CCT sites were continually mentored to support integration of ART services into the mainstream hospital service, screening of all HIV positive patients (new and old clients) in congregate settings (PICT points, Adherence counselling rooms and triage units, consulting rooms, PMTCT setting) and documented in the appropriate TB/HIV registers and tools.

Hands-on practicum in the area of documentation into PMTCT/ART Register was provided to ANC staff of King Fahad Women & Children Hospital Gusau. This led to accurate completion of Patient Per Regimen report during the review periods, which further enhanced accurate quantification of ARVs for PMTCT. All the 16 PMTCT+HTC sites participated in a Cluster Review Meetings in the months of July and September 2014 where the capacities of the focal persons were built on completion of PMTCT CRRIRF and PPR. The meeting ended with the generation of PMTCT CRRIRF and PPR reports. The reports were then validated by the SCMS Specialist before transmitting them to the central level.

Figure 12. Regimen Analysis



The chart above shows that there is gradual decrease of clients on Zidovudine-based first line and corresponding increase on Tenofovir-based first line regimen. It is envisaged that by March 2015 when the project will be transitioned over, the percentage adult clients on Zidovudine-based and Tenofovir-based first line regimen will stand at about equal percent of 50%.

TB/HIV

TB DOTS focal persons in all sites supported for ART services were mentored and provided the necessary Technical Assistance on TB screening/documentation using the Care/ART card/screening criteria/symptoms in children and adults. Standard Operating Procedures (SOPs) for TB care, screening and management were displayed in all service delivery points in all the ART sites. Meanwhile, Adult clients screened clinically and were not suspected to have TB were routinely placed on isoniazid Preventive therapy (IPT) in all CCTs.

Quality Improvement (QI)

NigQual Bi-annual Reporting

The data for the NigQual January-June 2014 reporting cycle was done for 3 comprehensive sites in the state. However, Yariman Bakura Specialist Hospital, did not qualify for the audit as Comprehensive Care and Treatment Services were activated in the facility in April 2014 - the patients enrolled on ART by the project in the facility were generally under 6 six months at the time of reporting.

The Zamfara State field office made efforts and successfully supported the constitution and or re-activation of Quality Improvement (QI) teams in General Hospital Kaura Namoda, General Hospital Shinkafi, Federal Medical Center Gusau and Yariman Bakura Specialist Hospital Gusau (YBSH). So far Pro-ACT has supported facility level QI meetings in three out of the four sites mentioned over the last two months (from August) while YBSH will hold its QI meeting the next quarter.

Laboratory Services

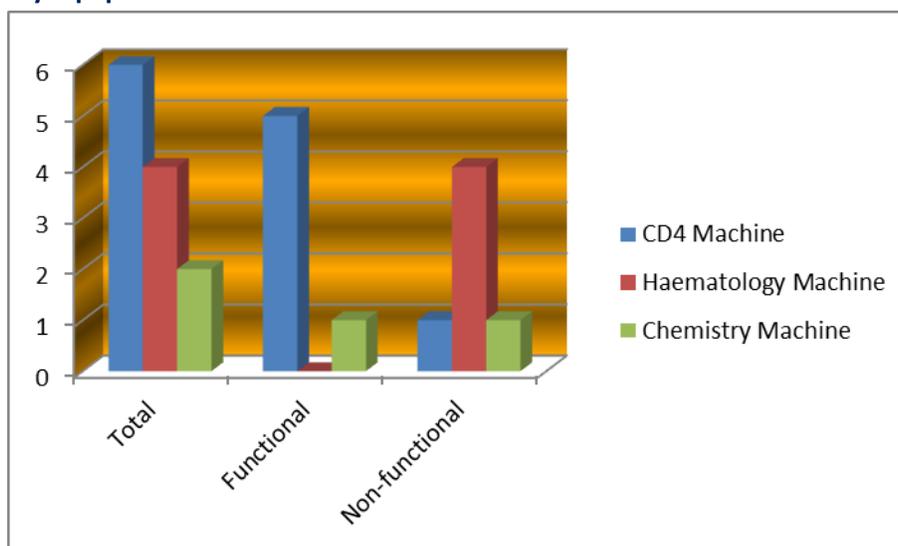
The chart below shows the status (functional versus non-functional) of ART Laboratory equipment as at the reporting period. From the chart below, most of the hematology and chemistry machines are not functional and since these are some of the services being transitioned out of by PEPFAR, the Project is in the process of engaging the state to consider fixing the non-functional equipment as part of the transition strategies.

Table 4. Facility equipment status

S/No.	Facility	Equipment	Functionality Status
1	FMC Gusau	Partec CyFlow	Functional
		Sysmex Automated Hematology Analyzer	Non Functional
		Selectra Junior Chemistry Analyzer	Non Functional
2	GH Kaura Namoda	BD FACSCount Instrument	Functional
		Sysmex Automated Hematology Analyzer	Non Functional
		Reflotron Plus Chemistry Analyzer	Functional
3	GH Shinkafi	Partec CyFlow	Functional
		Beckman Coulter Haematology Analyzer	Non Functional
4	Yariman Bakura Specialist Hospital Gusau	BD FACSCount Instrument	Functional
		Sysmex Automated Hematology Analyzer	Functional

5	GH Tsafe	Pima Analyser (Point of Care CD4 machine)	Non Functional
6	King Fahad WCH, Gusau	BD FACSPresto CD4 Analyser (Point of Care CD4 machine)	Functional

Figure 13. Facility equipment status



Sample Logging

10 DBS results were collected (8 from Abuja with 1 tested Positive and 7 tested Negative, while 2 DBS results from Usmanu Danfodio University Teaching Hospital (UDUTH) all tested Negative). The positive result is receiving attention while follow up tests will be conducted on the remaining negative results after the babies seize from breast feeding.

Trainings

Pro-ACT's Laboratory System Specialist participated in a 3 day CPD Training on TB/HIV Infection co-infection and TB Microscopy, organized by the Zamfara State TB and Leprosy Control Program, from August 11th to 15th 2014, leading to award of CPD credits.

Equipment Supply

In effort to improve quality of PMTCT services, Pro-ACT purchased and supplied BD FACSPresto Point of Care CD4 Analyser to King Fahad Women and Children Hospital Gusua. The equipment was received by the State Director Public Health, Dr. Habibu Yalwa on behalf of the State Commissioner of Health during a handing over ceremony held at the facility. The representative of the Health Commissioner also urged the management and service providers of the health facility to make very good use of the equipment and to make sure that they account for its safety. For the purpose of sustained stock of reagents, the Director Public Health recommends that the laboratory staff should not hesitate to make requests to the Ministry of Health through Hospital Service's Management Board. *"...time will come when Donors will no longer provide this kind of support. Therefore we must begin to plan for such time now,"* he said. Also, an infant weighing scale purchased by the project, was handed over to General Hospital Tsafe, another PMTCT site in Zamfara State, during the ceremony.

Health System Strengthening

Hospital Management Committee (HMC) Meetings

The project within this review period was able to institutionalized Hospital Management Meetings in all Pro-ACT supported CCT sites in the state. In addition to the key objectives of the meetings that include reviewing achievements and challenges of service delivery, the participation of MSH Specialists from different program areas at the meetings, provided opportunities to sensitize the Health Facility Managements on gender sensitive service delivery.

Monitoring and Evaluation

A 3 day refresher training on DHIS eNNRIMS version 2.15 was conducted by Zamfara state SMOH/SACA in partnership with MAPS Project. The training was aimed at building the capacity of the state LACA M&E officers and state program officers on the use of DHIS version 2.15 for data entry, analysis, report generation using pivot tables, data visualizer, dashboards and ultimately make use of relevant information for decision making and planning at the State, LGA, ward and facility level.

The team also embarked on RADET which is aimed at verifying and validating the actual number of patients on ART in the program. This data is being triangulated with data on DHIS. This exercise is still ongoing. The M&E team has also made tremendous progress in the process of setting up electronic medical record system in 3 health facilities in 3 states.

Supply Chain Management Services

The state inaugurated a Logistic Management Coordinating Unit (LMCU) on August 2014. This unit is to be manned by SCMS (Supply Chain Management System) under the auspices of office of Director Pharmacy. The LMCU is saddled with responsibilities for organizing, supporting, monitoring and managing all supplies coming to the state.

Hepatitis Surface Antigen Test strips and inflatable splints were delivered to FMC Gusau and an Infant Weighing scale was delivered to GH Tsafe.

IMPLEMENTATION CHALLENGES

- The transitioning of PEPFAR supported services to the host government takes effect when the 2014 budget period comes to an end. To the states the transition has come at a time when it was least expected and as such may impact negatively on the ability and readiness of the host governments to fully take on these services.
- A lot of the equipment in the facilities has been in place for very long periods and consequently continues to frequently breakdown thus disrupting services. The sudden change in the messages that had been given to the state authorities and to the facilities concerning replacement of this equipment created an awkward situation for the project. The responsibility for maintenance of this equipment is being passed over to the states and there is a likelihood that facilities may not be able to cope with keeping them running.

- There remains a huge challenge with early infant diagnosis (EID) of HIV exposed infants using DNA PCR testing. Although an automated PCR machine (Cobas AmpliPreP) was installed at UDUTH in Q3, glitches with delivery of automated reagents required for its full utilization posed a challenge. This was further worsened by an international pilots' strike by the official airline (air France) scheduled to provide logistics for transportation of reagents to Nigeria. This was however resolved following the end of the strike by Air France at the end of the quarter.
- Program interventions suffered a huge set back due to the nationwide health facility strike actions.
- Patient record management is part of the challenge witnessed this quarter as documentation gaps and missing information from patients' files were observed.
- Poor data management practices were also observed this quarter as most registers are not updated at the time of visits. In addition SACA/LACA M&E staff skills are still poor and that affects data quality.

INTEGRATION OF CROSSCUTTING ISSUES AND USAID FORWARD PRIORITIES

Sustainability Mechanisms

ProACT program seeks to improve access to quality and efficient HIV/AIDS services through engagement with various institutions providing services in this area of intervention. 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 health facilities; Also Technical Working Groups have been supported in all the 5 states at state level. In addition, in order to ensure the sustainability of the ProACT programme intervention by government, the project is working in collaboration with different strata of government and non-government actors: CSOs, Community leaders, Local Government Authority, SACA and State Policy Makers to assess the state readiness for transition of PEPFAR support to state governments. This assessment is still ongoing in four of the five states (the Kwara state transition readiness assessment was completed early in the year). Following the assessments, State specific transition plans will be developed. The AIDSTAR One transition capacity assessment tool is being used in the assessment exercises. The five key areas being focused on are: Coordination, Leadership Development, Technical Support for HIV Services, Provision of Quality HIV Prevention, Treatment and Care; and Data Management.

POLICY AND GOVERNANCE SUPPORT

Governance and Leadership: MSH ProACT provided technical and financial support to 3 ProACT supported states 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 Women Group etc.). The SMTs are working closely with government to ensure mobilization of financial support for the sustenance of HIV/AIDS work in the states.

State Strategic Plans (SSP): All the Five ProACT supported states were provided with Technical Assistance to develop costed State HIV and AIDS Strategic Plan (SSP) and Unified Operational Plan consistent with the National Strategic Plan (NSP). The strategic plans defined clear priorities responsive to the states HIV needs and supports integration of HIV care and treatment with primary health services. The Plan was also an empowering process in that it afforded the SACAs an opportunity to have a deepened understanding of their roles and responsibilities.

Political Commitment: In guaranteeing sustainability of the PEPFAR investments in HIV/AIDS services that would guarantee the health of beneficiaries and sustainability of the ProACT programme intervention by supported states government, ProACT recognizes the need for robust fiscal budgetary allocations to supported states. ProACT 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 HIV/AIDS response from 2015 and beyond through process of incremental budgeting by states; and 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 in each of the five states to address the Human Resources for Health (HRH) 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 Centre 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.

PLANNED ACTIVITIES FOR NEXT QUARTER

- Build the capacity of State AIDS control 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
- Build states' capacity to conduct trainings on quality management systems and accreditation preparedness and in preparing laboratories towards national accreditation
- Strengthen laboratory revolving fund programs in laboratories where they exist and provide technical assistance to facilities for their establishment in facilities where they do not exist
- Work with host government to develop and manage a robust equipment inventory system that tracks repairs and planned preventive maintenance services
- Continue to monitor Quality Assurance activities in molecular laboratory and other laboratory networks in partnership with host State government
- Phased transitioning of quality improvement meeting support to facility leadership

- Conduct a TOT in integrated HIV management for state management Team
- Set up of integrated technical working groups
- Skills transfer sessions to SMT members through joint supervisory visits
- Rapid facility infection risk assessment as part of strategy to reduce infection transmission across 41 supported health facilities
- IPT evaluation and cohort event monitoring and re-stocking of the facilities
- Planned support for NigeriaQual data upload for the January to June, 2014 cycle
- Support data collection for peripartum transmission rate among PMTCT cohorts in five project states
- Strengthen strategies to support program retention
- Continue to strengthen CCT/PMTCT hub and spoke model
- Launch of the PCR machine in Sokoto
- Work with relevant stakeholders to install electronic medical records in 3 states
- Improve on client retention in ART programs using the RADET tool
- 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
- Continue to strengthen data quality across the states through regular technical assistance on proper data documentation and site support

Annex 1. Performance Monitoring Plan (PMP)

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

2		Indicator #P1.1.D Output: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Pro-ACT Database	COP 08	30,260	159,941	212799	45623	63686	54354	49136	133%	Y
3		(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	2868	555	805	762	746	55%	N
4		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	2395	423	696	666	610	81%	N
5		Numerator: Number of infants who had a virologic HIV test within 12 months of birth during the reporting period	Pro-ACT Database			2,970	612	105	135	173	199	21%	N
6		<i>Number of infants born by HIV+ pregnant women</i>	Pro-ACT Database			0	1603	349	406	463	385		
		Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	Pro-ACT Database			57%	38%	30%	33%	37%	51	66%	N
Sub-IR: Prevention/Sexual and other Behavioral Risk Prevention													

7		Indicator #P8.2.D Output: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	Pro-ACT Database	COP 08	0	2,721	6758	3248	3376	134	0	24 8%	Y
8		Indicator #P8.1.D Output: Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	Pro-ACT Database	COP 08	0	8,137	1533 8	6629	4461	2469	1779	18 8%	Y
9		Number of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet minimum standards	Pro-ACT Database	COP 08	0	5,367	710	313	231	70	96	13 %	N
10		Indicator #P.8.4.D Output: Number of targeted condom service outlets	Pro-ACT Database	COP 08	21		40	24	4	0	12		
Sub-IR: Prevention/Testing and Counseling													
11		Indicator # P11.1.D: Output: Number of individuals who received testing and counseling services for HIV and received	Pro-ACT Database	COP 08	114,38 3	581,37 9	4881 26	103,128	121,0 03	128,62 7	1353 68	84 %	N

		their test results (including PMTCT)											
12		Indicator # P11.1.D: Output: Number of individuals who received testing and counseling services for HIV and received their test results (HCT Sites Only)	Pro-ACT Database	COP08	114,383	410,585	280272	56,935	65,681	72,588	85068	68%	N
13		Indicator #P11.3.N:Outcome: Percentage of health facilities that provide HIV testing and counseling services	Pro-ACT Database			100%	100%				0	100%	Y
		Sub-IR: Care/"Umbrella" Crae Indicators (formerly Adult Care and Support)											
14		Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services (Newly enrolled)	Pro-ACT Database			12,000	8417	0	0	1594	6423	70%	N
15		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											
16		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	40785	36367	38039	39230	40785	76%	Y
		Sub-IR: Care/Clinical Preventive Care Services - Additional TB/HIV											

17		Indicator # C2.4.D Number of HIV-Positive patients who were screened for TB in an HIV care or treatment settings	Pro-ACT Database			48,254	21211	5284	5809	5093	5025	44 %	N
18		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
19		Numerator: The number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	Pro-ACT Database			48,254	21211	5284	5809	5093	5025	44 %	N
20		Numerator: The number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	Pro-ACT Database	CO P 08	927	2,515	417	88	112	108	109	17 %	N
		Denominator: The number of registered TB cases with documented HIV-positive status during the reporting period	Pro-ACT Database			0	607	131	242	123	111		
		Sub-IR: Treatment/ARV Services											
21		Indicator #T1.1.D Output: Number of adults and children with advanced HIV infection newly enrolled on ART	Pro-ACT Database			11,538	6754	1550	1594	1846	1764	59 %	N

22		Indicator #T1.2.D Output: Number of adults and children with advanced HIV infection receiving ART therapy	Pro-ACT Database			35,744	27613	24568	25910	26681	27613	77 %	Y
23		Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	Pro-ACT Database			9801	7062	0	0	0	7062	72 %	This is reported annually
24		Indicator #T.1.3.D Number of adults & children who are still alive and on treatment at 12 months after initiating ART	Pro-ACT Database			8331	4738	0	0	0	4738	57 %	This is reported annually
25		Indicator #T1.4.D Output: Number of adults and children with advanced HIV infection who ever started on ART	Pro-ACT Database			0	45143	39940	41534	43380	45143		
26		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/AIDS and TB services, practices and products in selected states													
Sub-IR: Prevention/Prevention of Mother to Child transmission													

27		Indicator #H1.1.D Output: Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	Pro-ACT Database	COP 08	17	51	41	41	41	41	51	>100%	Y
R14.3: Strengthened public, private and community enabling environments													
Systems strengthening of state and local governments to decentralize HIV/AIDS service delivery													
28		Output: Number of state and local governments who have annual operational plans for the current year with budgets that are used to monitor activities and outputs (LMS Indicator Menu)	HSS State report	COP 08	0	5	5	5	5	5	5	100%	Y
29		Output: Number of state governments and LGAs demonstrating increased capacity for using data for decision making (LMS Indicator Menu)	M&E report	COP 08	0	5	5	5	5	5	5	100%	Y
30		Output: Number of CSOs receiving grants to deliver community HIV/AIDS services linked with health facilities	Community /Grants Report	COP 08	0	22	22	11	22	22	22	100%	N
31		Output: Number of states in which a system for quality assurance has been institutionalized and maintained (LMS Indicator Menu)	QI report	COP 08	6	5	5	1	4	5	5	100%	Y

Annex 2. Success Story

USAID Urges Increased Country Ownership during Pro-ACT Partner-State Forum

For over two decades the US Agency for International Development (USAID) through the President's Emergency Plan for AIDS Relief (PEPFAR) has been the major bilateral donor supporting HIV and AIDS interventions in Nigeria. The Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT) project, for instance, has cumulatively helped to enrol over 64,000 people living with HIV in care and placed up to 40,000 on lifesaving antiretroviral therapy in eight states over seven years. Pro-



ACT is an \$81 million PEPFAR funded USAID associate award designed to aid the prevention, control, care, and treatment of HIV & AIDS in select Nigerian states. Now in its second phase, Pro-ACT (which began as the ACT project in 2007), is implemented by Management Sciences for Health in five Nigerian states: Niger, Kebbi, Kwara, Sokoto and Zamfara.



Despite interventions like Pro-ACT, the Nigerian government still needs to take up significant responsibility for the country's HIV and AIDS responses at national and sub-national levels.

Recently, there have been discussions about transitioning responsibility for HIV support from PEPFAR to state governments, to strengthen ownership and sustainability. These discussions have been ongoing at different levels in states without a clear sense of direction. Key partners in state health leadership needed to be rallied to formulate strategies for mobilizing funds to support HIV services annually. Since state governments are currently putting together their 2015 budgets, this is a critical time. Pro-ACT convened the September Stakeholders' meeting to build synergy, consensus and clarity of

purpose around this transition.

The Pro-ACT project hosted the meeting in Abuja, Nigeria, bringing together partner State HIV Teams with implementing party and donor representatives.

USAID participants at the meeting were led by the Mission Director, Mr. Michael Harvey, with the MSH Country Representative, Dr. Zipporah Kpamor and the Pro-ACT Chief of Party (COP), Mr. Med Makumbi. State Commissioners for Health, and representatives of State Agencies for the Control of AIDS and STD Control Programs (SACA and SASCP) were also in attendance.

In a heart-warming wake-up-call, Mr. Harvey commended MSH's work through Pro-ACT to ensure the successful delivery of HIV services in partner states. He declared that the majority of HIV funding in Nigeria has been from the US Government, but that America cannot win the fight alone. He urged the State Ministries of Health and Agencies against AIDS "to work assiduously to address the risk of serious expansion of HIV in Nigeria, when US funding declines." He stressed it is past time for Nigeria to start mobilizing funds for this purpose. He concluded, "We will be happy to help if you have messages you want us to pass to the Federal Government here in Abuja, but in the end it's got to be a Nigerian action."

Josephine Yokalu (Deputy Director, Resource Mobilization, NACA), representing Professor John Idoko, Director-General, National Agency for the Control of AIDS (NACA), addressed participants as "comrades in the battle against HIV." She stated, "As we do our part on the state level, we can come together to demand more from the Federal Government."

Stakeholders were provided with data on the number of HIV patients (adults and pediatrics) in their states, numbers on Antiretroviral Therapy (ART) and in basic care, and the cost of treatment/care and laboratory services per month and per annum. They were then grouped by state to deliberate strategies on how best to set up sustainable funding of HIV treatment in their states.

The stakeholders stressed the role of political advocacy in convincing State Governors to release funds for HIV from state budgets and the creation of a health-fund basket (to be mobilized from the public and private sectors for primary health care activities), to raise additional money for HIV. They also urged for a tentative counterpart budget to sustain PEPFAR investments for the next State fiscal year to be passed as a bill at State Houses of Assembly and implemented in due course. They advocated that more People Living with HIV should be catered for by the states.

Mr. Makumbi, Pro-ACT COP, assured that short, long and medium term strategies had been identified to ensure that this process moves ahead. Such strategies include support to states to develop policy briefs, investment cases as evidence in budget defense, incentive planning/activities (e.g. awards) for the outgoing Governors to support release on exiting 2014 HIV & AIDS appropriation before December 2014, the building of state advocacy

capacities to facilitate funds release, and to foster a culture of joint stakeholders meetings for state HIV & AIDS budget-planning.

The stakeholders expressed gratitude to USAID and MSH for the work done so far in their states and left with a promise to take up the challenge to sustain and expand HIV-services. Adoption of steps identified above could mean a bright prognosis for sustainable HIV programming in the respective states in the future.