

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

## **Quarterly Progress Report, July – September, 2015**

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Author: Management Sciences for Health

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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 (LMS) Project, Nigeria  
**PREVENTION ORGANIZATIONAL SYSTEMS AIDS CARE  
AND TREATMENT PROJECT (Pro-ACT)**

# Quarterly Report

4<sup>th</sup> Quarter—July to September 30, 2015



Submission Date: October 30, 2015

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

Activity Start Date and End Date: July 16, 2009 to November 14, 2016

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*Photo on Cover: USAID Deputy Mission Director and Deputy Governor, Niger State inspecting the USAID refurbished warehouse in Minna, Niger State.*

## Contents

Acronyms .....	4
Financial Report .....	6
Program Overview/Summary .....	7
Program Description/Introduction .....	7
Summary of Results to Date .....	8
Activity Implementation Progress .....	17
Progress Narrative .....	17
Major Achievements .....	17
Community Services.....	18
Clinical Services .....	28
Laboratory Services.....	42
Supply Chain Management .....	46
Health System Strengthening .....	47
Monitoring and Evaluation .....	50
Implementation Status by State .....	53
Kebbi State .....	53
Kwara State .....	60
Niger State .....	73
Sokoto State .....	82
Zamfara State.....	94
Cross cutting issues and USAID Forward priorities.....	106
Challenges .....	107
Planned Activities for Next Quarter.....	108
Performance Monitoring Plan: Progress Summary .....	112
Success Stories .....	131

## Acronyms

ACT	AIDS Care and Treatment Project
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
BD	Beckton Dickenson
CCT	Comprehensive Care and Treatment
CCTS	Comprehensive Care and Treatment Site
CME	Continuing Medical Education
COP	Country Operational Plan
CSO	Civil Society Organization
DATIM	Data for Accountability, Transparency and Impact
DBS	Dried Blood Spot
DHIS	District Health Information System
DOTS	Directly Observed Therapy Short Course (for TB)
DQA	Data Quality Assurance
e-NNRIMS	Electronic Nigeria National Response Information Management System
EID	Early Infant Diagnosis (for HIV-Infection)
EMR	Electronic Medical Record
FMC	Federal Medical Centre
GH	General Hospital
GOPD	General Outpatient Department
GoN	Government of Nigeria
HAART	Highly active anti-retroviral therapy
HF	Health Facility
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTC	HIV Testing and Counseling
HRH	Human Resources for Health
INH	Isoniazid
IPT	Isoniazid Preventive Therapy
IR	Intermediate Result
LACA	Local Action Committee on AIDS
LMS	Leadership, Management and Sustainability Program
LRF	Laboratory Revolving Fund
LTFU	Lost to follow-up
LMD	Last mile delivery
M&E	Monitoring and Evaluation
MSH	Management Sciences for Health
MRS	Medical Records System
MTCT	Mother-to-child transmission
NACA	National Agency for Control of AIDS
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NIPOST	Nigeria Postal Services
NNRIMS	Nigerian National Response Information Management System for HIV/AIDS

NLA	National Laboratory Audit
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PCR	Polymerase Chain reaction
PEPFAR	US President's Emergency Plan for AIDS Relief
PHDP	Positive Health, Dignity Prevention
PITC	Provider-Initiated Testing and Counseling
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
QA	Quality Assessment
QI	Quality Improvement
RADET	Retention and Audit Determination Tool
RTKs	Rapid Test Kits (for HIV)
SACA	State Agency for Control of AIDS
SG	Support Group
SHS	Specialist Hospital Sokoto
SIMS	Site Improvement through Monitoring Systems Tool
SMoH	State Ministry of Health
SMT	State Management Team
SPEEiD	Strengthening the Processes and Effectiveness of Early Infant Diagnosis
SLMTA	Strengthening Laboratory Management towards accreditation
SAPR	Semi-Annual Progressive Report
TB	Tuberculosis
TCS	Treatment, Care, and Support
TWG	Technical working group
UDUTH	Usman Danfodio University Teaching Hospital
USAID	United States Agency for International Development
UITH	University of Ilorin Teaching Hospital
USG	United States Government

## Financial Report

### Quarterly Progress Report (July - Sept 2015)

#### ACTIVITY SUMMARY

**Implementing Partner: Management Sciences for Health**

**Activity Name: Leadership Management Sustainability – Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT). Management Sciences for Health (MSH)**

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

**The Activity’s intermediate results are:**

- 1. Strengthened CSO and community structures for sustained HIV/AIDS & TB services**
- 2. Sustained access to quality integrated HIV/AIDS and TB services and products**
- 3. Strengthened public and private sector to increase demand for HIV/AIDS and TB services and interventions, especially among target groups.**

**USAID/Nigeria SO: SO 14**

**Life of Activity (start and end dates): July 16, 2009 – November 14, 2016**

**Total Estimated Contract/Agreement Amount: \$85,022,571.00**

**Obligations to date: \$75,052,909.99**

**Current Pipeline Amount: \$ 8,167,089.96**

**Accrued Expenditures This Quarter (July and August actuals+ September accruals): \$2,481,202.70**

**Activity Cumulative Accrued Expenditures to Date (September 30th ): \$66,885,820.03**

**Estimated Expenditures Next Quarter: \$3,416,618.00**

**Report Submitted by: Makumbi Med, Chief of Party Submission Date: 10/30/2015**

## Program Overview/Summary

Program Name	MSH - Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT)
Activity Start Date and End Date	July 15, 2009 – November 14, 2016
Name of Implementing Partner	Management Sciences for Health
Contract/Agreement Number	620-A-00-09-00013-00
Major Counterpart Organizations	Government of Nigeria: FMoH, SMoH, NACA, SACA
Geographic Coverage	Kebbi, Kwara, Niger, Sokoto, Zamfara
Reporting Period	July – September 2015

## Program Description/Introduction

MSH's Leadership, Management and Sustainability Program (LMS) is a global five-year USAID funded cooperative agreement designed to develop leadership and management skills at all levels of health care organizations and programs to effectively address change and improve health outcomes in the areas of family planning, reproductive health, HIV and AIDS, infectious disease, and maternal and child health. In Nigeria, the LMS Program implements the Prevention Organizational Systems AIDS Care and Treatment Project (LMS Pro-ACT), a PEPFAR-funded associate award with the goal of building the capacity of Nigeria's public, private, and community sectors for sustainable HIV and AIDS and Tuberculosis (TB) prevention, control, care, and treatment. LMS Pro-ACT began operations in August 2009 taking over from the AIDS Care and Treatment (ACT) Project that started in October 2007. Up to July 2013, Pro-ACT supported 6 state governments in Kogi, Niger, Kwara, Kebbi, Adamawa, and Taraba states, and operated 30 comprehensive HIV and AIDS treatment centers.

Pro-ACT received a modification in August 2013 which changed its geographical focus to the five states of Niger, Kwara, Kebbi, Sokoto, and Zamfara. In August 2015 the project was extended to November 2016. The project 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: Strengthened CSO and community structures for sustained HIV/AIDS & TB services
- IR 2: Sustained access to quality integrated HIV/AIDS and TB services and products
- IR 3: Strengthened public and private sector

## Summary of Results to Date

Standard Indicators	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4	Annual Performance Achieved to the end of reporting period (in %)	On Target Y/N
<b>Intermediate Result (IR):14.1Increased demand for HIV/AIDS and TB services and interventions, especially among selected target groups</b>								
<b>Sub-IR: Prevention/Prevention of Mother to Child transmission</b>								
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	184,661	41,578	42,255	51,747	49,081	115%	Y
(Denominator) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	5,236	2,432	489	562	708	673	46%	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	2,299	456	542	676	625	77%	N

Standard Indicators	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4	Annual Performance Achieved to the end of reporting period (in %)	On Target Y/N
Numerator: Number of infants who had a virologic HIV test within 12 months of birth during the reporting period	2,970	866	100	170	305	291	29%	N
Number of infants born by HIV+ pregnant women	0	1,696	321	315	450	610	0	No target set for this indicator
Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	57%	51%	31%	54%	68%	48%	51%	N

Standard Indicators	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4	Annual Performance Achieved to the end of reporting period (in %)	On Target Y/N
<b>Sub-IR: Prevention/Testing and counseling</b>								
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	418,432	107,953	87,052	109,889	113,538	72%	N

Standard Indicators	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4	Annual Performance Achieved to the end of reporting period (in %)	On Target Y/N
Indicator # P11.1.D: Output: Number of individuals who received testing and counseling services for HIV and received their test results (HCT Sites Only)	410,585	229,030	65,053	44,023	56,967	62,987	56%	N
Indicator #P11.3.N: Outcome: Percentage of health facilities that provide HIV testing and counseling services	100%	100%					100%	Y

Standard Indicators	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4	Annual Performance Achieved to the end of reporting period (in %)	On Target Y/N
<b>Sub-IR: Care/"Umbrella" Care Indicators (formerly Adult Care and Support)</b>								
Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (DSD)**	40,000	18,342	0	18,342		0	46%	N

Standard Indicators	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4	Annual Performance Achieved to the end of reporting period (in %)	On Target Y/N
<b>Sub-IR: Care/Clinical Care</b>								
Indicator #C2.1.D Output: Number of HIV-positive adults and children receiving a minimum of one clinical service	56,296	29,845					53%	N
<b>Sub-IR: Care/Clinical Preventive Care Services - Additional TB/HIV</b>								
TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	90%	80%					80%	N

Standard Indicators	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4	Annual Performance Achieved to the end of reporting period (in %)	On Target Y/N
Numerator: The number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	48,254	23,965	11,153	4,757	4,633	3,422	50%	N
Numerator: The number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	2,515	270	38	53	129	50	11%	N

Standard Indicators	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4	Annual Performance Achieved to the end of reporting period (in %)	On Target Y/N
Denominator: The number of registered TB cases with documented HIV-positive status during the reporting period		387	72	79	121	115	0	
<b>Sub-IR: Treatment/ARV Services</b>								
Indicator #T1.1.D Output: Number of adults and children with advanced HIV infection <b>newly</b> enrolled on ART	11,538	6,869	1,694	1,517	1,640	2,018	61%	N
Indicator #T1.2.D Output: Number of adults and children with advanced HIV infection receiving ART therapy	35,744	28,075	30,967	29,781	30,940	28,075	78%	N
Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	11,538	7,855				7,855	68%	N

Standard Indicators	Annual Cumulative Planned target	Annual Cumulative Actual	Q1			Q2	Q3	Q4
Indicator #T.1.3.D Number of adults & children who are still alive and on treatment at 12 months after initiating ART	9,807	4,888				4,888	62%	
Indicator #T1.4.D Output: Number of adults and children with advanced HIV infection who <b>ever started</b> on ART		54,808	49,566	51,083	51,448	54,808		
Indicator # T.1.5.D Output: Number of health facilities that offer ART	41	41					100%	Y

## Activity Implementation Progress

### Progress Narrative

### Major Achievements

#### PMTCT

- 95% (43,707/45,863) of all new women attending antenatal care (ANC) services in Q4 FY15 received HIV counseling and testing and received their test results in Pro-ACT-supported prevention of mother-to-child transmission (PMTCT) service sites. This is comparable to the past three quarter results. This brings the cumulative achievement to 115% of the annual projected target.
- 93% coverage (625/673) of all HIV positive pregnant women were placed on anti-retroviral (ARV) prophylaxis to prevent mother to child transmission of HIV. Our total cumulative achievement for FY 15(2,299/2,432) remains at 95%.
- For the 5 supported states, the HIV exposed infant seropositivity rate is at 5.6 %, which is below the national rate of 7%, but remains above the national elimination of mother-to-child transmission target of 1%.
- A total of 37 low yield PMTCT sites were transitioned to state governments-22 in Niger, 12 in Kebbi, 2 in Zamfara, and 1 in Kwara state. In all the five state, transition committees have been set up by the state governments to oversee and guide the transition process.

#### Care and Treatment

- Received a commendation certificate from FMOH in recognition of the project's support to HIV treatment and care services in the country.

#### Retention

- With the deployment of the retention calendar, there has been a steady reduction in the number of clients lost to follow up from Q1 to Q4, and retention remains at 71%

#### TB/HIV

- Over 100% of patients attending clinics this quarter were screened for TB which was enabled by using the task shifting strategies as a core intervention strategy.
- A 20% increment of the samples analyzed in the previous quarter was recorded. Continued uptake of GeneXpert services through sample referrals has ensured increased TB detection this FY15.

#### Lab services

- Several facilities continue to provide hematology and chemistry investigations at no cost to HIV patients using internally generated revenue realized from non-HIV patients months after transitioning of these services.

#### Health Systems Strengthening

- The model pharmaceutical warehouse was handed over to Niger State Government and in attendance at the occasion were top government functionaries, USAID Deputy Mission Director, MSH staff, and other dignitaries.
- Health facility operational and resource mobilization plans developed and completed for 4 health facilities-GH Argungu and GH Yauri in Kebbi State and GH Tsafe and GH Shinkafi in Zamfara State.
- Significant progress was made in getting state governments to fund the state HIV response:
  - The Kebbi state government has increased the HIV activity budget from 30 million naira to 300 million naira.
  - In Kwara, memos for funds release have been written and submitted to the government an estimated total of NGN 58 m is expected to be raised
  - In both Zamfara and Kebbi States, the Governments have mobilized N12.9 Million each to procure Laboratory reagents (Clinical chemistry and hematology)
  - In Kwara State, the Ministry of Local Government and Chieftaincy Affairs has approved and began disbursement of N25,000 to each Local Government for monthly data collection for HIV/AIDS services.
  - In Niger, the state government released about 3million Naira for the maintenance of the warehouse as a fulfillment of the promise made during the handing over ceremony in the month of August 2015

### **Others**

- The Pro-ACT project end date was extended by one year until November 2016

### **Indicators that are below the annual target**

Despite the successes recorded, some of indicators were overall below the annual target due to factors beyond the project's control. For example the number of people who received counseling and testing and received their results is 229,030 , which is only 56% of the annual target of 410,585. This is mainly due to the PEPFAR strategic shift in sustained response states where demand creation activities and provider initiated testing and counseling are no longer supported. Also 11,965 of the HCT clients tested positive which is about 75% of the FY15 target for HIV Testing and Counseling (HTC) positives. This is because of the low HIV prevalence in the states where Pro-ACT works. Regarding OVCs, the project reached only 18,342 children which is just 46% of the annual target. The major reason for not meeting this target was that Orphans and Vulnerable Children (OVC) grants had been closed out in March 2015 in anticipation of the project close out which had been scheduled for July 2015. With the recent project extension, the grants are being renewed so that services for the VCs can continue.

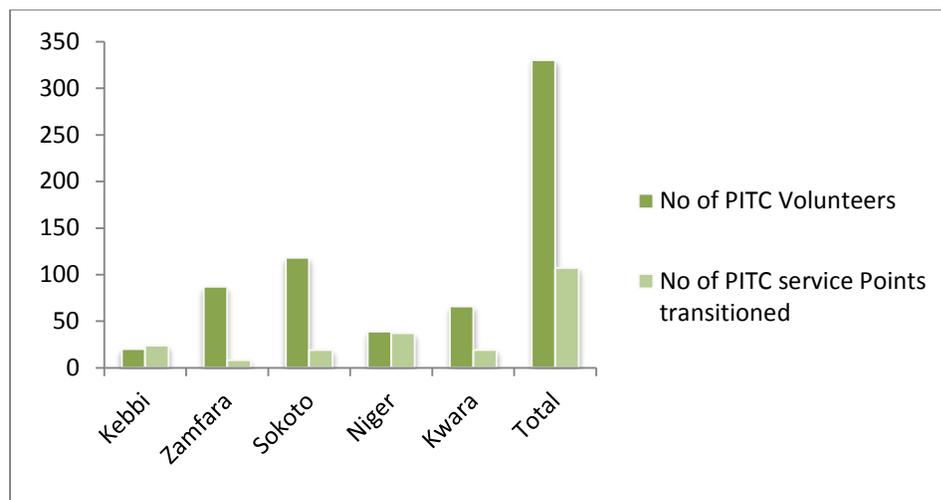
### **Community Services**

In this quarter the community team's priority continued to focus on strengthening state and facility systems to provide quality HIV/AIDS services through capacity building activities such as sustained mentoring and monitoring effort. Following the extension of the Pro-ACT project to November 2016, the community team resumed the process of engaging Civil Society Organizations (CSOs) to provide OVC

services. The community team commenced the process of renewal of grants for 9 out of the 11 CSOs who responded to the RFA issued.

In line with the guidance from PEPFAR on passive enrolment and transitioning of all service demand generation activities in sustained response states, we continued to provide HTC services based on symptomatology. A total of 113,538 clients were counseled and tested during the quarter, 3409 were HIV positive out of which 2083 were enrolled into care. 70% of identified positives were enrolled into care. Further analysis of the HTC data showed that 66% of those counseled and tested were female with 34% male, this is the same percentage sex disaggregation for those who tested HIV positive. We continued to provide tracking support to clients who missed appointments or who were lost to follow up.

An analysis of the HTC data showed that a total of 330 Provider-Initiated Testing and Counseling (PITC) volunteers who were previously engaged to support HTC services and address critical Human Resources for Health (HRH) gaps at 41 partner health facilities were disengaged in October 2014. With this, the PITC points were now fully transitioned to the facilities with the understanding that the trained HCWs will continue to sustain and provide HTC services. However there has been a drop in the uptake of HTC services leading to the project’s inability to meet quarterly HTC targets. The chart below shows the number of PITC volunteers disengaged and number of PITC points transitioned to the facilities.

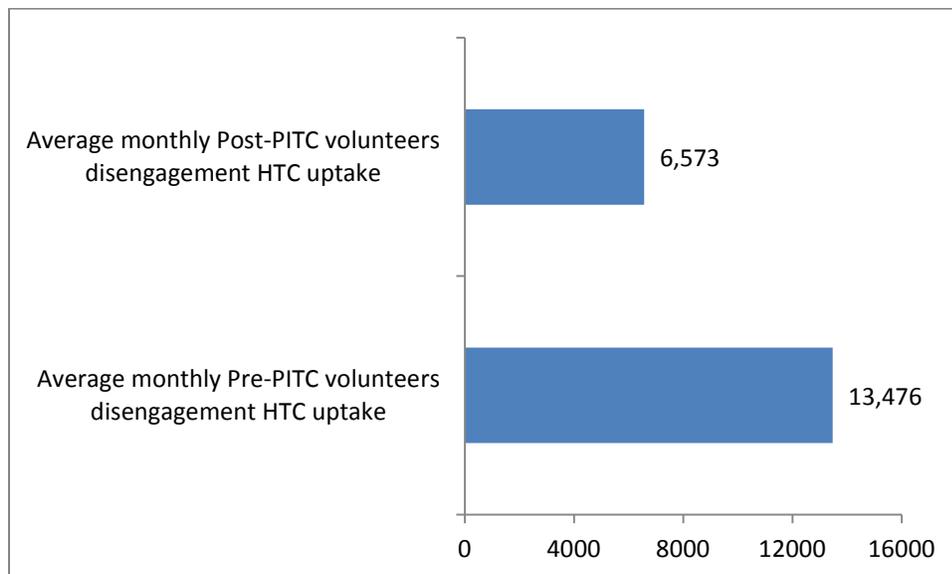


**Figure 1. Chart showing the number of volunteers and PITC points disengaged**

Further analysis of the available data revealed that an average of 13,473 people were counseled monthly in all Pro-ACT supported facilities when the volunteers were still working. However, the average dropped to 6,573 people (>48.8 % drop) monthly post –disengagement of PITC volunteers. This is a 48.8% drop in the uptake of HTC services in all supported facilities in the 5 focal states. This finding highlights the significant contribution of the volunteers during the period they were engaged, and demonstrates the overall impact that inadequate HRH support can have on uptake of comprehensive HIV service delivery. We recognise that inadequate HRH capacity may have been a key factor for the

project's current HTC target achievement of 54% at the end of Q3 and are working to address this challenge through targeted advocacy to the state government.

The results from this analysis further explain the significant contribution of the PITC volunteers to the attainments of HTC targets with increased access to HTC services. This point was recently realized by the management of General Hospital Minna who re-engaged three PITC volunteers previously supported by Pro-ACT, to continue to close the HRH gap in the facility. These volunteers will be counseling and testing services at the General Outpatient Department (GOPD), ANC and ART clinic.



**Figure 2. Average Monthly HTC uptake, pre and post volunteer disengagement**

The Zamfara State government through the Zamfara State Agency for the Control of AIDS (ZOMSACA) continued to provide Rapid Test Kits (RTKs) for HIV to facilities while in Niger State, the State Agency for Control of AIDS (SACA) retrieved RTKs that were initially distributed to CSOs to use for community HTC and distributed to selected health facilities.

Thirty two (32) health care workers from selected health care facilities benefitted from the refresher HTC training conducted within the quarter in Kwara State. The refresher training was facilitated by the HTC faculty from the Center of Health Professional Continuing Education with support from the project. The Kwara State government supported the training with the provision of the training venue.

We commenced the process of renewing the OVC grants by issuing a request for application (RFA) to nine (9) grantees CSOs who had already enrolled and served 19,342 children in 6654 household. These CSOs will work to graduate 1992 household out of the program in the next ten (10) months.

Our continual provision of technical support to the Savings and Loans Association (SLA) formed by support group members is yielding positive results with the SLA formed by the women of Tambuwal support group accumulating a total of 50,800 naira (\$254) as at the end of this reporting quarter. Six members of the group have accessed loans from the association. The loan beneficiaries confirmed that

they have been able to grow their business as a result of the loans they received. A total of ten (10) SLAs have been formed by OVC caregivers and support group members.

**Implementation challenges:**

- Challenge in tracking activities resulting from wrong residential addresses or phone contacts given by clients. To curb these challenges, HTC service providers and other health workers have been mentored to collect complete data before providing services.
- The attitude of non-commitment by health care workers towards the provision of HIV/AIDS services in health facilities, thereby leaving the work for only volunteers. However, there has been continued advocacy, mentoring and support by the team towards ownership and sustainability of the program.

**PHDP and Gender**

Positive Health, Dignity Prevention (PHDP) interventions for the quarter under review aimed primarily to improve the quality of life and well-being of people living with HIV and AIDS (PLHIV), their families and communities through the provision of quality core PHDP services which cut across condom services, risk reduction counseling, adherence counseling, partner HTC, STI assessment and family planning services in a sustainable manner that will improve their retention on ART and care. Deliberate efforts were made to ascertain the factors behind clients' poor retention on ART and care to enhance retention through the conduct of study protocol exercises and geographic mapping of clients on ART and care. An analysis of both studies identified distance, poverty, poor attitude of service providers and poor adherence counseling as the major impediments to clients' retention on ART and care. An assessment of potential community based organizations for PHDP grants and a proposal development workshop for selected grantees were also conducted within the quarter. The PHDP technical lead also participated in PEPFAR supported capacity building workshops on household economic strengthening and savings and loans activities tailored to improve the economic well-being of PLHIV and their households. Technical assistance through hands on mentoring and supportive supervision were provided to PHDP service providers across supported health facilities through application of the PHDP domain of the Site Improvement through Monitoring Systems Tool (SIMS) tool, aimed at improving the quality of service delivery.

Gender analyses for selected indicators that Pro-ACT reports to USAID, from across the 5 supported states, were conducted within the quarter to ascertain the possible impact on both sexes. A summary of the analyses revealed that more females than males access comprehensive HIV and AIDS services which cut across HTC, baseline TB screening, ART services, repeat CD4 test, etc. across the 5 supported states.

Within the quarter under review, a small study aimed at establishing the reasons behind low retention of clients on ART across Pro-ACT supported health facilities using MSH's developed study protocol tool was piloted in two Pro-ACT supported health facilities in Niger State - Shehu Shagari Hospital Nasko at 46% retention rate and General Hospital New Bussa at 54% retention rate. These two facilities were selected because they had the lowest retention rates. This exercise was aimed at gaining more insight into clients' perception of the reasons why they default on ART and support group activities, with the aim of proffering actionable interventions to improve retention on ART and care. A total of thirty (30)

clients comprising of 10 males and 20 females participated in the exercise across the two health facilities. Findings from the mini study posited that:

- Comprehensive PHDP services are not being provided to clients due to lack of capacity of service providers
- High stigma exists among PLHIV – especially among clients who reside in town where a health facility is sited
- Distance from clients’ communities to locations where health facilities are sited is a major impediment to clients’ ability to access ART services. A total of 424 clients access health care services from the two facilities. 123 clients representing 29% of the total clients travel a distance of 50km to 150km to access health services in the nearest health facility. 95 out of the 123 clients representing 77% defaulted on their clinic appointments.
- Poor linkages and referrals between adherence counseling units and support groups affect support group membership negatively
- More females than males access ART services and participate in support group (SG) activities
- Active support group members prefer mixed (males and females) SG meetings as opposed to single sex groups
- Support group membership comprise mainly of aged people – most young people do not attend support group meetings
- Savings and Loans Associations are a good initiative which impact positively on PLHIV economic status
- Good attitude of health facility service providers were commended - unprofessional attitude of a few health workers who disclose people’s HIV status to community members without consent were frowned upon
- Waiting time is not an impediment to accessing ART services

A summary of recommendations from the study stipulates that to improve clients’ retention on ART and care, a combination of factors needs to improve. Prominent among these factors includes capacity building for service providers, improved counseling services to motivate PLHIV to take responsibility for their health and well-being, improved and strengthened linkages between adherence counseling units and support groups, strong stigma reduction interventions targeting health facility service providers and PLHIV as well, and more encouragement for more SG members to join SLA.

### **Breakdown of PHDP services delivery**

Select PHDP service providers trained from across Pro-ACT supported health facilities continued to provide PHDP services to PLHIV within their respective health facilities. Within the quarter under review, a total of 6602 PLHIV comprising of 1737 males and 4865 female benefitted from PHDP services which cut across condom services, risk reduction counseling, adherence counseling, partner HTC, STI assessment and family planning services in a sustainable manner that will improve their retention on ART and care.

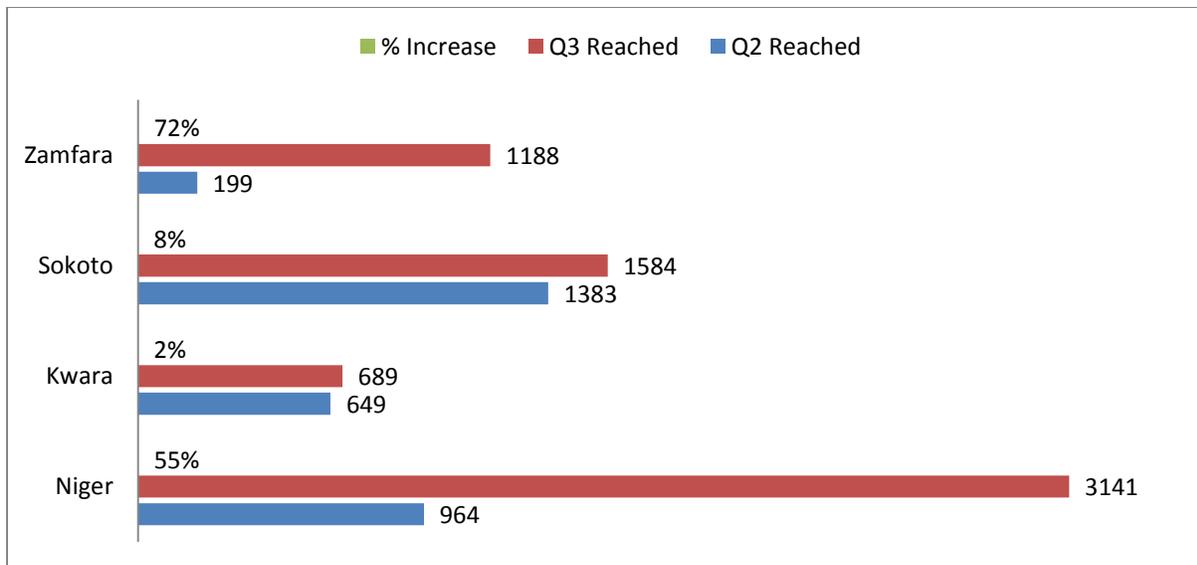
The table below illustrates the number of PLHIV who benefitted from PHDP services from across the 5 Pro-ACT supported states.

**Table 1. Beneficiaries from PHDP services by sex**

S/No	States	Males	Females	Total
1	Niger	756	2385	3141
2	Kwara	151	538	689
3	Sokoto	503	1081	1584
4	Zamfara	327	861	1188
5	Kebbi	NA	NA	NA
Grand Total		1737	4865	6602

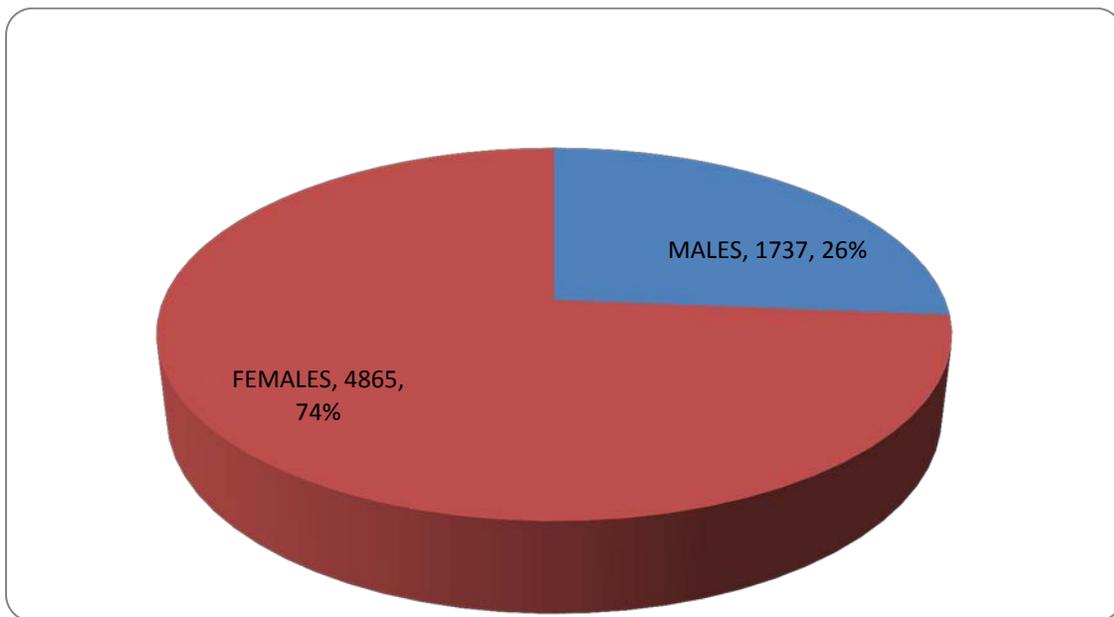
**Comparing Previous Quarter Achievements**

Following successful completion of PHDP training of trainers in April 2015 in which the capacity of 20 select service providers selected from two facilities each across the 5 Pro-ACT supported states were built, there has been an increase in the provision and uptake of PHDP services across the supported states.



**Figure 3. Q2 and Q3 PHDP Targets Reached Across 5 Pro-ACT supported States**

The chart below illustrates the percentage of males and females who received comprehensive PHDP services from across Pro-ACT supported health facilities within the quarter under review.



**Figure 4. Sex disaggregation of PHDP service recipients (%)**

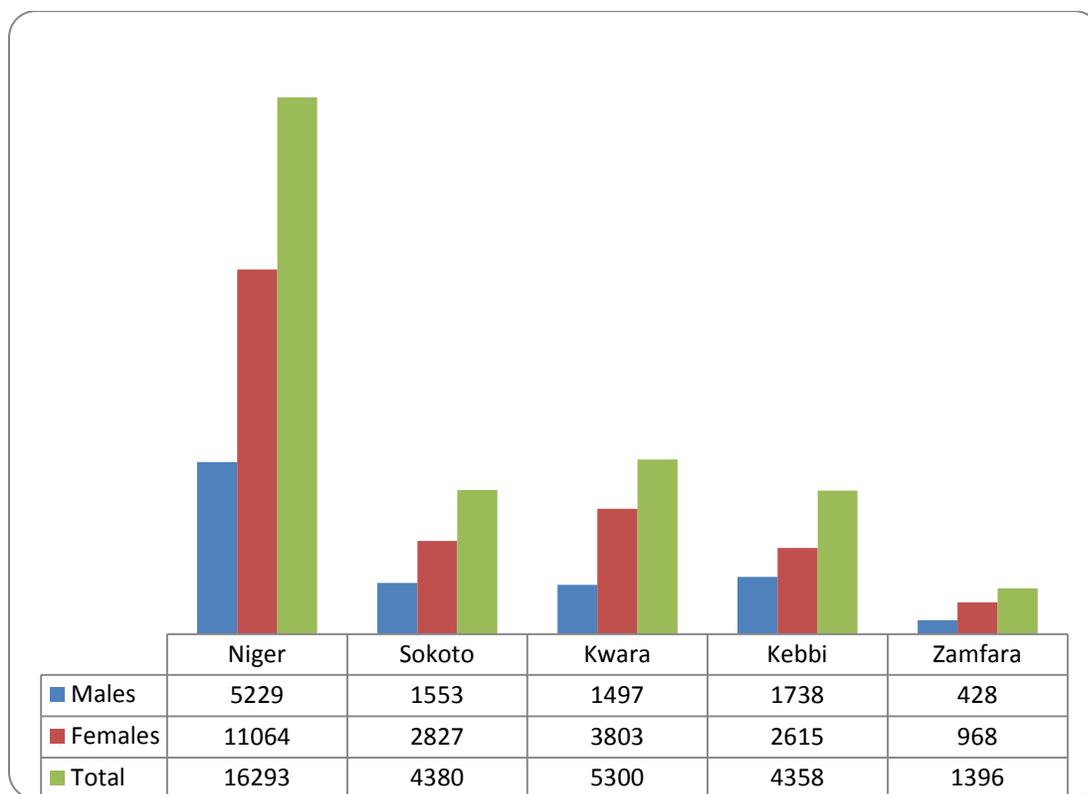
Thus, efforts will be strengthened in the next quarter to improve the uptake of HIV treatment and care services by HIV positive males through the engagement of PHDP grantee in each of the supported states to conduct PHDP home visits.

### Gender Analysis – Clinical Services

Gender analysis for select clinical services indicators which Pro-ACT report to USAID from across the 5 supported states were conducted within the quarter to compare the ratio of males to females who access HIV and AIDS services across the 5 supported states. A summary of the analysis revealed that more females than males access comprehensive HIV and AIDS services which cut across HTC, baseline TB screening, ART uptake, repeat CD4 test, etc., across the 5 supported states. Targeted efforts at mainstreaming gender in clinical care services will be prioritized next quarter by mobilizing HIV positive males who default and those lost to follow up to return to care and treatment through PHDP home visits.

### Analysis of Mainstreaming Gender into Pro-ACT’s Comprehensive HIV and AIDS Programming

Within the quarter under review, at the project conducted an analysis of gender mainstreaming in Pro-ACT comprehensive HIV and AIDS programs and services across the 5 states. This exercise aimed at exploring state specific gender balance/ imbalances in accessing ART, HTC, PMTCT, CD4, TB services, etc., across the supported health facilities as to ensure that women and men benefit equally and inequality is not perpetuated. Efforts were geared towards identifying gender imbalances, explore possible factors responsible for the imbalances and suggest ways to address the imbalances.



**Figure 5. Sex disaggregation of current on ART as of the last Semi-Annual Progressive Report (SAPR) (April 2015) across 5 Pro-ACT supported states**

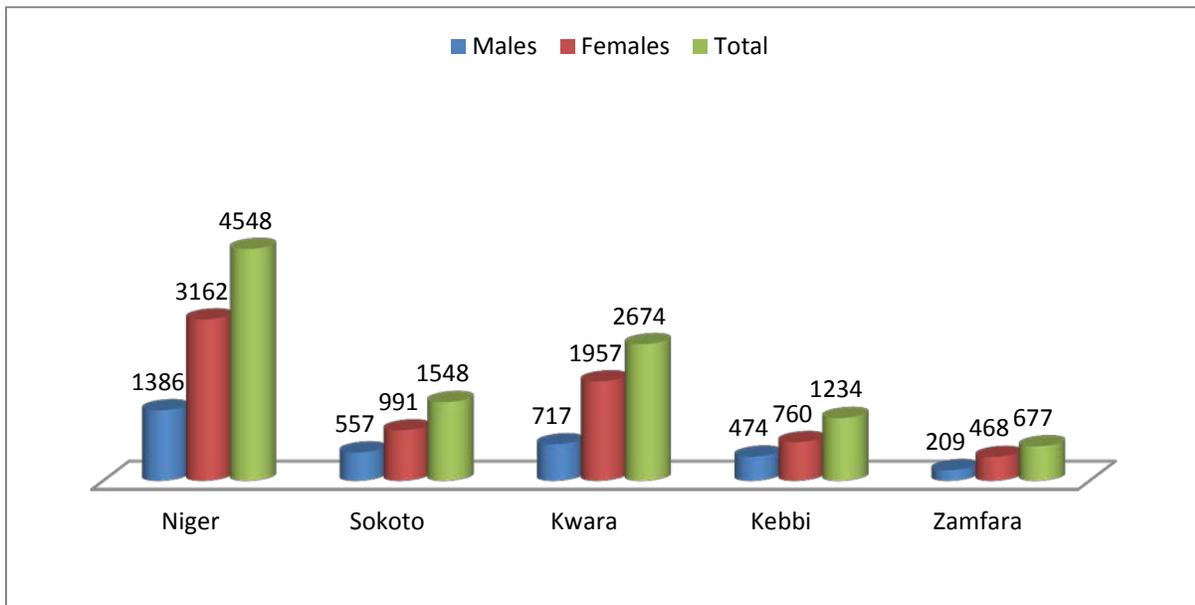
Figure 5 above shows that:

67% of females and 33% of males' access ART services across Pro-ACT supported states

More females than males access ART services across all supported states - Niger, Sokoto, Kwara, Zamfara, and Kebbi states.

The trend above in relation to more females accessing ART services than males could be attributed to socio-cultural practices that promote polygamy across all supported states. Thus, one man living with HIV will probably infect multiple females.

The chart below illustrates access to ART as of the last SAPR (April 2015):



**Figure 6. Access to CD4 as of the last SAPR across 5 Pro-ACT supported states**

Figure 6 above shows:

Of the total clients that access CD4 services, 7333 were female while 3343 were male. This is because more females than males test positive to HIV which could be attributed to socio-cultural practices which promote polygamy resulting in more females accessing ART services than males. Thus, more females than males access CD4 services across the supported states.

### **Geographic Mapping of Clients on ART**

Within the quarter under review, an exercise to find out the impact of distance from clients' homes to treatment centers on clients retention on ART and care was conducted across 4 Pro-ACT supported states - Niger, Kwara, Sokoto, and Zamfara. Findings from the study postulate that the farther away a client's home is from treatment centers, the greater their chances of defaulting. Though the findings differ from state to state, distance cannot be singled out as a single major impediment to client retention on ART. A combination of distance and poverty is identified by respondents as a major

contributing factor to clients inability to keep ART appointments and to regularly participate in support group activities. A more comprehensive report on this exercise will be shared in the next quarter.

## Clinical Services

### HIV counseling and Testing

In this quarter, **113,124** individuals, including pregnant women, were reached with HTC services bringing the cumulative achievement at the end of quarter four to 72% (418,018/581,379) of the annual target. In the same period, the total number of HIV-positive individuals identified is **2,015** representing 2% of the total number of individuals tested and receiving test results.

### PMTCT Services

Within the fourth quarter of FY 15, Pro-ACT's PMTCT activities continued to focus on maintaining the delivery of qualitative services to HIV+ pregnant women and their exposed infants. The goal of all PMTCT activities carried out in the last quarter of FY 15 centered on continued improvement of quality of services provided and the gradual transition of specific PMTCT services to various host state governments in line with PEPFAR/USG strategic shift and Country Operational Plan (COP) 15 guidance.

In keeping with the new PEPFAR directives for FY16, HIV services in all identified low yield PMTCT sites (PMTCT sites which reported between 0-4 total positives, over the 12 months period of FY14) were transitioned before September 30, 2015.

A retrospective data review identified a total of 37 PMTCT sites eligible for services to transition to the host government. Following appropriate communication to project states leadership and technical support provided through Pro-ACT, respective project states constituted and inaugurated transition committees. These transition committees headed by various state permanent secretaries provided a platform for the transition of PMTCT services to the various state governments. Technical support received by the committee from Pro-ACT technical experts ranged from financial burden of transitioned services, logistic and HIV commodity needs of the facilities to PMTCT programming and mentoring support to the facilities.

A review of our key achievements in all 198 supported PMTCT sites over the last quarter revealed that 95% (43,707/45,863) of new ANC attendees were provided with HIV counseling and testing (HCT) within the quarter. This is comparable to our previous achievement in Q3 (92 %)( see table below).

A further review of our program data revealed that over FY 15, a total of 184,661 women in ANC, Labour and Postpartum period were counseled, tested and received their results. This represents **115%** of the Pro-ACT overall annual program (APR) target of 159,542. In the absence of demand generation and outreach activities, this achievement is solely representative of Provider initiated Testing and counseling (PITC) done for all pregnant women attending ANC in our supported health facilities. Over 90% of all pregnant women seen in Pro-ACT supported facilities were provided with HTC.

Also over the last quarter, 93% (625/673) of all identified HIV + pregnant women were placed on ARV prophylaxis to PMTCT of HIV and remains in keeping with the global target of 90:90:90, a goal to reach at least 90% of all HIV+ identified individuals with ARV medications. In FY15, the project also

cumulatively reached 2296 HIV + pregnant women with ARV medications for both prophylaxis and treatment. This represents 130% of our annual program target of 1742 for FY 15. Despite the low HIV seropositivity of 1.2% this achievement remains primarily due to the deployment of quality improvement strategies, such as the periodic use of data analysis with the PMTCT cascade ensuring all gaps within the continuum of care for HIV positive pregnant women are reduced to a minimum.

In the last quarter, 87% (531/610) of all HIV exposed infants were provided with Nevirapine prophylaxis to reduce mother-to-child transmission (MTCT) of HIV, nonetheless, early infant diagnosis remains a challenge with reduced uptake of Dried Blood Spot (DBS) testing especially after the breast feeding period (with only 20% of eligible exposed infants having a second DBS test on cessations of breast feeding). Following a program level review, Pro-ACT has deployed various strategies to overcome this challenge including the use of Mentor Mothers to improve the retention of the mother-baby pair through the continuum of care in select PMTCT sites; and promotion of same day appointments for both mothers and their exposed infants to reduce the burden of multiple hospital appointments.

**Table 2: Q1-Q4 PMTCT cascade summary**

<b>PMTCT Indicator</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
New women attending ANC	40,974	42,473	50,938	30,800
No of women counseled and tested	37,904	39,446	46,883	29,380
<b>Gap</b>	<b>3,070</b>	<b>3,027</b>	<b>4,055</b>	<b>2,621</b>
<b>% ANC C&amp;T Coverage</b>	<b>93%</b>	<b>93%</b>	<b>92%</b>	<b>94.3%</b>
Total No positive pregnant women identified	475	557	709	621
Total No positive pregnant provided with prophylaxis	455	542	678	688
<b>% HIV pregnant women provided with prophylaxis</b>	<b>96 %</b>	<b>97 %</b>	<b>96 %</b>	<b>90%</b>
<b>Total number of exposed infants identified during the reporting period</b>	<b>321</b>	<b>315</b>	<b>450</b>	<b>610</b>
<b>Number of HIV exposed infants provided with prophylaxis</b>	<b>289</b>	<b>280</b>	<b>390</b>	<b>531</b>
<b>% of HIV exposed infants provided with prophylaxis</b>	<b>90%</b>	<b>88%</b>	<b>86%</b>	<b>87%</b>

Also within the quarter, the MSH-NIPOST Strengthening the Process for effective Early infant Diagnosis of HIV (SPEEiD) Model, which had been selected by the African Union (AU) as one the best PMTCT practices in Nigeria was further adopted by the FMOH to be shared with other implementing partners for possible nationwide scale-up as part of ongoing efforts towards elimination of MTCT in Nigeria. Within the quarter, MSH also presented 3 oral abstracts at the inaugural National Implementation Science Alliance (NISA) conference which focused on improving PMTCT service delivery in Nigeria.

#### **HIV Care and Treatment**

In this last quarter of FY15 under review, Pro-ACT's ART unit mainly focused on improving ART program retention, mainstreaming of HIV/AIDS services, continued support and provision of TA on the new PEPFAR guidance for FY16 across facilities and consolidation of specific project state transition plans.

In the quarter under review Pro-ACT presented an abstract at the IAS conference in Canada, made significant contributions to the national ART task team meetings and received a commendation certificate from FMOH in recognition of the project's contribution to the strengthening HIV care and treatment services in the country. MSH also contributed to the FMOH's final draft of the Viral Load implementation document and advocated for the deployment of newer technologies that are cost saving; point of care (POC) viral load machines across the country to facilitate and improve access to viral load (VL) testing for PLHIV.

Supported facilities continued to ensure that PLHIV have access to life saving ART. **2,083 new patients (Pediatrics=140; Adult=1,943)** were enrolled into care. Cumulatively, the number of HIV positive clients enrolled into care by the end of the quarter stands at **77,270** (Niger **37,371**; Kwara **13,463**; Zamfara **5,290**; Sokoto **11,166**; and Kebbi **9,974**). **32,002** patients are currently on ART which represents **90%** of the **FY15** target of **35,744**.

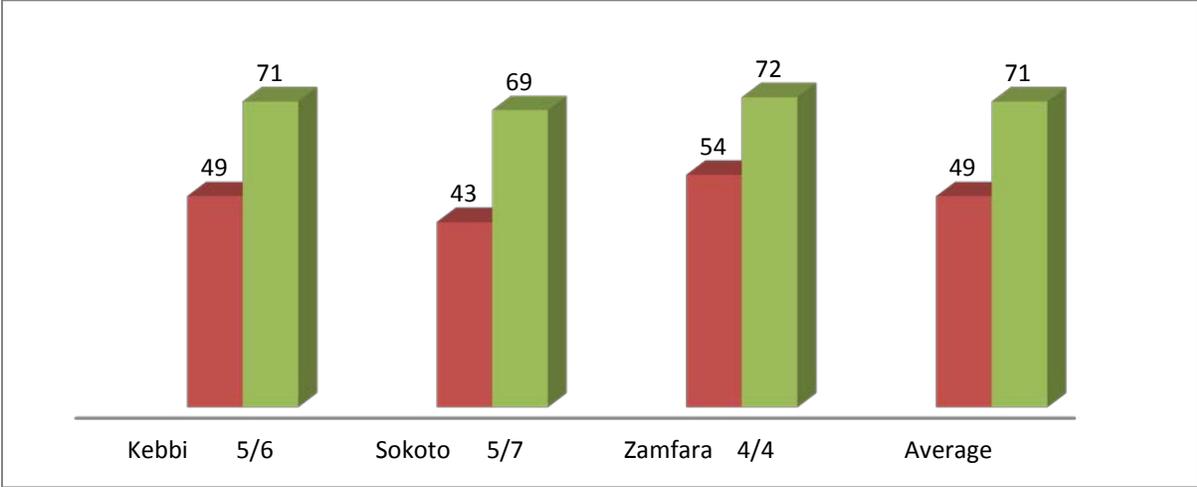
**Table 3. Pro-ACT TOTAL ART cascade analysis**

Indicators	Annual Target	Q1	Q2	Q3	Q4
Tested positive	0	2,609	2,634	3,326	3,403
Newly enrolled Pre ART	0	1,584	1,847	1,286	2083
Newly enrolled (ART)	11,538	1,578	1,395	1,640	1,672
Number with CD4 Count < 500	0	870	803	925	1067
Pre ART DROPPED OUT (DEATHS +TRANSFER OUT +LOSS TO FOLLOW UP)	0	926	1,044	994	3062

As of Q4, cumulatively total number who ever initiated ART treatment stood at **54,808** (Niger **27,346**; Kwara **9,561**; Zamfara **3,012**; Sokoto **8,161** and Kebbi **6,728**), while **31,997** are currently on ART representing **90% of the FY15** target.

Program ART retention across supported facilities remains a priority and has continued to show improvements from baseline average of 49% in FY14 to 71% in FY15. To address this challenge, Pro-ACT deployed an innovative approach through the Strengthening of Retention through the Improved Documentation and Evidence (STRIDE) Model, which consist of the use of defaulter tracking teams (DTT), Peer2Peer patient education; use of patient system and appointment cards (PAC), reinforced tracer cards (RTC), retention calendars (RC), mobile health and pre-existing ART clinic days and additional HIV service mainstreaming across supported facilities through advocacy to the hospital management and State Ministry of Health (SMoH). This is aimed to eliminate vertical hospital systems, strict hospital appointment dates for PLHIV, stigmatization, overcrowding and economic/financial burden (resulting from long waiting times, rescheduling due to poor laboratory reports/machine downtime).

Mainstreaming of HIV services has holistically enabled some supported facilities to maintain their specialist HIV clinic days within the week but also allowed PLHIV to freely access care from the daily general outpatient department (GOPD). PLHIV with complicated presentation are referred to the specialist clinic, while any with minor complaints or requiring only drug pickup are seen by any doctor at the GOPD.



**Figure 7. Mainstreaming of HIV services / Number of facilities and % retention**

The graph above shows the retention rates in the 3 states before and after mainstreaming of HIV services in some of the supported facilities. It can be seen clearly that mainstreaming of HIV services is impacting positively on Pro-ACT program retention when FY14 is compared to FY15 program retention. Kebbi, Sokoto, and Zamfara moved from 49%, 43%, 54% to 71%, 69%, and 72% respectively. Mainstreaming of HIV services in Zamfara State was 100%. Niger State data is being reviewed and will be reported in Q1 FY16.

Currently mainstreaming of HIV services are fully implemented in 14 out of the 41 Comprehensive Care and Treatment Sites (CCTS) (34%). The remaining facilities have adopted multipronged approaches but still have vertical/standalone HIV clinics with special clinic days. In FY16, emphasis will be on bringing the remaining facilities onboard through continued advocacy to facility management and capacity building on impact of mainstreaming HIV services into existing hospital service delivery systems.

**Table 4. Mainstreaming of HIV services across facilities**

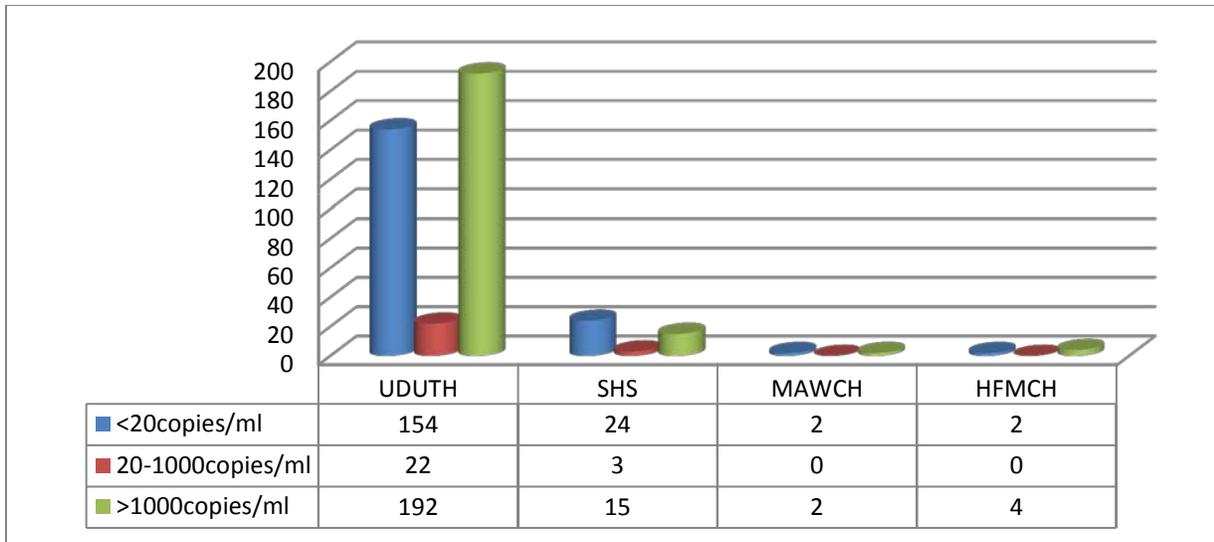
State	Facility ratio	Mainstreaming of HIV services %
Kebbi	5/6	84
Sokoto	5/7	72
Zamfara	4/4	100

Currently, following the latest PEPFAR policy directive Pro-ACT has communicated to the facilities across their 5 state offices the FY16 implementation guidance, continued mentoring, Continuing Medical Education (CME), and training of facility staff to enable sustainable transitioning. There were 6 joint supervisory visits involving Pro-ACT state teams together with technical working group (TWG) members to facilities within their respective states and several slide presentations to stakeholders which enabled better transfer of skills and monitoring of their preparedness for the transitioning.

Pro-ACT developed innovative approach to effectively utilize all Viral Load reagents supplied to Usman Danfodio University Teaching Hospital (UDUTH) with short expiratory dates. To achieve this, Pro-ACT held a stakeholders meeting on optimization of viral load testing and adopted routine viral load testing for clients on ART as opposed to the existing targeted viral load testing adopted earlier owing to scarcity of reagents at the Polymerase Chain Reaction (PCR) Laboratory. The resultant effect of this is the eventual utilisation of all the reagents (due for expiration in September) before their expiry date. Criteria for viral load testing remains as adopted from the integrated national guideline for HIV prevention and treatment:

- All patients on treatment for over 6 months (1st and 2nd line)
- All patients with suspected clinical failure
- All patients with immunological failure
- All patients with elevated VL and completed 3 months enhanced adherence

The vast majority of those with suspected virological failure (>1000copies/ml) as depicted in the table below were diagnosed within the last 3 months and they are currently undergoing the compulsory 3 months enhanced adherence counseling.



**Figure 8. Viral Load chart review of client at the PCR Lab in UDUTH**

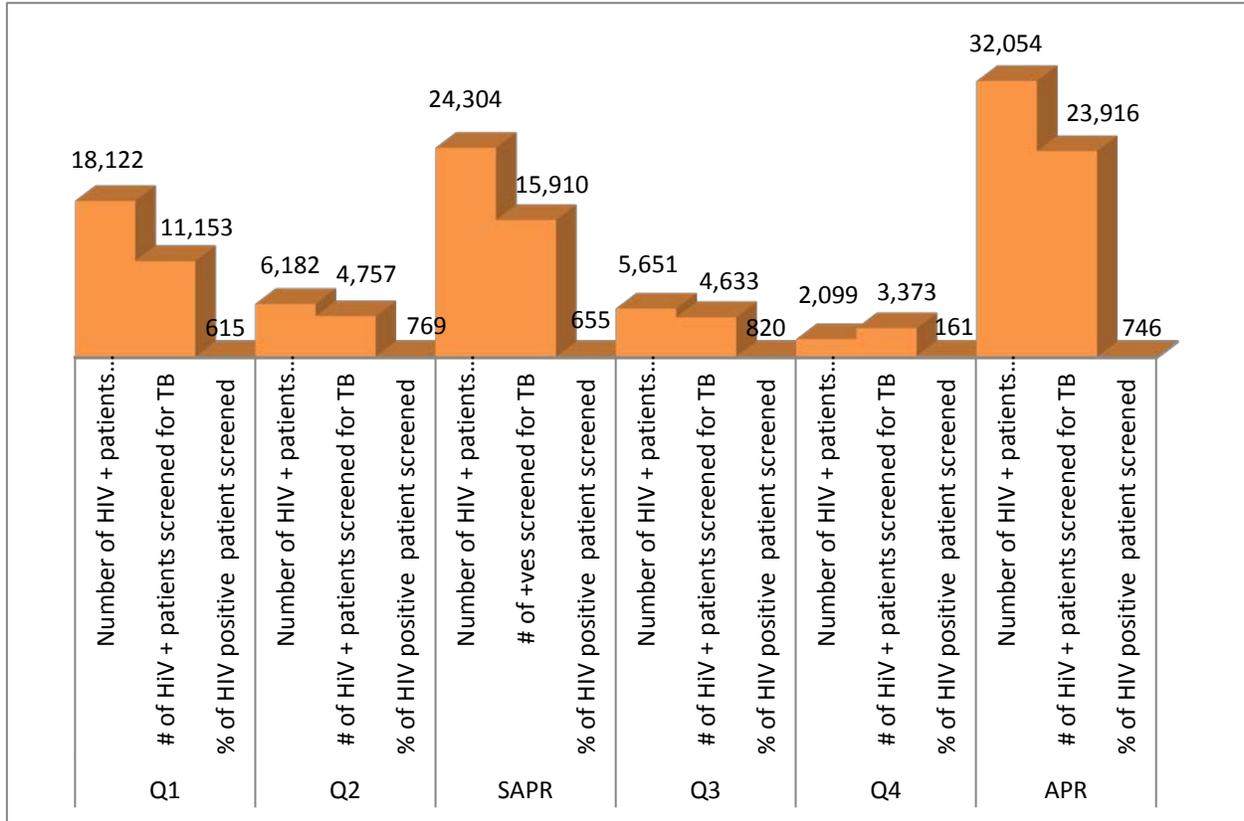
A viral load chart review of clients in UDUTH showed that 41% are Non-Detectable (ND), against 44% who are failing on their regimen. With the current sufficient supplies of VL reagents, clients will be accessing this investigation in accordance with the FMOH VL protocol.

#### **TB/HIV**

In line with PEPFAR guidance, technical support to project states emphasized and addressed facility level gaps in TB/HIV collaborative services. Gap analysis which identified problematic states and facilities with poor TB screenings became the focus of support. TB screening among PLHIV was noted to be poor in Kwara State and Yarima Bakura Specialist Hospital in Zamfara. Access to GeneXpert use for TB diagnostic evaluation was improved through an enhanced sample logging network across supported facilities and through the involvement of local government TB and Leprosy supervisors. This facilitated testing of over 441 samples of sputum by GeneXpert machine and identification of 62 positive samples for TB. Additional PEPFAR guidance ensured continued site based capacity building in the form of continuous medical education in supported facilities.

## TB screening

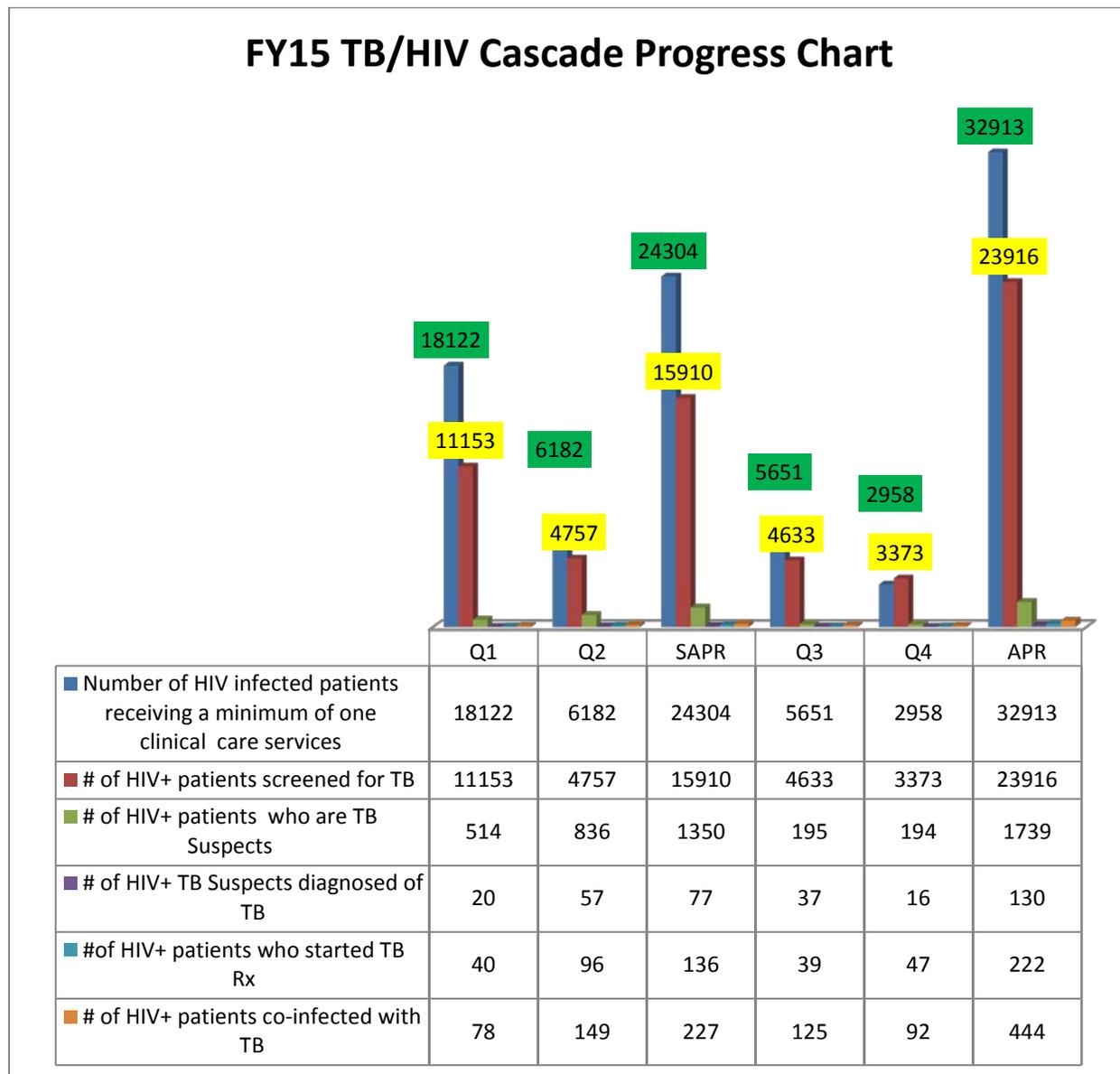
The project continued to emphasize strategies to improve TB screening across project supported sites including use of TB screening SOPs; service setting specific SOPs; client intake forms and multiple point TB screening with focus on task shifting.



**Figure 9. FY15 TB Screening Trend**

This quarter through facility level gap analysis, efforts were geared towards ensuring PLHIV who have not been screened in FY15 for TB were screened. This approach identified 6 supported facilities (Specialist Hospital Offa, SH Sobi, Civil Service Hospital, Children Specialist Hospital, GH Lafiagi & University of Ilorin Teaching Hospital [UITH]) in Kwara State and a supported facility (Yarima Bakura Specialist Hospital) in Zamfara as problematic. These facilities had a screen rate of less than 50% accounting for decreases seen with screening in the respective states. Interventions put in place included targeted CMEs and chart reviews with emphasis on screening patients who are yet to receive such services. This quarter a total of 3373 PLHIV were screened which is about 161% screen rate. This is a significant improvement in screening over the last quarter where the project reported TB screening rate of 80.2% which was 10% below the global expectation for screening. Strategies deployed in FY15 resulted in a 23% increment in TB screening for PLHIV as compared to a 52% screen rate reported in FY14 annual progress report. From the reported screening figure for Q4, 194 PLHIV were identified as suspects while 16 patients were diagnosed to have TB and commenced on treatment as co-infected cases.

Figure 9 illustrates progress in TB screening trend across Q1 through to Q4 including significant and consistent improvement in screening across the quarters when compared with FY14 achievement. However, the healthcare workers strike impacted services received by PLHIV including TB screening as patients had only drug refill services during these periods.



**Figure 10. FY15 TB/HIV Cascade progress Chart**

#### ***GeneXpert Technology use***

Following recent USAID guidance on the transfer of GeneXpert management responsibility from the USAID funded Challenge TB project implemented by KNVC to Pro-ACT, the project has further strengthened utilization of the technology for TB diagnosis among PLHIV. In view of this change, the project reviewed its sample logging network across facilities which has improved linkages through reassigning of facilities to proximal GeneXpert sites for sputum transport and analysis. Additionally, as

part of efforts to enhance Pro-ACT transitioning of service delivery to the host government, local government TB supervisors are currently engaged in active sputum transfer and monitoring. This approach ensures timely sputum sample transport during machine down times to other labs and management of drug resistant TB. During the quarter under review, 559 samples of GeneXpert were analyzed in the quarter with 72 positive samples identified including 2 MDR cases. This is a 20% increase from the samples analyzed in the previous quarter. The two MDR cases have since been linked through the state TB program manager to University of Jos Teaching Hospital for continued management. With additional two GeneXpert machines installed in Pro-ACT supported facilities (GH Lapai and GH Mokwa) in Niger state the project has linked supported facilities to the national supply for GeneXpert cartridges. In summary, the GeneXpert machine technology has supported the identification of a total of 72 co-infected cases during the quarter that were commenced on treatment. This is about a 42% drop from the previous quarter where 124 samples were identified as positives.

### **Isoniazide Preventive Therapy (IPT)**

The project continued to implement and ensure PLHIV have seamless access to IPT for both newly enrolled eligible PLHIV and those currently in care and treatment. In the quarter under review, 629 PLHIV were commenced on IPT while 314 patients completed a 6 month course therapy. This shows a completion rate of 50%. Similarly since inception of implementation in 2013 the project equally recorded a 52% completion rate. Despite continued technical support on IPT implementation, and refresher CMEs, there was a 46% drop in uptake of IPT when compared to the previous quarter. This may be attributed to the shortage of Health care workers which is worsened by the intra-facility transfer of health care workers in tertiary institutions supported by Pro-ACT project.

### **Infection Prevention and Control Intervention**

Infection prevention interventions during the quarter remained an integral component of quality of care provided to PLHIV in supported facilities. As part of the effort to strengthen infection control in supported facilities, the project continued to scale up robust infection prevention and control plans that address facility infection risk assessments and issues identified in the mid-term evaluation of interventions. The interventions implemented were based on the general infection control plan and facility specific action plans driven by identified gaps. Also done during the quarter was risk assessment monitoring and reporting of indicators and evaluation results. At the end of the quarter, infection prevention and control plans had been scaled up to 39% of the project's supported facilities.

### **Quality Improvement (QI)**

In Q4 FY15, activities centered on abstraction and reporting of NigeriaQual data (January – June 2015 Reporting Cycle), continued use of the Site Improvement through Monitoring Systems (SIMS) Tool and Mentorship Logbook to assess program quality across Pro-ACT-supported sites and implement targeted interventions to bridge programmatic quality gaps; and continued provision of technical support for the implementation of facility-level Quality Improvement Projects and the conduct of monthly Quality Improvement Meetings.

### **Facility Assessment using the SIMS Tool**

In FY15, the project successfully adapted the SIMS tool as the standard tool for supervisory mentoring, coaching and monitoring of intervention across project states. During site visits, the tool is used across

thematic units to assess service provision including bridging identified service gaps where they exist. To this end, a standardized SIMS facility assessment Progress reporting template was developed. The tool tracks longitudinal visits to sites overtime and as well show cases consistent improvement overtime as interventions for service provisions are put in place. The reporting tool highlights stages of implementation progress such as baseline assessment, process evaluation, impact evaluation and outcome evaluation. The tool helps in flagging problematic facilities at a glance. Supported facilities in the project states exhibit different level of SIMS domain challenge and improvement. In Kebbi, most of the domains have improved from a baseline of red band to light green however areas of focus will be PMTCT and pediatric domains where facilities still remain in the yellow band. Furthermore, supported facilities in Zamfara have had more than one assessment with improvement recorded in all domains except in PHDP, Isoniazid (INH), linkages to services and HTC for TB patients. Additionally, emphasis will be on HTC proficiency testing in Sokoto State where most of supported facilities are yet to demonstrate improvement. Also 4 supported facilities in Kwara will be re-assessed in the next quarter to track improvement as these facilities had baseline assessment with corrective plans deployed. In Niger, ongoing re-assessment is being undertaken by the team except in 4 facilities were repeated visits have shown improvement with Early Infant Diagnosis (EID) (for HIV-Infection) and Infection control domain requiring further intervention. The Project has been able to assess quality of care using the SIMS tool in 70% of supported facilities across project states. Below is a snapshot of the tool. Domains are color-coded to reflect the status of core elements which are essential for quality healthcare service delivery at the facility level.

1st Visit				2nd Visit			3rd Visit		
Domain subsection	Color Code	Comments	Date(D/M/Y)	Color Code	Comments	Date(D/M/Y)	Color Code	Comments	Date(D/M/Y)
<b>TB/HIV</b>									
Isoniazid Preventive Therapy (IPT)	Red	Facility records shows documentation of IPT dispensing to be 33%. Advocacy visit to the CMD led to deployment of a pharmacy technician who was mentored on documentation	8/6/2015	Yellow	Increased up take of IPT services documentation to 60%.documentation still a challenge in this facility as Pharmacy technician was again posted outside	30/7/2015	Yellow	IPT documentation affected by 2 months gap based on absence of pharmacy tech.Mentored to update IPT register	2/10/2015
Routine PITC for adults and adolescent TB patients.	Red	The DOT focal person not offering C&T	10/6/2015	Red	The DOT focal person is still not providing HCT services directly to clients but relies on proximate PITC unit	30/7/2015	Red	PITC is not done by DOTS focal person who relied on proximate PITC.Mentored and	2/10/2015
<b>Pediatric Care and Treatment</b>									
ROUTINE HIV TESTING FOR CHILDREN	Red	Facility records show no HIV testing for children in pediatrics in patient ward and malnutrition.Training was conducted by HTC focal person and PITC points set up in pediatrics	10/6/2015	Green	There is increased uptake.Facility HTC focal person conducted HTC training for pediatrics nurses	4/9/2015	Green	sustained uptake of pediatrics testing and counselling	2/10/2015
<b>SOPs</b>									
Standard Operating Procedures across service areas	Red	Records shows absence of SOPs that cut across various services.	9/6/2015	Green	19 SOPs and job aids that mirrored the SIMS tool requirements were pasted in all service area. These SOPs cut across ART (Pediatric and Adult), PMTCT, TB/HIV, M&E and Pharmacy Services SOPs were also provided in Arc folders to further strength service delivery at the facility	30/7/2015	Green	SOPs not available at new ART clinic after relocation.SOPs were immediately pasted in new ART clinic consulting rooms	2/10/2015

Red: Domain requires urgent remediation; Yellow: Domain needs improvement; Green: Domain meets or surpasses expectations

**Table 5. Overview of SIMS Facility Assessment Progress Report (FMC Birnin Kebbi)**

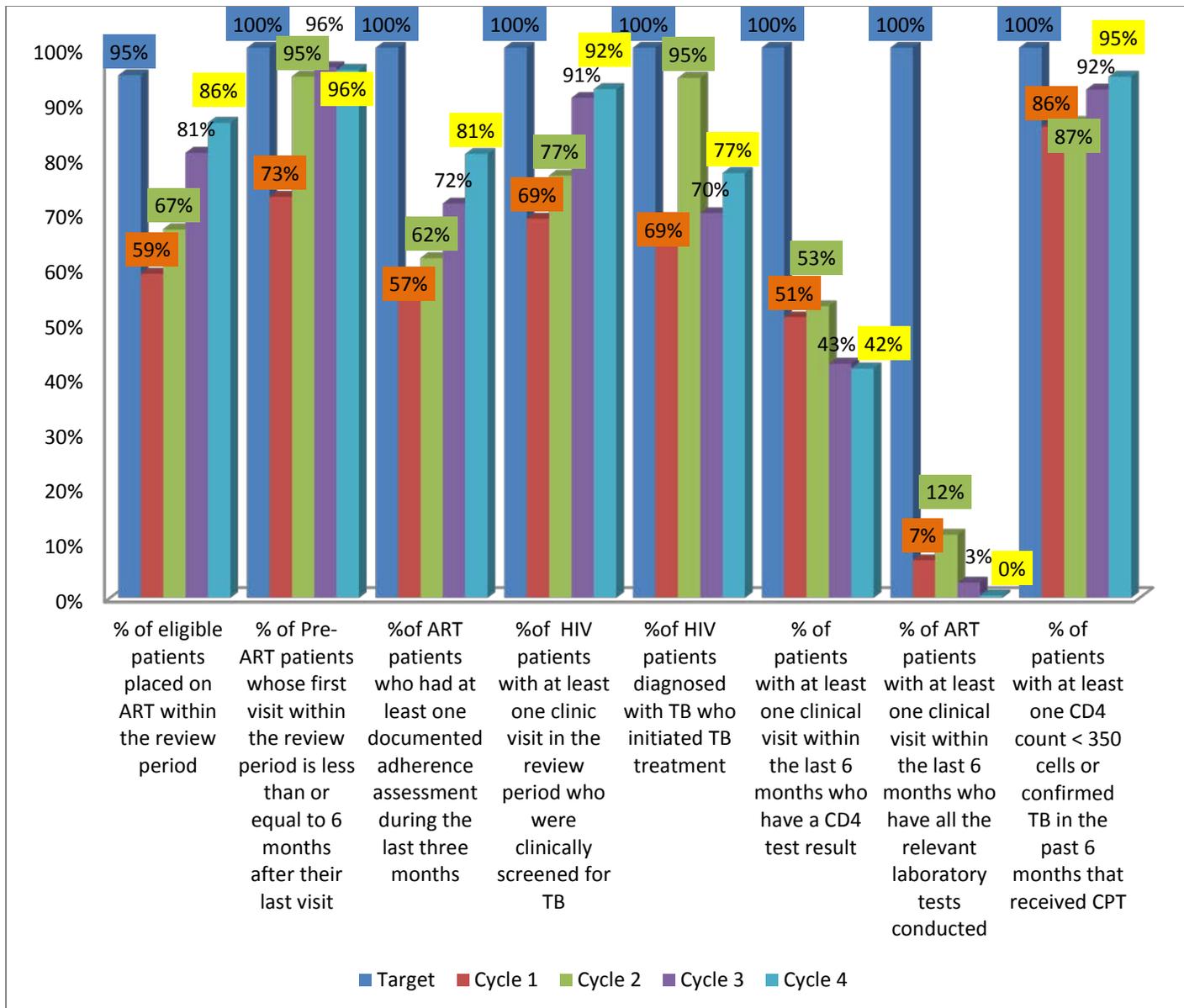
### NigeriaQual Data Reporting

The NigeriaQual Programme is the National Quality Improvement Programme established by the Federal Ministry of Health in 2012 through the support of PEPFAR and with technical assistance from the University of Maryland. The overall goal of the program is to improve the quality and standard of care for all patients enrolled at HIV/AIDS care and treatment facilities using a tripod of quality improvement infrastructure, performance measurement and continuous quality improvement activities.

Pro-ACT supported data abstraction and reporting (January – June 2015 Reporting Period) across 41 Pro-ACT-supported comprehensive care & treatment sites. Training on performance measurement component of the National Quality Management System and use of electronic data capturing (EDC)

software for reporting quality improvement intervention in supported facilities was conducted in Minna, Niger State from 31<sup>st</sup> August – 4<sup>th</sup> September, 2015.

53 health care workers drawn from 20 supported health facilities were trained on measuring and reporting quality healthcare interventions using electronic reporting systems (EDC); following which data from 16 CCTs in Niger State was successfully uploaded onto the web-based version of the NigeriaQual reporting software. The table below illustrates the NigeriaQual National dashboard showing achievements over 4 reporting cycles. The progressive achievement recorded was as a result a combination of monitoring facility specific quality improvement projects, quality improvement team meetings brainstorming and technical support from MSH quality think tank.



**Figure 11. National Adult ART Performance Measurement Indicators: Cycle 1-4**

Overview of NigeriaQual National Cumulative Report

This chart which demonstrates a fourth round of consecutive progressive measurement of quality of care provided to PLHIV at intervals of 6 months, revealed a remarkable improvement at the 4<sup>th</sup> round compared with the previous rounds of assessment of quality of care (Cycle 1 -3). It equally showcases graduation of quality of care towards global standards /benchmark of care for PLHIV as seen with the bars in blue. Analyses of NigeriaQual performance measures revealed general increments across most indicators with the highest scores obtained in the following:

## Adult ART

- Percentage of pre-ART patients whose first visit within the review period is less than or equal to 6 months after their last visit (96%)
- Percentage of HIV patients with at least one clinic visit in the review period who were clinically screened for TB (92%)
- Percentage of patients with at least one CD4 count < 350 cells or confirmed TB in the past 6 months that received CPT (95%)

## Pediatric ART

- Percentage of HIV infected children less than 24 months commenced on ART in the past 6 months (93%)
- Percentage of eligible HIV infected children 5 to < 15 years commenced on ART in the past 6 months (91%)

## PMTCT

- Percentage of newly diagnosed HIV positive pregnant women who initiated ARV/ART within one month of HIV diagnosis (94%)
- Percentage of HIV positive women who delivered and initiated ARV prophylaxis for PMTCT according to the National Guidelines (96%)

Poorly-performing indicators include:

- Percentage of patients with at least one clinical visit within the last 6 months who have a CD4 test result (42%)
- Percentage of HIV exposed children aged 6-24 weeks who had Dried Blood Spot (DBS) sample collected for DNA PCR test at 6-8 weeks of age (32%)

## Implementation of facility Quality Improvement Projects

Feedback to facilities following NigeriaQual data abstraction and analysis are used to identify programmatic gaps. These form the basis for the formation of Quality Improvement Projects which are time-bound and aim at improving poor-performing healthcare services delivery. Currently, 35 Q.I. Projects are being implemented (**representing 85.3% of expected**).

### *Provision of technical support of monthly facility Quality Improvement (QI) Team Meetings*

Pro-ACT provides technical support for the conduct of monthly facility-level Quality Improvement meetings, which serve to highlight challenges to quality service delivery to PLHIV followed by resolution of challenges with support from the Pro-ACT technical team. In Q4, Pro-ACT supported a total of **72 monthly QI meetings (representing 58 % of expected)**. There has been continued advocacy for the transition of support for monthly Quality Improvement meetings to respective facility management structures, with 3 facilities in Kebbi State already self-supporting.

### **Pilot Study on identifying Barriers to CD4 access**

GH Suleja is a government-owned health facility with a patient load over 5,000 patients enrolled in ART services. A program-wide evaluation revealed that less than 50% of newly enrolled clients in GH Suleja had access to baseline CD4 tests. Pro-ACT commenced a 3-month pilot study in September 2015 aimed at evaluating the impact of strengthened CD4 access on patient retention in care by assessing barriers to CD4 access and developing remediation plans with the facility QI leads.

Barriers noted were:

1. Poor knowledge of healthcare workers on CD4 evaluation.
2. Poor knowledge of patients on the importance of CD4 evaluation.
3. Lack of synergy between clinic days and CD4 collection days resulting in patients not accessing testing services.

The following action points were agreed on:

1. Use of laboratory investigation calendar.
2. Extension of time limit for collection of CD4 samples from 11am to 12pm.
3. Daily CD4 sample collection.
4. The use of a laboratory dispatch register which will adequately capture names of patients, unique identification numbers, and investigations conducted and results. This will be appropriately filled and submitted daily to the ART Records Department, and receipt acknowledged by a staff of the Records Department.

Interventions were begun immediately and progress of interventions will be assessed and documented every after two weeks.

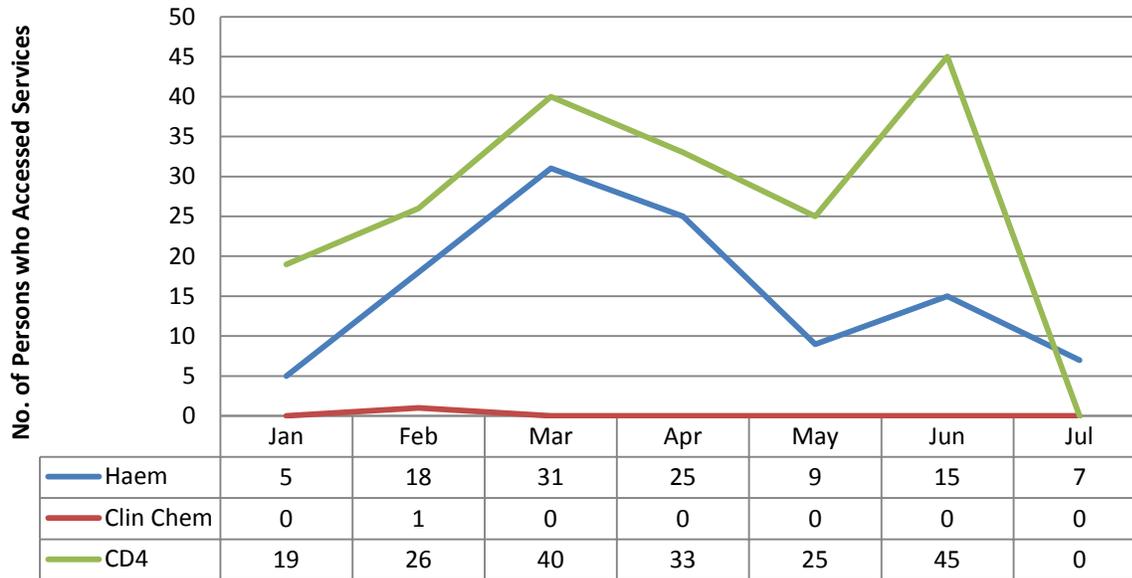
### **Laboratory Services**

In the period under review, attention was focused on critical review of the of the revolving fund programs across the states and evaluating client access to hematology and clinical chemistry services post transition of these services to the State Government. Pro-ACT has continued to provide support to state teams in expanding test menus and articulating rational costing for laboratory services to inform realistic budgeting. in order to institute quality management systems across facilities, Pro-ACT, upon the invitation of the Federal Medical Center Gusau, supported the conduct of a baseline assessment of quality management systems as steps towards attaining accreditation for the laboratory. A meeting was held to review progress of lab support activities and integration of all of the new PEPFAR guidance into laboratory program planning and implementation.

### **Laboratory Revolving Fund Service Access Data Review**

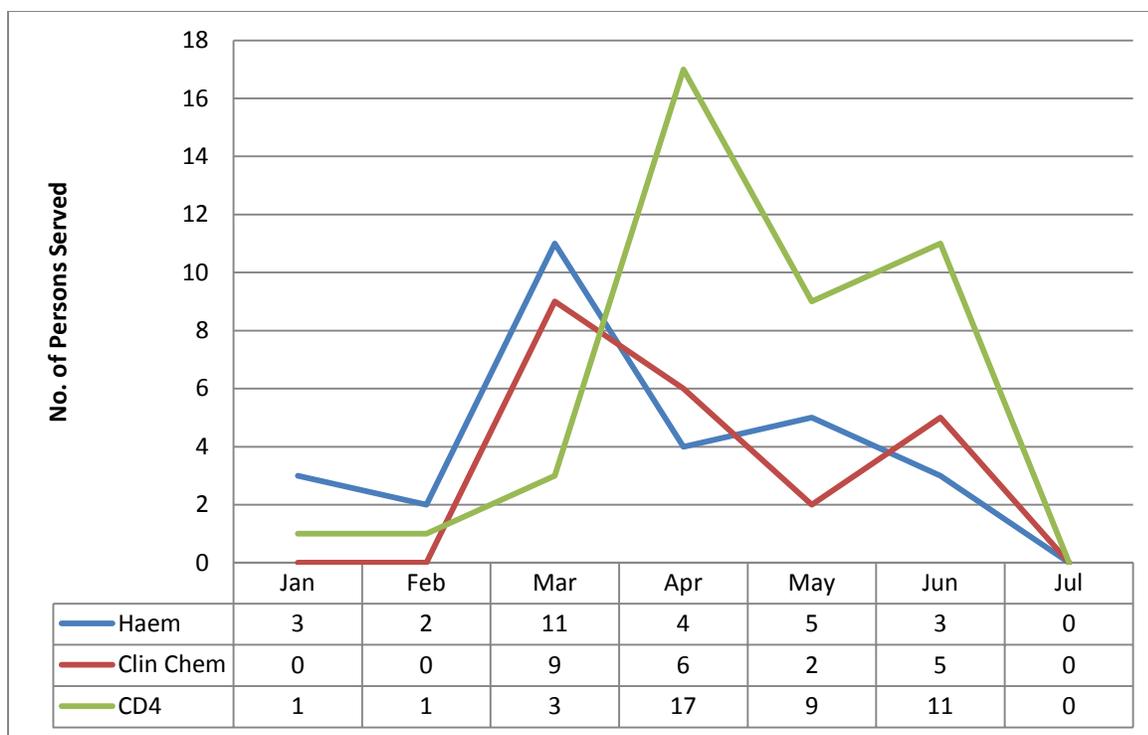
As a follow up to the review of percentage analysis of sites providing hematology and clinical chemistry investigations in the last quarter under the laboratory revolving fund program across the states, a 2-

facilities data review in 2 States of Niger and Zamfara showed the following trend in terms of provision of Laboratory services.



**Figure 12. Number of Persons Who received Various Laboratory Services in GH Minna**

The chart shows that only about 60 % of clients in the 6-months period accessed laboratory services with an average of 6% accessing hematology services per month and only 1 person received clinical chemistry services in this facility in the period under review. The poor access to clinical chemistry services was partly due to equipment down-time and the low voltage power supply to the facility which made it impossible to use the clinical chemistry analyzers (Selectra Pro and Reflotron Plus) in the face of a faulty inverter. However, the facility has been able to improvise with standby power generating plant whereas the clinical chemistry analyzers have been repaired by Pro-ACT project and transitioned to the facility.



**Figure 13. Chart Showing Number of Persons Served with Laboratory Services in Yariman Bakura Specialist Hospital Gusau**

In Yariman Bakura Specialist Hospital, 39% (28 of 72) of clients accessed hematology services while 31% (22 of 72) accessed clinical services. Data also showed that an average of 4 person’s accessed hematology services per month whereas only about 3 persons accessed clinical chemistry services per month. See chart above.

There are variations in the pattern of provision of services across the facilities. Whereas some facilities have fully integrated their services delivery and are providing services to all populations, some are yet to fully integrate and allow for a better coordination of their revolving funds in a manner that allows for provision of services at no cost to HIV Positive clients with proceeds from the revenue generated from a fully integrated and revolving program. However, with the concerted effort to demonstrate results from the revolving fund program in the coming quarter, we hope to see a more responsive program to the need of HIV clients in the program.

#### **Strengthening Laboratory Improvements Towards Accreditation (SLIPTA) in Federal Medical Center Gusau, Zamfara State**

Following a request from the management of the Federal Medical Center Gusau in Zamfara State, Pro-ACT provided support to the Center to conduct a baseline assessment of quality management systems to identify gaps and initiate a capacity development plan that will support the strengthening of quality management systems in the laboratory. Using the National Laboratory Audit (NLA) Checklist and ISO 15189 Reference document, The NLA Checklist, which comprises of 12 Quality Systems Essentials (QSE), was used

to determine whether the laboratory was providing accurate and reliable results, well-managed and adhering to laboratory best practices. The site scored 119 out of 258.

In line with the QMS capacity action plan developed, Pro-ACt will continue to provide support to the facility in building quality management systems and in preparing the site for local accreditation.

#### **Usman Dan Fodio University Teaching Hospital (UDUTH)**

In the period under review, the Usman Dan Fodio University Teaching Hospital was selected for the cohort 3 strengthening laboratory management towards accreditation (SLMTA) roll-out. The SLMTA program is aimed at preparing selected facilities under the WHO-AFRO accreditation scheme coordinated in-country by the SLMTA secretariat domiciled at the Centers for Disease Control and Prevention (CDC). Under the SLMTA program, selected facilities will benefit from various level of support to build laboratory quality management systems measure using standard and nationally customized checklist. However, this could not run as expected in view of the management indisposition to allow the Laboratory department participate in the program due to inter professional politicization of the entire program. However, in the next quarter, Pro-ACT will work with the USG/Nigeria SLMTA team to focus the process in the HIV Reference Laboratory of the Hospital.

#### **Laboratory Test Menu Expansion in Niger State**

In July 2015, Pro-ACT received a request from the forum of Heads of Laboratory services of the Hospital Management Board in Niger State to support the development of an expanded test menu in the state and provide assumptions for appropriate price setting to facilitate realistic budgeting for laboratory services. In a 3 –day workshop, Pro-ACT worked with the forum to identify various equipment platforms in the state for various hematology and clinical chemistry services. Platforms identified are as follows:

**Table 6. Lab equipment platforms in Niger state for Hematology and Clinical Chemistry**

S/N	Platforms	Services	
		Hematology	Clinical Chem.
1	Abacus Junieur	√	
2	Sysmex KX 21-N	√	
3	QBC Auto Read	√	
4	Various Field Stain technique for peripheral blood film count and examination	√	
5	Selectra Pro		√
6	Reflotron Plus analyzer		√
7	Vitros DT 60 II Analyzer		√
8	Audicom Analyzer		√
9	Semi Autoanalyzer		√
10	Vitros V.350		√
11	Spectrophotometric method		√

A generic assumption template was developed in the course of the event to support a rational costing both for reagent and services. Pro-ACT will continue to work with the forum to finalize this template and will use same in advocating for similar budgeting approaches in other supported States

### **Laboratory Strategic Review Meeting**

Recent PEPFAR-Nigeria strategic shifts for laboratory program have prioritized and placed emphasis on certain process for laboratory services improvement. This prompted review of our strategies to facilitate the delivery of continuous, sustainable and high impact laboratory services.

### **Supply Chain Management**

The activities carried out during the quarter were geared mainly towards ensuring adequate availability of health commodities at the service delivery points for smooth services. Technical assistance was provided in conjunction with the State Logistics Management Coordinating unit on data entry/collation/validation and analysis of May-June 2015 and July-August 2015 bimonthly LMIS reports from all CCT laboratory, pharmacy, and PMTCT sites. Support was also provided to provide ARVs, OI medications, laboratory reagents, and consumables to health facilities; and mentoring/supportive supervision to facilities staff. All of these activities contributed immensely to improve the quality of service delivery through effective supply chain management.

The model Pharmaceutical Warehouse was handed over to Niger State Government after the expiration of the MOU signed for the transfer of the management to AFN/MSH. In attendance at the occasion were top government functionaries, USAID Deputy Mission Director, USAID Director of the Office of HIV-AIDS/TB, MSH staff, and staff of the Central Medical Stores. Highlights from the occasion include the quantification document of Essential Medicines and Laboratory Consumables was officially handed over to the Permanent Secretary, Niger State Ministry of Health, and tour of the warehouse by the dignitaries.



**USAID Deputy Mission Director and Niger state Deputy Governor inspecting the refurbished warehouse**

The ribbon cutting was done by the **Deputy Governor of Niger State** accompanied by the USAID Deputy Mission Director. The activity was commended by the USAID officials as the Deputy Governor promised that Niger state government will ensure the sustainability of the warehouse.

Finally two states, Zamfara, and Kwara, were supported with the quantification for HIV test kits which after procurement were allocated and distributed among various health facilities including MSH supported facilities. These state donations of RTKS, laboratory reagents and consumables and Opportunistic infection drugs are indicative of the results of project efforts to improve state ownership and sustainability of HIV services.

### **Health System Strengthening**

During this reporting period, activities focused on the provision of technical assistance to supported health facilities, State Agency for Control of AIDS (SACA) and SMOH in conducting strategic activities aimed at improving coordination and government stewardship. The section below documents the progress made by the HSS unit project during the period of July - September 2015.

#### **Strengthening health service delivery through development of facilities operational plans for supported health facilities**

Many Pro-ACT supported health facilities experience gross underfunding, shortage in human resources for health, medicines, vaccines & technology. This has led to a limitation in the range, quality and depth of services offered hence, creating a huge gap in the contribution of the health sector to socio-economic development.

To address these challenges and strengthen effective and efficient health service delivery across supported health facilities in the states, Pro-ACT provided technical support to the SMOH and Hospital Management Board to develop health facilities annual operational plan that will strengthen hospital service delivery using leading and managing practices. The facility specific operational plans accurately reflects a shared vision and mission of the hospital and also serve as a tool to mobilize and coordinate the hospital's resources (human, financial and physical) so that service delivery is improved and the goals & objectives in the state strategic health development plans are achieved.

The process was conducted in GH Argungu and GH Yauri in Kebbi State and GH Tsafe and GH Shinkafi in Zamfara State which was the first of its kind in Nigeria for Secondary Health facilities in Nigeria. At the end of the process, the following outputs were achieved for each facility:

- Operational plan narrative
- Costed operational plan
- Resource map
- Stakeholder analysis

The expected result of this initiative is for the health Facilities to use the plan for improving the quality of health service delivery, sustaining HIV/AIDS services and also for serving as an advocacy, resource

mobilization and coordination tool. Further technical support will be provided to the facilities in ensuring that the operational plan developed is implemented. In addition, support will be provided to Sokoto, Niger and Kwara to develop facility annual operational plan for selected health facilities in the states.

### **Strengthening HIV/AIDS Domestic Financing**

As part of the project's plan to strengthen domestic financing for HIV/AIDS, the project provided support to Kebbi State to help expand its resource base for the implementation of state HIV/AIDS program by incorporating the non-traditional sources funds to bridge financing HIV/AIDS challenges. A consultant was engaged in the process and the following activities were achieved:

- Development of Kebbi State HIV/AIDS resource map
- Development of Kebbi State HIV/AIDS resource mobilization strategy
- Development of HIV/AIDS resource mobilization training module for training of SACA, Local Action Committee on AIDS (LACAs), CSOs and Line ministries HIV/AIDS critical mass.

In Kwara State, following requests for technical support from the logistics TWG, the team helped provide strategies for draw down of funds from the 2015 budget and also developed the following memos to be submitted to the Governor for draw down of funds:

- Procurement of laboratory reagents: Chemistry and hematology for HIV/AIDS services
- Activation of 2 CCT sites in areas with poor access to HIV/AIDS services in Kwara
- Takeover of ceded PMTCT sites from PEPFAR and Global Fund for sustainability of HIV/AIDS response

As part of support provided to supported states to mobilize resources, the following achievements have been recorded:

- Zamfara State Government mobilized N12.9 Million to procure Laboratory reagents (Clinical chemistry and hematology)
- Kebbi state Government mobilized N12.9 Million to procure Laboratory reagents (Clinical chemistry and hematology)
- In Kwara State, the Ministry of Local Government and Chieftaincy Affair has approved and began disbursement of N25,000 to each Local Government for monthly data collection for HIV/AIDS services.

### **Strengthening organizational and technical capacity of CSOs to deliver and monitor quality community-based PHDP and VC services**

As part of the project's efforts towards improving the quality and coverage of vulnerable children, promoting PHDP services across communities of intervention, strengthening referral and linkages with

supported health facilities and increasing clients' retention on care and treatment across supported states, an expression of interest (EOI) was sent out and the 66 CSOs who responded to the EOI were sent both pre-qualification questionnaires and pre-award surveys to which responses were received. Following this process, an on-site-award assessment visit was carried out to the CSOs who responded across all Pro-ACT states to validate the information submitted by the CSOs as well as to confirm that the applicants assessed, possesses or has the ability and relevant competence in management, planning and technical know-how to carry out the proposed program.

After the on-site assessment exercise, a total of 12 CSOs were recommended for proposal development training in PHDP across all 5 states. This training was aimed at enhancing understanding and quality of the CSOs response to the RFA. On completion of the training, CSOs were given the RFA to respond to and submit thereafter and the best proposals selected for PHDP intervention across the states.

22 CSOs that implemented the last grant were assessed and of these 22, 11 provided VC services across Pro-ACT communities. 9 of the 11 performed well in the on-site assessment, provided quality VC services and have good standing with MSH-Pro-ACT.

In line with Pro-ACT transition plan, 5 Community Mobilization Officers from State Agency for the Control of HIV/AIDS (SACA) and 5 VC desk officers from the ministry of women affairs participated in the process across the 5 states. This is to transfer capacity and skills for ownership and sustainability to the state government. The grant award process will be completed following a Scope of Work and budget development.

#### **Provision of Support to States on Transition of PMTCT Sites**

Following the new PEPFAR programmatic shift in COP15 and the resultant effect of transitioning PMTCT services in low-yield health facilities sites to the host governments, the team provided technical support to Pro-ACT states to ensure a smooth takeover of the ceded HIV/AIDS services for a sustainable state response.

Particularly, the team participated in stakeholder's transition review meetings to officially inform the states of the new program direction, articulated the projected needs by the state to sustain access to HIV/AIDS services, supported the inauguration of state transition committees with clear terms of reference and the development of state specific transition plans and supported the state transition committees to begin to identify sources of resources and mobilize the needed resources.

#### **Strengthening HIV/AIDS State Coordination Structures**

In a bid to strengthen the capacity of the state to own, manage and ultimately finance the State HIV/AIDS response as demanded by the President's Comprehensive Response Plan for HIV/AIDS, the HSS team supported Zamfara State to achieve the inauguration of a 20 man HIV/AIDS state management team and inauguration of LACA Stakeholders' forum in Koko LGA, Kebbi State.

#### **Strengthening Human Resources for Health through development and deployment of an Open Source State Health Workforce Register**

In line with the recent amendment of the Nigerian national policy on Human Resources for Health to

include development of a functional electronic and web-based National Health Workforce Registry at the 2014 National Council on Health held in Uyo, Akwa-Ibom State, each state has been mandated to make available and deploy this open source application at the state level for the digitalization of the state health workforce.

After a readiness assessment of supported states was conducted, the project decided to work with Kwara State SMOH in the development of an open-source State Health Workforce Registry through the deployment of a functional Human Resource Information System (HRIS) which will be carried out by a consultant.

### **Monitoring and Evaluation**

In the quarter under review, the major activities that took place were aimed at providing the relevant programmatic and technical support in the generation and documentation of quality service delivery data using the recently introduced USAID DATIM (Data for Accountability, Transparency and Impact). Targeting quality and timely reporting Pro-ACT completed the bi-annual Data Quality Assurance (DQA) exercise planned for FY15. The project worked closely with the states' SACA on transition of activities/processes as well as with the various health facilities through hands-on mentoring sessions on the new MER template to relevant data entry personnel across the facilities.

To strengthen our relationship with the government of Nigeria (GoN), the project has been involved in all government organized activities in the states and at the national level. This has helped to foster a better working relationship with the government. Pro-ACT was involved in the health and non-health sector data validation exercise held in Kaduna to validate data reported in quarter one and two and also in the national strategic and knowledge management technical working group meeting also held in Kaduna. The meeting provided the opportunity for technical support to National Agency for Control of AIDS (NACA) and SACA on addressing gaps in data. It was also an opportunity to add value to existing knowledge of indicators. The pilot Electronic Medical Record (EMR) implementation has also advanced within the quarter under review and stakeholders meeting initiated in sites proposed for scale up.

### **Partnership and collaboration with the State SACA to strengthen the M&E system**

Pro-ACT continued to support the Monitoring and Evaluation (M&E) system through strengthening the existing government structures in supported states. We have continued to work with the local government, SACA, SMOH M&E officers and the M&E technical working groups. The collaboration has been through meetings, technical assistance, joint site visits, training, human resources and financial support.

In Kebbi for instance the technical working group meeting (TWG) was facilitated by the M&E team. The meeting was chaired by the PM Kebbi SACA and in attendance were M&E officers from SMOH, SACA, UNICEF, FHI360 (MAPS), LACA chairman, and M&E officers from CSOs. During the last TWG meeting, data documentation tools review committee was constituted to champion all issues related to Health Management Information System (HMIS) tools stock out, production and availability. The key responsibilities of the committee are:

1. Responsible for the logistics of HMIS tools
2. Serve as liaison body between the TWG and SMOH as well as NACA.
3. Responsible for the development of concept papers and costed plan for the procurement of HMIS

In Kwara State, the M&E team has been working with the state SACA in the procurement of HMIS tools that are out of stock in the state. MSH leverages HMIS tools from KWSACA and support with the distribution to the health facilities. The Pro-ACT project has not printed HMIS tools for 2 fiscal years because of strong collaboration with the state government. This synergy will help to strengthen the ownership and sustainability plan of the state. In other states like Zamfara and Niger, the state governments through SACA have been responsible for the printing of HMIS tools including tools for HIV programs.

#### **Support the State government to collect, collate, analyze and use data for decision making**

This is a key M&E deliverable on the Pro-ACT project. The whole essence of strengthening the M&E system is to ensure that the state can deliver these functions without support from any implementing partner. We have achieved so much in the area of collection and collation but we have not achieved so much in the areas of analysis and data use which are very critical.

To deliver on the above result, we have continued to transfer skill through regular site visits and hand-on mentoring. We have continued to support the state to generate quality data through the use of national tools, capacity building and mentoring of state government employed staff. Across the five project states, they have continued to support the strengthening of data documentation and reporting.

Initially, MSH was responsible for sponsoring the monthly M&E review meetings but with continued advocacies and partnership, some of the states through their SACA have fully taken over the responsibilities. The M&E team of Kwara State Agency for the Control of AIDS (**KWASACA**) and Ministry of Health (MoH) demonstrated leadership by taking full responsibility of coordinating and sponsoring the monthly M&E forum meetings by providing both technical and financial support to M&E personnel for data collation, validation and continuous contribution in the state quarterly bulletin. Pro-ACT is currently working with KWASACA and SMOH to produce a bi-annual fact sheet to enhance information sharing and data use for decision making. Other states SACA like ZMSACA and NGSACA have been fully responsible for the coordination and sponsorship of the monthly M&E meetings.

#### **Implementation of Electronic Medical Record System**

In the planning stage of the implementation of the electronic medical record system, Pro-ACT carried out an assessment of some electronic medical records implemented in selected health facilities running on open Medical Record System (MRS). The assessment was to help us ascertain knowledge of the strength, weakness and the challenges that may affect the effectiveness and efficiency of the platform. The major challenge was poor engagement of key stakeholders in the health sector and this affected the performance of the system.

In some instances the system did not see the light of the day. Having this in mind, Pro-ACT started with stakeholders' engagement. The ultimate aim of the stakeholders' engagement is to get the state

governments and other stakeholders to support the innovation of having an efficient medical record where patients' information is managed real time using EMR. In addition, this innovation will also enhance timely data reporting. We had successful engagement with stakeholders in all the states where EMR will be implemented in all the states supported by Pro-ACT starting with Niger, Kwara, and Sokoto and will be scaled up to Zamfara and Kebbi. This innovation will help to:

- Strengthen data reporting
- Reduce the cost spent on printing paper from patient records
- Enhance easy retrieval and confidentiality of patient records
- Exploring innovations and improving the state decision making capacity through data use for decision making

In the current quarter, the project started the implementation phase of the EMR. Currently, all the users have been trained, stepdown trainings have started, the local area connections have been completed and the contract with the consultant was also concluded. A total of 83 participants across the 3 facilities were trained- 30 participants in UITH, Kwara state, 28 in UDUTH, Sokoto state; and 25 in GH Minna, Niger State.

#### **Participation in GON organized activities**

To strengthen our relationship with the government of Nigeria, the project has been involved in all government organized activities in the states and at the national levels. This has helped to foster a better working relationship with the government and also promotes MSH and USAID visibility both at the state and the national.

Pro-ACT was actively involved in the health and non-health sector data validation exercise held in Kaduna to validate data reported in quarter one and two. The meeting gave us the opportunity to provide technical support to NACA and SACA on addressing gaps in data. It was also an opportunity to add value to existing knowledge of indicators. In this same quarter, Pro-ACT participated in the national M&E technical working group meeting also held in Kaduna.

#### **Data Quality Assurance Exercise**

A bi-annual DQA exercise was conducted internally by the M&E Unit across some selected health facilities in the 5 Pro-ACT-supported states (Kebbi, Kwara, Niger, Sokoto, and Zamfara) for the outstanding CCT facilities for FY15. In this quarter about 60% of supported health facilities in 5 supported program states were audited. The DQA looked at data availability, data consistency, data validity and M&E systems.

The key aim of the exercise was to carry out an internal assessment of the quality of data that has been reported to the donor, and establish uniformity between data documented in the District Health Information System (DHIS), DATIM, and MSH database. To reduce bias an inter-exchange of staff between states was employed. The main tools used for assessment were the Routine DQA Tool, the National DQA Tool which was modified to suit our areas of interest (ART, PMTCT, and ANC), and the M&E part of USAID SIMS Tools. Focus was on data availability, data consistency, data validity, and M&E systems.

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

At the end of the exercise in each health facility, the team debriefed the hospital management and MSH state offices of their findings and recommendations on how to improve the M&E system. Each tool was properly signed and filed in line with best practice. The result of the DQA across the states includes but not limited to incomplete documentation and poor commitment of health facility staff. The overall improvement across states was put at the range of 10-20% when compared with the last batch of DQA. It is hoped that a continuous improvement will be recorded in FY16 and subsequent DQA will be measured against this baseline to monitor improvement in all 41 CCT sites across the 5 states supported by Pro-ACT.

## **Implementation Status by State**

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

### **Kebbi State**

#### **Program Description/Introduction**

Within this period, the project has supported the state to increase access and provide qualitative HIV&AIDS/TB services as well as strengthened health systems in support of these services. These support include laboratory equipment, drugs and other consumables to the State Ministry of Health for HIV/AIDS care, treatment and support services in 21 health facilities (General Hospitals and Primary Health Centers) as well as Prevention of Mother-to-Child Transmission (PMTCT) services across 13 LGAs of the State.

#### **Activity Implementation Progress**

The introduction of Site Improvement through Monitoring Support (SIMS) tool has supported a shift in program paradigm from just service provision to measuring quality of services offered. This has also made it easier to monitor the transitioning of some activities to the state government.

Sixteen (16) PMTCT sites have been successfully transitioned to Kebbi State government. The state set up a project transition committee that engaged the stakeholders in the state to form a state transition

committee; this has been inaugurated by the Permanent Secretary State Ministry of Health and is functional.

In support of the state transition, Kebbi SACA procured chemistry and hematology reagents and also Rapid Test Kits (55,000 test of Determine, 4560 test of Unigold and 456 test of Statpak). The chemistry reagents comprise of 280 packets of semi auto analyzer for liver function tests, 180 packets of kidney function tests, 90 packets of Lipid profile tests and 60 packets of Glucose/protein tests. Hematology reagents for Sysmex Analyzer comprise of 10 packets of Stromotolyzer, 10 packets of Cell pack, 10 packets of Cell clean, 3 packets of printing papers. Consumables are also included in the supply with 3 cartons of Syringes, 33 bags of Cotton wool and 300 packets of Vacutainer tubes. The designing of the distribution list is still in progress.

Pro-ACT is currently introducing the Electronic Medical Records in some selected health facilities In Kebbi State, Federal Medical Centre, Sir Yahaya Memorial Hospital and General Hospital Yauri were selected to kick start the EMR system.

## Implementation Status

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

#### Clinical Services

##### ART

The current client retention rate across CCT sites has improved from the base line in December 2014 with final FY14 retention estimated at 75% GH Argungu, 85% for GH Jega, and 87% for GH Koko, 74% for SYMH, 71 % for Federal Medical Centre (FMC) and 66% for GH Yauri.

**Table 7. No of clients initiated on ART by facility**

INDICATOR	FMC	SYMH	KOKO	JEGA	ARGUNGU	YAURI	TOTAL Q4	Q3	SAPR TARGET
INITIATED ON ART	3	24	18	9	5	19	266	302	2583

##### TB/HIV

Sample logging for GeneXpert commenced fully in September. A total of 318 samples were sent for GeneXpert testing this quarter as against 45 in the last quarter. From the samples sent this quarter 24 were confirmed TB positive, 175 confirmed negative and 74 samples gave error readings. Of the 24 confirmed positive 2 samples from GH Yauri were confirmed rifampicin resistant while 1 sample from GH Jega and GH Yauri were indeterminate to rifampicin resistance. Efforts are currently on going to track the clients that are indeterminate to rifampicin resistance for repeat GeneXpert test. For the 2 clients that are rifampicin resistant the state TBLCPC coordinator has been informed and 2 bed spaces have been provided at the TB infection control hospital in Jos.

The Federal Medical Center has not submitted data on IPT for a quarter; this is as a result of the transfer of the IPT focal pharmacist to another unit.

**Table 8. GeneXpert data, July to September 2015**

FACILITY	NO. SENT	TB POS	TB NEG	ERROR
GH ARGUNGU	52	1	6	0
GH JEGA	59	6	40	13
GH YAURI	63	6	31	26
GH KOKO	12	1	9	2
FMC	99	5	69	25
SYMH	33	5	20	8
TOTAL Q4	318	24	175	74
TOTAL Q3	45	4	31	10
TOTAL Q2	24	8	14	2

**Table 9. IPT data, July to September 2015**

FACILITY	NO. STARTED	NO. COMPLETED	NO. STARTED SINCE INCEPTION	NO. COMPLETED SINCE INCEPTION
GH KOKO	62	13	736	282
GH JEGA	40	12	497	217
GH YAURI	115	139	477	284
GH ARGUNGU	Yet to get data	Yet to get data		
SYMH	35	18	477	397
FMC	Yet to get data	Yet to get data		Yet to get data
Q4				
Q3	340		2,600	
Q2	248		2,471	

#### **PMTCT**

The state DBS sample collection has improved from 32.1 % to 80.5 % . , this means access to DBS services has improved from 3 out of every 10 exposed babies to 8 out of 10. However facilities are still complaining of the delay in turnaround time in getting DBS results , which is normally 2-3 months . Total number of samples collected this quarter is 53.

**Table 10. DBS Sample collected by facility in Quarter 4**

Indicator	GH YAURI	GH JEGA	GH KOKO	FMC	GH ARGUNGU	SYMH	TOTAL
DBS SAMPLES	13	7	10	4	8	11	53

COLLECTED JULY TO SEPT									
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**Table 11. PMTCT Cascade by facility (CCTs)**

INDICATOR	FMC	SYMH	KOKO	JEGA	ARGUNGU	YAURI	TOTAL SEPT	TOTAL Q4	TOTAL Q3	SAPR TARGET
NEW ANC ATTENDEES	57	453	123	107	215	140	1095	3647	3834	42244
C&T	57	453	123	107	215	130	1078	3624	3608	
POSITIVES	0	1	0	0	3	1	5	26	25	785
PROPHYLAXIS	0	1	0	0	3	1	5	26	25	265
EXPOSED BABIES	4	8	4	2	2	3	23	60	20	
NVP	4	8	4	2	2	3	23	60	20	

### Quality Improvement

Sixteen Quality improvement team meetings were held this quarter as against 14 that were held last quarter. Four out of six Pro-ACT supported sites namely GH KOKO, JEGA, YAURI and ARGUNGU are now supporting the funding and hosting of QI meetings by themselves, this has saved cost for MSH.

NigeriaQual data extraction was done in July; the capacity of 2 TWG members was built on NigerQual data collection. The 2 TWGs in turn mentored 25 QI members at FMC during their monthly QI meeting. However in the last quarter the state Treatment Care and Support (TCS) TWG TCS adopted a state QI project to be implemented across all facilities in the state. . The projects are:

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

Table 12 below shows final updates on performance of the 3 QI projects in Kebbi state:

- Access to DBS collection for exposed infants improved from state average of 32.1 % in May 2015, to 80.5 % in October 2015
- Access to CD4 for adult and pediatric PLHIV improved from state average of 53% in May 2015 to 84.16% in October 2015.

**Table 12. Access to CD 4 test by facility**

S/N	FACILITY	CD4% JUNE 2015(BASED ON NIGERIAQUAL	CUURENT CD4 OCT 2015	CURRENT STATE AVERAGE
1	GH YAURI	43%	90%	84.16%
2	GH KOKO	46%	95%	
3	GH JEGA	45%	90%	
4	GH ARGUNGU	65%	90%	
5	SYMh	46%	70%	
6	FMC	50%	70%	

**Table 13. Exposed infants access to rapid test at 18 months (State current value=25%)**

S/N	FACILITY	% OF THOSE WHO CLOKED 18 MONTHS AND HAD RAPID TEST AT 18 MONTHS
1	GH JEGA	0%
2	GH ARGUNGU	50%
3	GH YAURI	0%
4	GH KOKO	50%
5	SYMh	50%
6	FMC	0%

The quality improvement project evaluation revealed improvement in the state indicators for access to DBS collection and CD4 test with persisting gaps in access to rapid test at 18 months. Our interventions on rapid test include linking up defaulting babies to trackers and identifying all babies that clock 18 months for rapid test at each clinic. This will be improved by continuous mentoring of the Health care workers to continue informing and counseling mothers of exposed babies to bring the babies back at 18 months for confirmatory and also to improve on documentation of test results.

### Laboratory Services

- **Laboratory Revolving Fund Activities/Update**

There is a remarkable achievement though the issue of faulty Chemistry and Hematology Equipment is affecting the activity in some facilities. FMC Birnin Kebbi, Sir Yahaya and GH Yauri have carried out the repairs of their Hematology Sysmex Analyzer by contacting one of the engineers we shared with them. Kebbi SACA has included FMC Birnin Kebbi on their distribution of the supplied reagents based on reports that clients in FMC Birnin Kebbi were paying for Chemistry analysis for the past two months.

- **IQA Activities**

An IQA review meeting was conducted during the quarter. A total of 27 health facilities with 60 HTC points are listed in the IQA HIV serology panel testing program in the state. All the 60 testing points received the panels and returned the results during this quarter. This remarkable 100% return rate was matched with a 100% concordant result. Comprehensive report, with cost implication of the IQA program in the state will be used as an advocacy tool to the SMOH, Hospital Management Committees and Kebbi SACA as a strategy to transition the program to the state.

- **Laboratory Quality Management Systems and Accreditation Preparedness**

A six member implementation committee has been formed by the Hospital Management Committee to bridge the gaps identified after administering the National Laboratory Audit Checklist in Sir Yahaya Memorial Hospital Birnin Kebbi.

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

CD4 sample logging from GH Argungu to Sir Yahaya Memorial Hospital is used as an immediate result to cushion the effect of the faulty Beckton Dickenson (BD) Facscount Machine in the facility. We also transferred 200 GeneXpert Cartridges from Niger State to FMC Birnin Kebbi. 50 Safety boxes have been transferred from Kebbi SACA to Sir Yahaya Memorial Hospital Birnin Kebbi to cushion the already existing stock out of this commodity in the facility.

- **Capacity Building**

A one day on-site training on Biosafety Risk Assessment was conducted in GH Koko for 5 laboratory personnel's including the HOD lab and the Biosafety Officer. One of the aims of this training is to meet the criteria of selecting and training a biosafety officer as identified in the SIM tool.

- **Mentoring and Supportive supervision**

During the supportive supervision, it was discovered that most of our facilities do not receive proficiency testing panels for External Quality Assurance program from the Medical Laboratory Science Council of Nigeria through NIPOST. At the moment, we have contacted one of the representatives of the council in Sokoto through the Deputy Director Laboratory Services in the SMOH to rectify this issue.

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

#### **Health System Strengthening**

##### **Strengthening Service delivery platforms in supported facilities:**

Two pilot facilities were supported in collaboration with SMOH to develop annual facility operational plans with a resource mobilization plan for health services delivery improvement and increasing innovative domestic resourcing for health from the communities and other private sector organizations within their catmint areas. The two facilities are; General Hospital Argungu and General Hospital Yauri. This model is expected to be scaled up based on the successes recorded with this pilot

##### **Pro-ACT Transition Process**

The team successfully held a stakeholders meeting chaired by the Permanent Secretary SMOH, during which he inaugurated the state transition sub-committee that will plan and modify the terms of reference for the state transition program. In his remarks, he also said that SMOH is very ready as they **have increased the HIV activity budget from 30 million naira to 300 million naira**. Notification letters to the PHCs and General hospitals being transitioned have been drafted and sent.

The Permanent Secretary appointed the Director Medical Services, Director Planning and Statistics, SAPC coordinator and Pro-ACT to modify the terms and reference of the transition committee to suit the state and also to design a plan for the committee. He also told the house that the Executive Governor of the

State, Sen. Atiku Baugudu, has instructed SACA and SMOH to present a mini budget for supporting HIV services that will cover the period from October 2015 to December 2015; with this the two bodies have presented a budget of 60 million naira (30 million for each).

## **Monitoring and Evaluation**

### **SR3.2: Strengthened capacity of health care facilities to monitor and manage HIV/AIDS TB service delivery in line with the national and PEPFAR monitoring requirements.**

#### **Support SACA to conduct monthly data collection and quarterly DQA:**

Key accomplishments include:

- Quarterly Data Quality Assurance (DQA) for Comprehensive Health Facilities (HFs) in Kebbi States conducted: In view of the importance of high quality data to improve service delivery, decision making, accountability and planning, the second phase of DQA in 4 Pro-ACT supported CCT sites was conducted from 17th to 21st of August, 2015. The average score for Q4 DQA exercise was 81% which shows a 20% increase when compared with Q3 DQA average score (61%).
- A 2-day refresher training for LACA and health facility officers in 6 MSH-supported Sites was conducted (9<sup>th</sup> -10<sup>th</sup> September 2015): The overall objective of the data documentation refresher training was to build the capacity of the health facility HIV/AIDS service delivery focal persons on practical proper documentation of services rendered to clients, to further improve decision-making and better management of service deliveries. During the training, more emphasis were paid on improving PMTCT/EID service linkages to M&E/ records units in the 6 CCT sites to enhance data reporting on these indicators. Pre-test (Average 61%) and Post –test (84%) evaluations showed a 23% increase in knowledge gained from this training.

#### **Support SACA and LACA to document and report quality data using NNRIMS and DHIS e-NNRIMS:**

Continuous TA was provided during submission and collation of service delivery data by LGA LACAs during monthly SACAs data review and quarterly data validations meetings in the state. To ensure data uniformity and promote a sustainable M&E system in the state, State monthly summary forms are also properly filled by HF M&E officers and LACA M&E officers to accurately reflect facility information before entries into DHIS Electronic Nigeria National Response Information Management System (e-NNRIMS).

#### **Data reporting to GON and USAID**

A data validation exercise for the reporting periods of July to September 2015 was carried during the quarter to ensure data captured accurately represent facilities and services provided. Observed discrepancies during validations were updated in all reporting formats.

The M&E team has also ensured timely compilation of data collection, entries and narrative reporting into USAID DHIS and DATIM by the stipulated dates. Retention and Audit Determination Tool (RADET) data collections and validations for the reporting periods of October 2014 to September 2015 are currently been carried out in preparation for FY15 RADET data entries and comparison.

**Table 14. Kebbi state performance**

<b>Selected Indicators</b>	<b>FY15 Target</b>	<b>Cumulative Achievement</b>	<b>Q4</b>	<b>% Achieved</b>
# of pregnant women who received C&T for HIV and received their test result	28,789	31,283	8,794	<100%
# of pregnant women tested positive to HIV (including Known positive)	608	197	56	32%
# of HIV+ pregnant women who received ARVs prophylaxis to reduce the risk of Mother to Child Transmission.	535	196	47	37%
# of Exposed babies delivered by HIV+ mother	0	79	39	
# of exposed infants who received prophylaxis after delivery.	535	71	32	13%
# of Infants born to HIV+ women whose blood samples were taken for DNA PCR test within 12 months of birth	0	66	40	
# of persons enrolled for HIV care (Pre-ART and ART) who were screened for TB.	8,686	1241	374	14%
# of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	453	44	20	10%
# of adults and children with advanced HIV infection newly enrolled on ART	2,077	846	256	41%
# of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	6,434	3,211	3,211	50%

## **Kwara State**

### **Program Description/Introduction**

Pro-ACT started the provision of HIV/AIDS services in Kwara State in November 2008 with the activation of HIV/AIDS services at the Children's Specialist Hospital, Ilorin. This was followed by Specialist Hospital, Offa in February 2009, and Omu Aran General Hospital in October 2010. Pro-ACT currently supports 27 health facilities with provision of HIV/AIDS services, 8 of the facilities provide comprehensive HIV/AIDS/TB services while the remaining 19 health facilities made up of 10 private hospitals and 9 PHCs provide PMTCT services.

### **Activity Implementation Progress**

The focus of the state program activities within the program year was hinged on health system strengthening and Government ownership and sustainability of HIV/AIDS intervention in the state. The state recorded a remarkable improvement in securing Government commitment in terms of budgetary commitment to HIV/AIDS within the period. Within the last quarter of the program year, we have seen commitment from the government to release budgeted fund for HIV/AIDS. Memos for fund release have been submitted to the government and government has in turn requested for invoices to complement the requested fund. Services to all our supported sites ran smoothly within the period. Regular mentoring visits were paid to health facilities leading to improvement in service delivery.

The government is currently making arrangements to procure commodities and reagents for low yield PMTCT sites that the project has transitioned out of Pro-ACT has supported the government to set up structures that will ensure effective transfer of skills to government actors who will eventually take-over the running of HIV/AIDS services in these sites after the project has left the state. Positive progress is being made and every actor is on course to achieve the set goals.

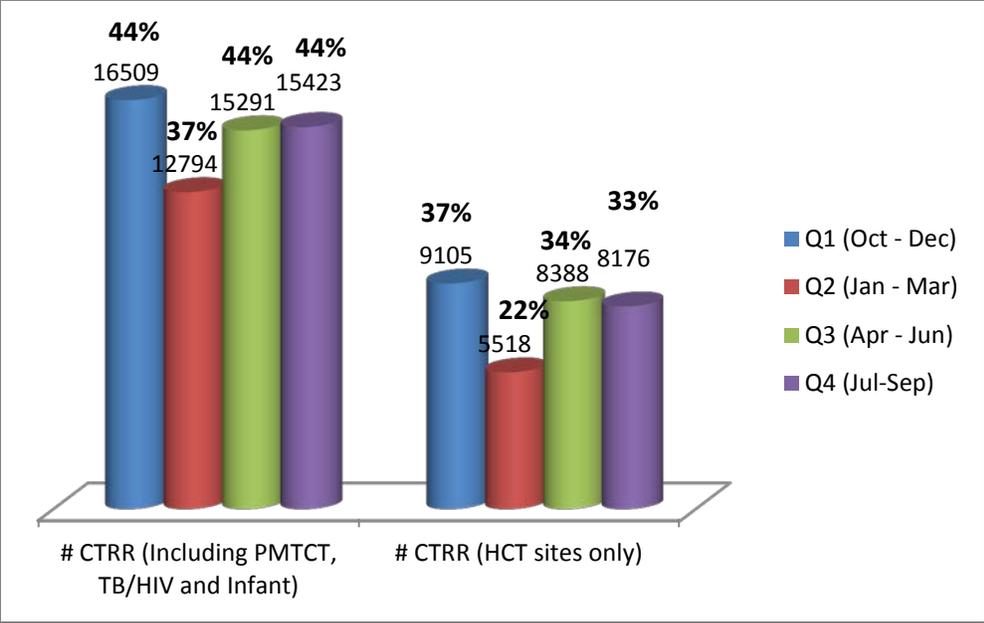
### **IR 1: Strengthened CSO, community structures for sustained HIV/AIDS and TB services**

#### **Community Activities**

#### **Activities/Achievements**

#### **HIV Testing and Counseling Achievements in the quarter**

The total number of persons counseled, tested and who received their results varied from 16509 in the first quarter to 12794 in the second quarter. It was 15291 in the third quarter and 15423 in the July-September quarter. Achievement levels within the various quarters vary from 37% to 44% of the targets for the various quarters. The reason for this is the fact that testing is now based on clinical suspicion and only carried out in particular settings only.

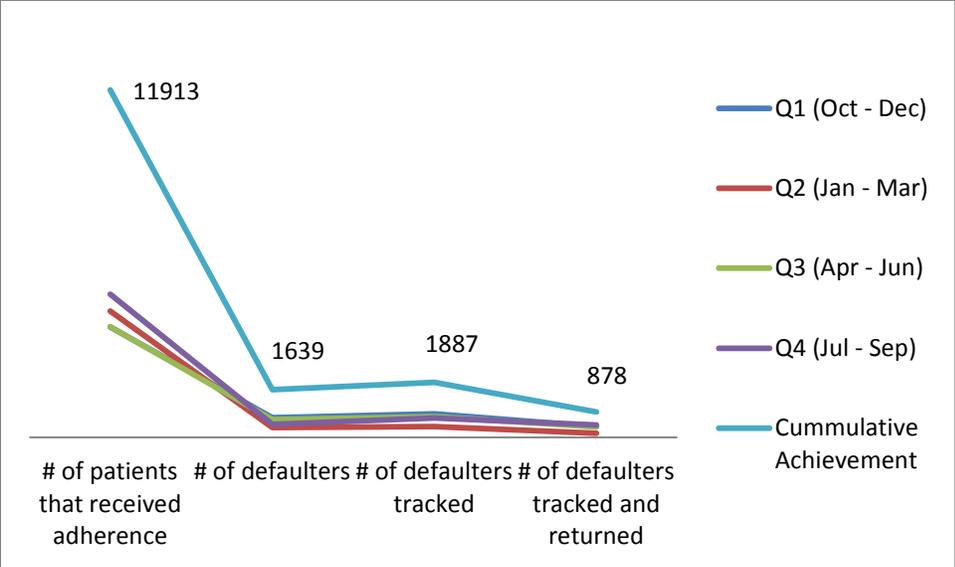


**Figure 14. No. of clients counseled and tested in the last 4 quarters**

**Client Retention**

Within the quarter, the team provided capacity building to eight volunteers and ten facility staff in-charge of adherence counseling and tracking and mentored them on the basics of counseling, building and maintaining good relationship, and adherence. More so, referral directory for all supported facilities and community structures was developed. This ensured that referral is complete (two way referral system). Also Arch Files were opened for documentation at all service points.

Within the program year, adherence counseling was provided to 11913 clients across all facilities. Across all sites, there were 1639 defaulters, 1887 clients were tracked and 878 clients returned back to the facilities for service.



**Figure 15. Adherence**

**PHDP and Gender**

In this reporting quarter, **689** PLHIV (F=**538**, M=**151**) were provided with PHDP messages. The facilities disaggregation shows SH Sobi as F=**254**, M=**60** (total=**314**) and GH Omuaran, F=**284**, M=**91** (total=**375**). As stated above, the data shows that more female **538 (78%)** received PHDP messages than males **151 (22%)**; a situation which is expected as more females than males access HTC services in the supported facilities.

**Income Generating Activity**

In early 2014, Pro-ACT discontinued the provision of transport and food support to all support groups across the state. Meanwhile prior to this period, the state community team had strengthened the process of Income Generating Activity in Children Specialist Hospital, Ilorin. The members (35) of support group initiated the process of monthly contribution in the sum of #100 per person per month. By the time Pro-ACT fully discontinued the financial support, the members had contributed about N35, 000 out of which 3 members had accessed N10, 000 each from the group’s revolving fund. The loan accessed by the members had facilitated petty trading activities among the members and they have been able to support themselves and their families with this revolving fund. More members are expected to benefit from the revolving loan in subsequent months.

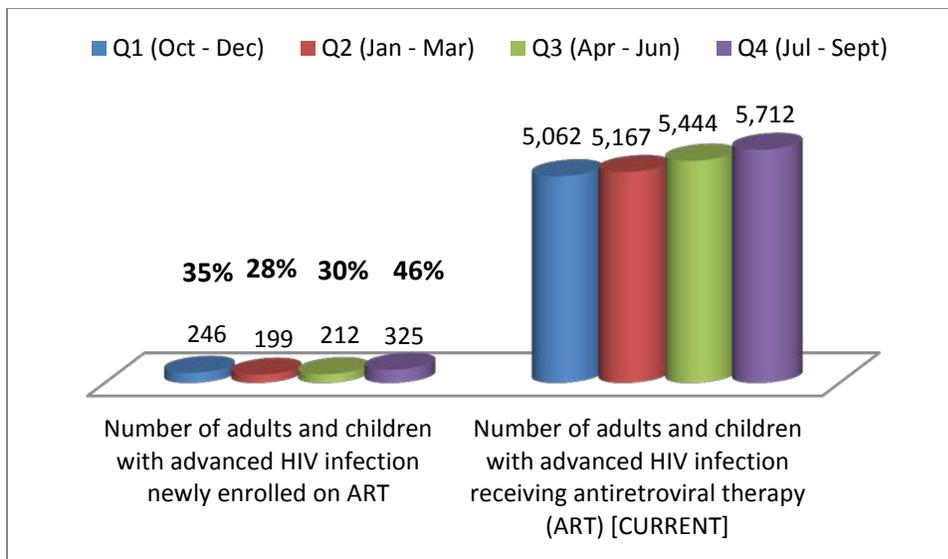
## IR 2: Sustained access to quality integrated HIV/AIDS and TB services and products

### Clinical Activities

#### Activities/Achievements

#### ART

Within this quarter, there was a slight increase in the number of clients newly enrolled into ART at 46% compared to the last three quarters 35%, 28% and 30%. There is an increase in the number of clients currently on ART Q4 85% as against the last three quarters: Q1 75%, Q2 77% and Q3 81%. There is a sustained increase in the number of clients receiving ART across all the quarters within the program year.



**Figure 16. ART**

#### Retention

The retention calendar was reviewed and the status of clients in the cohort for those that had completed the 12 months monitoring period as at the end of the quarter were analyzed.

The table below shows the analysis from the retention calendar for FY15 and this was compared with the state FY14 cohort analysis. The analysis shows that though there was an improvement over the state retention from inception (59.75%), in comparing FY15 retention with the FY14 there is no marked changes. This has been extensively discussed, the team has decided to look into factors are causing low percentage in retention majorly in two of our facilities i.e. G.H. Lafiagi and Sobi Specialist Hospital.

**Table 15. FY15 Cohort analysis update from the retention calendar**

FACILITY	ACTIVE	LTFU	TRANSFERRED OUT	DEAD	TOTAL	RETENTION (ACTIVE TOTAL %)
SSH SOBI	119	80	2	2	203	58.62
CSH ILORIN	101	30	2	5	138	73.19
SH OFFA	150	17	9	16	198	75.76
GH OMUARAN	99	22	5	15	141	70.21
GH LAFIAGI	71	42	2	4	119	59.66
ADEWOLW	39	11	3	4	57	68.42
UITH	321	108	4	1	344	67.15
CiSH ILORIN	68	17	4	0	89	76.40

**Table 16. Comparing FY14 Cohort and FY15 Cohort**

FACILITY	FY14 COHORT (%)	FY15 COHORT (%)
SSH SOBI	55	59
CSH ILORIN	68	73
SH OFFA	75	76
GH OMUARAN	71	70
GH LAFIAGI	64	60
CiSH ILORIN	79	76
ADEWOLE COTTAGE	61	69
UITH	71	67
STATE AVERAGE	68	68.63

Plans to improve retention include:

- Continuous follow up with data clerks and trackers to use the calendar along with appointment register for tracking
- Effective tracking of the clients on the calendar
- An improved tracking plan

#### **Pre-ART Chart Review**

In continuation of chart review of pre-ART clients across supported CCT sites, the exercise was completed for two facilities at CSH and SSH Sobi. All non-ART clients that have had at least one clinic visit between January 2014 and September 2015 were assessed to determine their current status. From the two facilities, there is high attrition rate among pre-ART clients as shown by the 53.23% and 65.96% lost to follow-up (LTFU) in CSH and SSH respectively among these cohort of clients as against 29.03% and 17.02% patients on treatment for the two facilities. To improve on this, the team had called

the attention of the tracker to these issues and placed stickers on their folders for easy identification and priority for tracking.

Also, with 62.9% and 51.06% of the patients for CSH and SSH respectively having WHO staging, this shows that some of these patients were not seen by a clinician and as such were not having initial clinical evaluation done on them. This, we hope will change with the criteria of having at least one of clinical evaluation, CD4 count test result and viral load test result before enrolment into HIV care services. In line with this, it was discovered that only 29.03% and 14.89% respectively had come at least once after enrolment into the service.

### **Quality Improvement Program**

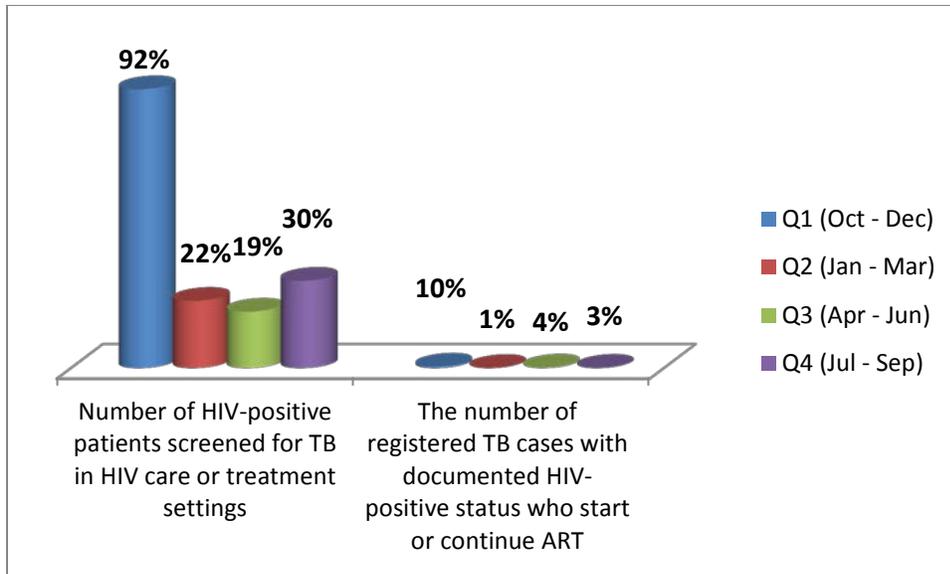
Data abstraction during the NIGERIAQUAL review period (Jan-June 2015) carried out during the quarter showed overall performance data improvement for most facilities. Quality improvement projects in supported facilities showed improvement with some facilities meeting their set targets. However, some facilities did not show improvement in their QI projects. Three CCT sites (CSH ILORIN, SSH SOBI and SH OFFA) were supported to set up QI projects in the 3<sup>rd</sup> quarter (Apr-Jun 2015) based on their performance data.

The clinical team had reported in the previous quarter that GH LAFIAGI's QI project which was focused on increasing adherence assessment and documentation for PLHIV from a baseline of 38.67% to 50% from April to June 2015 (*indicator tracked was NIGERIAQUAL indicator A3 - percentage of ART patients who had at least one documented adherence assessment during the last three months of the review period*) showed an exponential increase from 38.67% to 90% May 2015 ending. The clinical team conducted another review that coincided with the NIGERIAQUAL data abstraction for the Jan-June 2015 review period. This review showed a performance data score of 91.36% (78/81) consistent with the 90% recorded in May 2015

A total of 12 QI team meetings held across the 8 supported CCT sites in the quarter. The QI meetings provided avenue for NIGERIAQUAL feedback, SIMS feedback and development of remediation plans and the setting up of QI projects. Meetings were used to provide CMEs on areas like IPT and streamlining of regimen.

### **TB/HIV**

The number of HIV positive clients screened for TB dropped from 92% in the first quarter (Oct-Dec, 2014) to 22% and 19% in the second and third quarters respectively. It however rose to 30% in the fourth quarter (July-Sept). This is because HIV clients screened for TB are captured once in a program year notwithstanding the number of times they come for treatment within the year. This accounts for the decline in the percentage of achievement from the first quarter to the 4th.



**Figure 17. TB screening**

### **Isoniazid Preventive Therapy**

In the last quarter, 80 patient kits of INH were supplied to GH Omuaran to enable commencement of clients on INH. The clinical team continues to monitor IPT implementation across sites and addresses IPT implementation challenges in an ongoing manner.

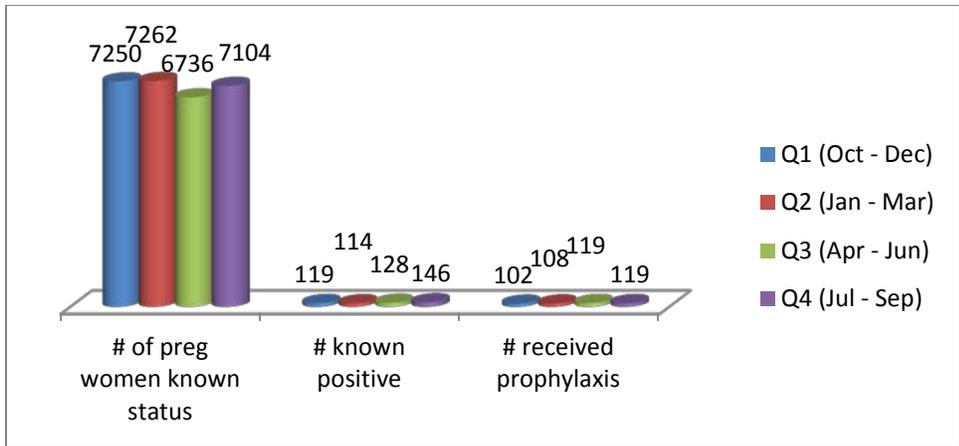
As a result of refreshers on IPT, the number that started IPT this quarter (240) is higher than 197 that started IPT last quarter. Particularly, GH Omuaran which had zero new on IPT last quarter had 103 starting IPT this quarter.

### **Infection Prevention Control**

During the quarter, the clinical team worked closely with GH Lafiagi and GH Omuaran providing ongoing technical assistance to both facilities in the drafting of an IPC plan and policy documents. The documents have reached final stages of review. These two facilities will join Civil Service Hospital and SH Offa which we reported to have finalized their IPC policy documents.

### **PMTCT**

Within the program year, 28,352 pregnant women were counseled and tested and received their results across all supported sites in the state. Of this number, 507 or 2.0% were found to be positive to HIV; 448 of these women (89.0%) received prophylaxis during the period.



**Figure 18. PMTCT Cascade**

**Dried blood sample (DBS) transportation by the SPEEiD model**

Due to difficulties faced in trying to link pregnant positive mothers’ ART folders to their ANC card, it was agreed in all our 8 CCT sites during their QIT meeting that the ANC cards of pregnant positive mothers should be filled into clients ART folder after delivery since they would no longer be needing it again in subsequent visits to the Antenatal unit for easy access of salient information (such as Last Menstrual Period -LMP, Estimated Gestational Age -EGA, Estimated Delivery Date - EDD) especially during NigeriaQual data abstraction. Also physicians/Nurses have been encouraged to always fill the spaces for LMP, EGA & EDD as most times they are left blank.

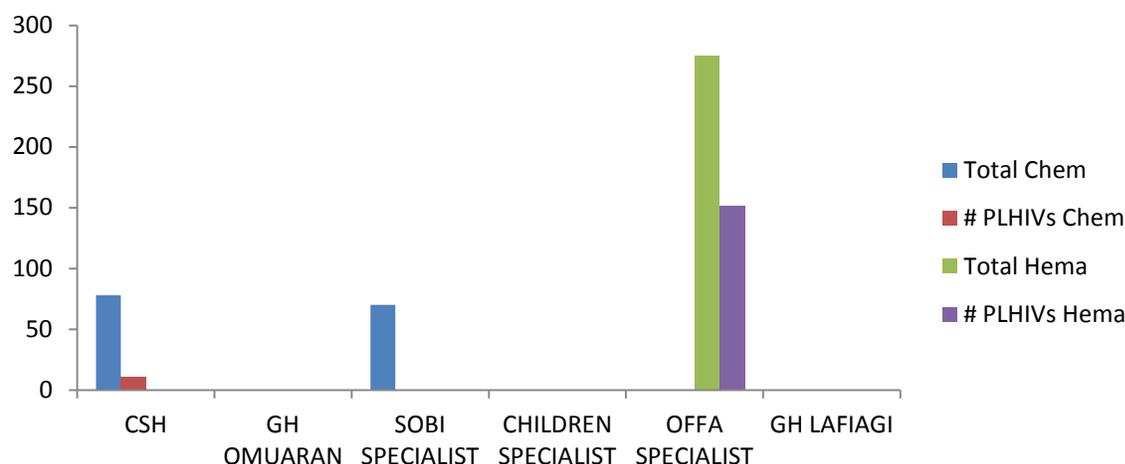
Within the quarter, DBS samples sent to Ife lab are yet to be returned. This has caused a lot of sample back logging. In the month of July 2015, 23 DBS samples were sent to Ife Lab with no result returned. In August 2015, 20 DBS samples were sent with no return. In September 2015, 8 DBS samples were sent to Ife lab making a grand total of 51 pending DBS results which are yet to return to Kwara state from Ife Lab. This has also affected the TAT for the sample. To this effect the Clinical and Lab team held a meeting on September 29<sup>th</sup> 2015 to discuss the possible ways in which this can be resolved and each thematic area has been delineated specific roles to ensure the smooth running of the SPEEiD model in Kwara state.

**Laboratory Services**

**Laboratory Revolving Fund Activities/Update**

Technical assistance was given to personnel of SMOH on costing and budgeting of laboratory commodities, expansion of test menu with the objective of service integration. However, laboratory revolving fund is yet to fully become operational in 3 health facilities out of 6 facilities (50% functional) due to non-functionality of most chemistry and hematology platforms.

Sequel to the seed stock donation of chemistry and hematology reagents by MSH to the LRF, the following presents the impact of the Laboratory Revolving Fund (LRF) in the following sites; with a total income of 91,820.00 Naira accrued to the State Laboratory Revolving Fund between the July 25, to September 30.



**Figure 19. Impact of Laboratory Revolving Fund across Sites**

### IQA and EQA Activities

A total of 15 facilities with 17 test points participated in this quarter's IQA with 100% concordance, demonstrating competence of HIV testers with the HIV national algorithm and guidelines. Facilities also participated in the CD4, and Hematology EQA activity conducted by the Medical Laboratory Science Council of Nigeria, although most sites could not submit results of hematology due to faulty equipment.

### Blood Safety and Hospital Waste Management

In the last quarter, the facilities recorded 94% improvement on dependence of voluntary blood donors as against commercial donors. 100% of all units of blood transfused were screened for TTIs, including VDRL, HBsAg, HCV, and HIV.

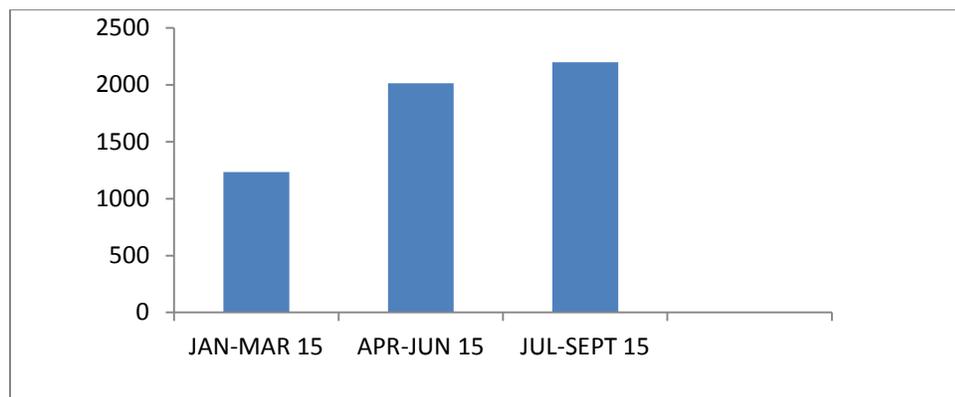
**Table 17. Blood Safety Analysis in 6 selected CCT sites**

S/N	HF	No of pints transfused (July-Sept)	Donor source	No of expiries	Incidence of transfusion reactions
1	Civil service Hosp.	8	Patient relative (PR)	0	nil
2	Children SH	61	PR	0	nil
3	Sobi S.H	104	PR	0	5
4	Offa SH	38	PR	0	nil
5	Lafiagi GH	100	PR (94) & commercial( 6)	0	3
6	Omuaran GH	10	PR	0	Nil
<b>Total Units Transfused</b>		<b>321</b>	<b>PR 315/ C 6</b>	<b>0</b>	<b>8</b>

All sites have shown 50% ability in waste management including segregation and final disposal of hospital generated waste outside the facility.

### **Routine Laboratory Activities**

Within the quarter, Laboratory team ensured that sample logging among facilities is continuous, especially in facilities with no equipment, reagent stock-out or sudden equipment breakdown. This has led to an increased uptake of CD4 investigations across CCT & PMTCT sites. Analysis shows a total of 2050 Cd4 samples done in this quarter.



**Figure 20. Comparative data of 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> quarter CD4 uptake**

There was a PM on all Reflotron platforms within the quarter including G.H Lafigi, Omuaran G.H, Civil service hospital and UITH. Also Sysmex vendors visited facilities with such platforms to assess level of non-functionality in-view of return visit for case-based repair/PM.

In collaboration with the state logistics consultant, the team ensured non-stock out of reagents and consumables at sites through direct supply from office store or leveraging from other supported facilities. This has resulted in 100% availability of laboratory items across sites throughout the reporting period.

### **State Laboratory Quality Management Task Team (SLQMTT)**

SMoH has constituted a-10 man working committee to draw Terms of Reference for the inauguration and orientation of the working committee.

### **Supply Chain Management System**

#### **Activities/Achievements**

Advocacy to Local Government Service Commission yielded positive result with the Commission providing financial support for logistics to LACA Managers of Ilorin West and South for cash backing PMTCT bi-monthly LMIS report collection, validation, monitoring and supportive visits. Within the quarter, collaboration was fostered with state government on supply chain management of health commodities, including RTKs (10 pks Determine, 6pks Unigold, and 9 pk stat pak) were leveraged from SMOH/KWASACA to USAID supported sites through MSH to prevent stock out.

### **Integrated Supply Chain Management**

TA was provided to the state LMCU in the preparation of Mar-Apr and May-June 2015 Last Mile Delivery (LMD) for re-supply of HIV health commodities. Lab consumables were supplied to supported sites within the period to prevent stock-out.

The Local Government Service Commission has approved N25,000.00 for Ilorin West LACA Manager for bi-monthly LMIS report collection and validation for 7 transitioned PMTCT sites. This includes cost of internet bundle for the transmission of bi-monthly LMIS report to LMCU. The commission has also made commitment to other sites that might be transitioned to the Government.

### **Adverse Drug Reaction (ADRs) Monitoring, documentation and reporting**

At UITH, a client reacted to **BLUE color AZT/3TC/NVP 300/150/200mg** tabs leading to **BLEEDING** from the nose. TA was provided to the ART staff to change the tablet to a white colored regimen that is tolerable and. The report is available on NAFDAC yellow form. A total of 7 ADRs reports were picked from UITH. Also, Children Specialist hospital submitted one ADR report.

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

### **Health Systems Strengthening**

#### **HIV/AIDS Budget release**

MSH provided TA to SACA and SMoH in writing compelling memos to draw-down on the resources allocated to HIV/AIDS in the 2015 approved budget. Consequently, Government has requested for invoice on items to be procured. MSH is currently providing support to the SMoH in securing the invoice from Axios. The total funds expected to be released as a result of the memo amount to NGN 97, 869,210.

### **Monitoring and Evaluation**

#### **Data Management**

##### **Data Quality Assurance Exercise**

An internal DQA exercise was conducted in four supported facilities: Civil Service Hospital, Children's Specialist Hospital, General Hospital Omuaran and General Hospital Lafiagi from 17<sup>th</sup> to 21<sup>st</sup> of August, 2015. The DQA team was supported by the M&E Officers from Kwasaca, SMoH and Hygeia Foundation to ascertain and improve the quality of data emanating from the state. Feedback of the DQA exercise had been communicated to the facilities during the quality improvement meeting and also issues raised are being addressed.

##### **Open MRS Stakeholders' meeting and training**

Training was conducted for 25 health workers drawn from each thematic units of the ART clinic of University of Ilorin Teaching Hospital (UITH) on use of Open Medical Record System for efficient patient management.. During the course of the training, the following items were handed over to the ART clinic management:

**Table 18. List of items delivered to the management of ART clinic in UITH, Kwara**

S/N	Quantity	Asset Description	Comments
1	10	Lenovo Laptop Computer	Good
2	1	Power Inverter (5KA)	Good
3	8	Power Inverter Battery	Good
4	2	Extension Wire	Good
5	1	Dlink Wireless Access Point	Good
6	5	5M Patch Cable	Good

**Deployment of Data Collection Tools**

The team deployed all needed documentation tools to all the 27 supported facilities (8CCTs, and 19 PMTCT), and SMoH directly supported facilities. This is to ensure synergy between the MSH and the state stakeholders for ownership and sustainability.

**Table 19. Kwara State Performance**

Selected Indicators	FY15 Target	Cumulative Achievement	Q4	% Achieved
# of pregnant women who received C&T for HIV and received their test result	28,789	29,153	7,395	>100%
# of pregnant women tested + to HIV(including Known positive)	608	605	156	99%
# of HIV+ pregnant women who received ARVs prophylaxis to reduce the risk of Mother to Child Transmission	535	547	132	>100%
# of exposed babies delivered by HIV + mother	0	344	95	
# of exposed infants who received prophylaxis after delivery	535	270	81	51%
# of infants born to HIV+ women whose blood samples were taken for DNA PCR test within 12 months of birth	0	209	44	
# of persons enrolled for HIV care (Pre-ART and ART) who were screened for TB	8,686	4,903	871	56%
# of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	453	29	4	6%
# of adults and children with advanced HIV infection newly enrolled on ART	2,077	1,022	325	49%

# of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	6,434	4,907	4,907	76%
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## Niger State

### Program Description/Introduction

Management Sciences for Health as major actor (lead IP) in the State HIV response has been implementing the Prevention, Organizational systems, AIDS Care and Treatment (Pro-ACT) Project funded by the United States Agency for International Development (USAID) in the State since 2008. Within this period, it has provided laboratory equipment, drugs and other commodities to the Niger State Ministry of Health to support HIV/AIDS care, treatment and support services to 16 comprehensive sites while 98 health facilities mainly primary health care centers are supported to provide PMTCT services across 18 LGAs of the State.

During the quarter the project continued its commitment to strengthening the quality of support to HIV services across all supported health facilities while strengthening the technical capacity of the stakeholders for increased ownership and sustainability by the State Government to take on the transitioned components of the program.

15 comprehensive PEPFAR supported sites plus 5 other non-PEPFAR supported hospitals in the state received a 4-month stock of laboratory rapid test kits (RTKs) to complement the new PEPFAR shift in RTKs supplies reduction to 30 % across PEPFAR supported facilities in Niger state.

A model pharmaceutical warehouse refurbished and upgraded to an international standard by Pro-ACT through the support of USAID and was handed over to Niger state Government by the USAID Deputy Mission Director. Highlights at occasion were the quantification document of essential medicines and laboratory consumables done by the LTWG with the support of AXIOS was officially handed over to the Permanent Secretary, Niger State Ministry of Health; and tour of the warehouse by the dignitaries. The State Governor promised that Niger state government will ensure the sustainability of the warehouse. The state government has already released about 3million Naira for the maintenance of the warehouse as a fulfillment of the promise made during the handing over ceremony in the month of August 2015.

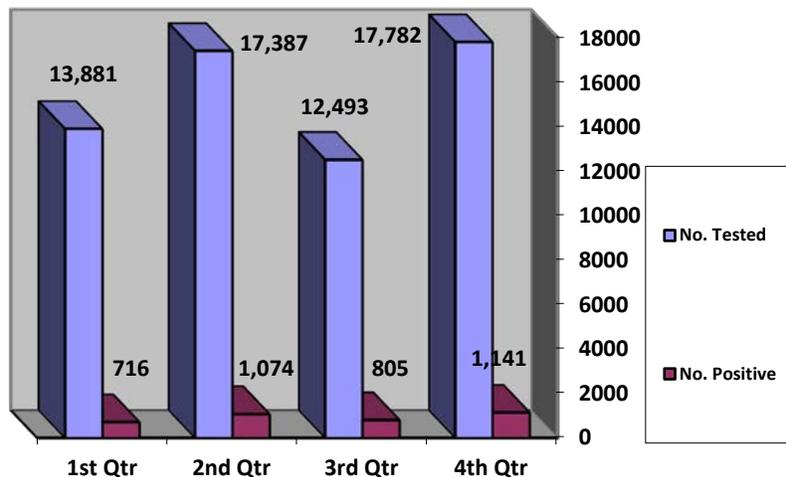
### Activity Implementation Status

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

##### Community Services

As part of efforts to sustain counseling and testing services, the management of General Hospital Minna has re-engaged three PITC volunteers previously supported by Pro-ACT, to continue to close manpower challenges by supporting counseling and testing services across the ANC and the ART clinic. Comparison of quarterly counseling and testing services across Pro-ACT supported 16 CCT sites is

represented in the graph below. The decline in C&T services in quarter 3, could be attributed to the prolonged strike action by health care providers and, most probably, accounted for the up surge in hospital attendance after the strike action in Q4, as seen above.



**Figure 21. HTC results over the last 4 quarters**

In this quarter, a total of 17782 clients were counseled and tested for HIV, of which 1141, representing 6.41% (as against 6.44% in Q3) were identified HIV positive. The positive clients were accordingly linked-up with appropriate care and /or treatment services. A total of 1101 (cumulative) patients reportedly defaulted treatment during the quarter under review, of which 723 clients, representing 65.7% were actively tracked. Of these , 366 clients, representing 50.7% (as against 38.8% in Q3) , returned to care and treatment services.

**Table 20. HTC indicators (Comparing Q4 and Q3)**

HTC Indicator	Q3	Q4
# of individuals who received counseling and testing for HIV and received their test results (Including PMTCT, TBHIV, Infants)	12493	17782
# of individuals who tested positive to HIV and received their test results (HTC sites only)	805	1141
<b>Total # of clients who received adherence counseling</b>	5904	8451
<b>Total number of defaulter for the reporting period</b>	721	1101
<b>Total number of defaulter who were Tracked</b>	665	723
Total tracked and returned to care		366

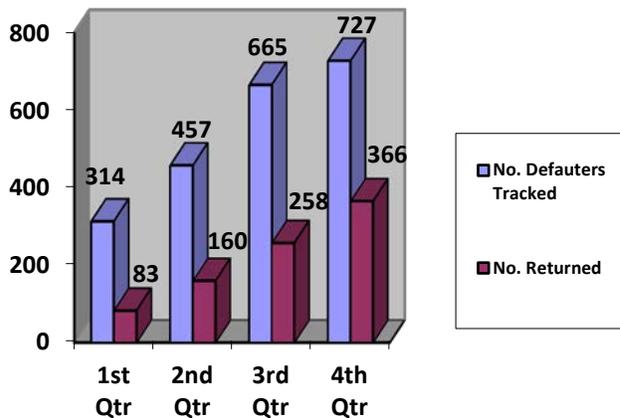
## IR 2. Increased access to quality HIV/AIDS and TB services and products

### Care and Support Services

In General Hospital Suleja, the **mentor mothers** have continued to support positive pregnant mothers through the PMTCT program. In this reporting quarter, 7 mentor mothers supported a total of 202 enrolled mentees, had 134 deliveries with 97 of the exposed infants samples collected for EID. 60 results have returned. At present, we have 63 pregnant women on the program that are still being supported by the mentor mothers. The major challenge reported by mentor mothers is a delay in receiving DBS results.

The state chapter of Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), have continued to mentor groups on the **Savings and Loans Associations**. In this reporting quarter, assessment of the six groups were carried out, findings revealed that, only 4 have formed their SLAs which are in different stages. The finance and community team took the opportunity to go through their support group documentations and also provided guidance on how to keep proper accounting records.

The graph below shows the number of clients tracked and those who returned to care after tracking in each of the past 4 quarters. The graph shows a significant rise in return rate of 26% in Q1, 35% in Q2, 39% in Q3 and 51% in Q4.



**Figure 22. Results of tracking activities over the last 4 quarters**

There is, therefore, the need to engage more adherence counselors and constitute tracking teams across all CCT sites to enhance retention in care and track back defaulters to the program.

### Clinical HIV/AIDS Services

#### PMTCT/EID

The clinical team conducted mentoring and supportive supervisory activities across 37 PMTCT sites and the 16 CCTs to review and address service delivery gaps using PMTCT patient management and monitoring (PMM) and program monitoring and evaluation (PME) tools. In addition, in these facilities, SOPs and job aids were strategically placed to facilitate decentralization of ART services to PMTCT

service points. These activities culminated in building the capacity of healthcare workers providing PMTCT services with remarkable improvement in quality of PMTCT services delivered as evident by reduction in PMTCT cascade loss as well as successful decentralization of ART services to PMTCT service points. Available data showed improvement in number of new ANC attendees CTRR with average of 97% (compared to 92% of Q3), increased ARV coverage for HIV positive pregnant women (97% of positive pregnant women were commenced on ARV compared to 88% recorded in Q3) and also increased infant NVP prophylaxis coverage with 89% recorded amidst NVP stock out that affected mostly PMTCT sites (compared to 79% of Q3).

#### **DBS Samples/Results Transfer in Q4**

During the quarter under review, a total of 148 dried blood spot (DBS) samples for early infant diagnosis of HIV were sent to the PCR laboratory from MSH supported sites, and a total of 278 DNA/PCR results (cumulative) were received from the PCR laboratory. Twenty (20) of the results were positive for HIV, representing 7.2% of total received results, and 7 (35%) have commenced ART, 1 died 2 months before receipt of the June result, while there is on-going tracking for the remaining twelve. There is yet an improvement in Q4 as compared to Q3 where 230 DNA/PCR results were received from PCR laboratory.

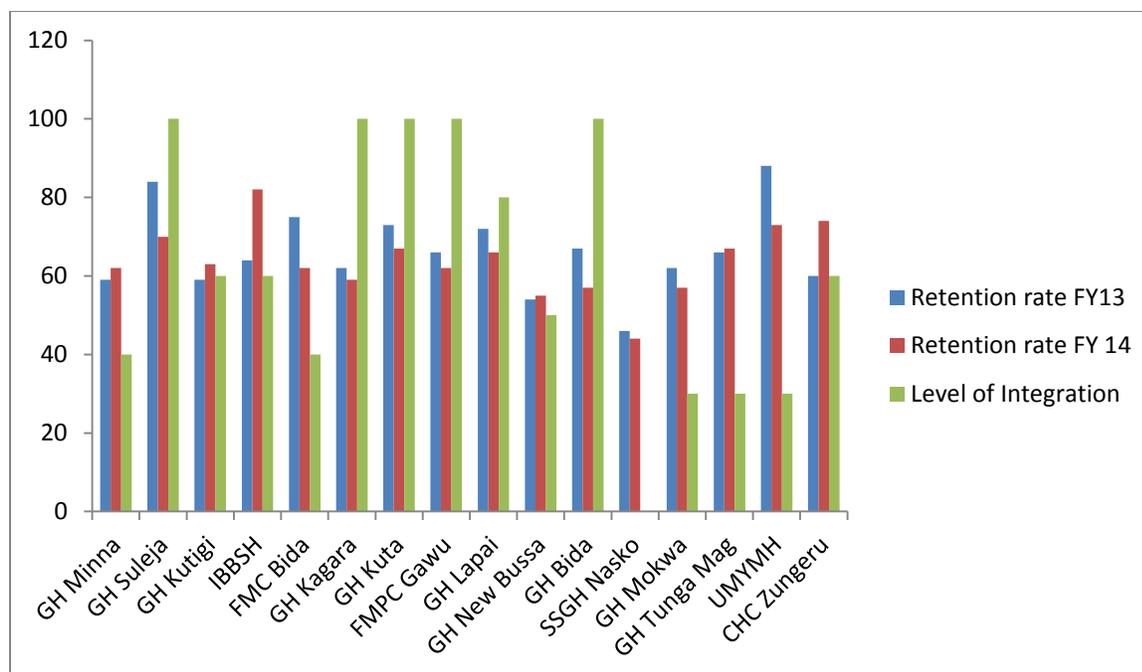
#### **ART**

##### *ART Integration and Client Retention*

On a collective scale, the average % retention in the two cycles conducted for the 16CCTs are 65.7% for FY13 and 64.1 for FY14 with a total average of 64.9%.

Seven facilities recorded an increase in their retention rates including (GH Zungeru, GH Tunga magajiya, GH Lapai, GH New Bussa, IBBSH, GH Kutigi and GH Minna). The most remarkable was IBBSH which had an increment of 18%. Some of the factors responsible for this include: Two trackers were engaged and were working assiduously. However one of the trackers recently passed away; The hospital also has a referral coordinator and this plays a major role in supporting the clients and; An administrative staff trained last year during the Adherence training was assigned to provide support in adherence services. However, the proximity of IBBSH to the state office has ensured sustained intervention on several scales.

Nine facilities showed decrease or insignificant increase in their retention rates including GH Kutigi, GH kagara, GH Bida, FMC Bida, FMC Gawu babangida, UMYMH, GH Suleja, GH Nasko, GH Kuta. The facility with the least retention is GH Nasko and the challenges experienced here are not unconnected with the following factors: inadequate/absent adherence and tracking services; absence of support group and; most patients prefer GH Auna to GH Nasko as GH Auna appears to be more central in location than GH Nasko which has also contributed to the poor access to treatment witnessed at GH Nasko. However, ART integration in GH Nasko has improved as clients have access to HIV clinics every day and they can access ART care on any day of the week.



**Figure 23. Integration and Client Retention by facility in FY13 and FY 14**

The above chart the level of integration and client retention across 16 supported CCTS in Niger, and revealed that 5 out of the 16 have fully integrated ART services into mainstream health care services within the facilities. While regarding retention rate 7 out of the 16 CCTs recorded increased retention rates in FY 14 with about 11 facilities sustaining retention above 60%

*Care and Treatment Technical Working Group (TWG) Quarterly Meeting:* During the quarter, the clinical team provided technical support to the TWG during their last quarterly meeting. A technical session was held on the Nigeria Qual (Indicators, Sampling method, Audit tools) and an introduction to the electronic data capture tool. The TWG deliberated on the need to extend the Nigeria Qual assessment to other facilities in the state not supported by MSH with MSH providing technical assistance

### **TB/HIV**

*TB screening:* During the quarter the team conducted series of on-the-spot and mass mentoring with focus on multiple service point TB screening and deployment of TB screening SOPs and job aids aimed at improving the quality of care and treatment service provision across supported facilities in the state. The results of these interventions are being tracked and will be reported in the next reporting cycle.

### **GeneXpert Analysis Uptake in supported CCTs**

The team with the various LG TBL supervisors conducted mapping and linking of CCTs as well as PMTCT sites offering Directly Observed Therapy Short Course (for TB) (DOTS) services in Suleja, Tafa and Gurara LGAs to facilities with GeneXpert machines (GH Suleja and UMYMH Sabon Wuse). These activities translated to build capacity of healthcare workers (26 doctors, 11 nurses, 4 pharmacist/pharmacy technicians, 6 laboratory staff, 8 CHEWs from DOTs & PHCs, 3 data clerks) on GeneXpert use with developed linkage for effective sample logging by using the logging matrix for these axes.

## **Quality Improvement**

NigeriaQual data abstraction and performance measurement exercise has been conducted for the fourth cycle (January to June 2015 review period) in the supported CCTs in the state (GH Minna, IBBSH, GH Kuta, GH Lapai, GH Suleja, GH Mokwa, GH Bida, GH TungaMagajiya, GH NewBussa, UMYMH Sabon Wuse, SSGH Nasko, GH Kagara, GH Kutigi, GH Mokwa, GH New Bussa and FMC Bida). Performance outcome for cycles 2 and 3 were duly shared in the aforementioned facilities during the QI meeting and/or data abstraction forum to strengthen weak areas while sustaining the areas of strength to support the QI projects.

## **Laboratory Services**

The hospital management of two of the supported hospitals (General hospital, Suleja and Umaru Musa Yaradua Memorial hospital Hospital-UMYMH, Sabon Wuse) have signed laboratory equipment service contracts with the vendor engineers for Abacus junior, Selectra Pro and Sysmex KX-21N auto-analyzers. Each of these facilities now deals directly with these equipment vendors in purchasing of reagents, planned periodic maintenance service contracts and equipment repair services. Within this review quarter, General hospital Suleja had spent N61,000 for equipment repairs and UMYMH Sabon Wuse had spent N180,000 for equipment servicing and repairs.

*Internal Quality Assurance (IQA) assessments were successfully conducted across PEPFAR supported sites in Niger state.* 10 out of the 16 supported laboratory Quality Officers at the various comprehensive (CCT) sites (GH Nasko, GH Kutigi, Federal Medical Center, Bida, GH Bida, GH Kagara, Umaru Musa Yaradua Memorial GH Sabon Wuse, GH New Bussa, GH Tunga Magajiya , FMPC Gawu Babagida and GH Minna) participated and returned their assessment reports timely after their proficiency panel assessment of HIV test points under their coverage. During this review quarter, a total of 314 dried tubes specimen panels were produced by all the Quality officers that participated in this quarter's IQA program in the state.

## **Assessment results analysis:**

- Total HIV test points that participated in the proficiency testing (PT) assessment = 95
- Total HIV test points that did not participate in the PT assessment = 14
- Total DTS panels produced by the participated CCT sites' quality officers = 314
- Total test points that received DTS panels = 95
- Total test point that participated and returned results / reports timely = 95
- Total test points that participated and did not return results / reports timely = 0
- Total CCT Quality officers that returned timely reports = 10
- Total CCT Quality officers that did not return reports = 6
- Total test points that participated in the assessment that showed 100% concordant results = 95
- Total test points that participated in the assessment that showed 100% discordant results = 0

*N/B: Most of the sites that did not return their results/reports complained of lack of internet challenges for transmitting their reports to the state Quality Assessment (QA) officers.*

The hospital managements of GH Suleja and Umaru Musa Yaradua Memorial Hospital, Sabon Wuse have showed full commitment towards laboratory integration processes and continuity in sustaining free lab services including chemistry and hematology investigations at no cost for PLWHAs in their

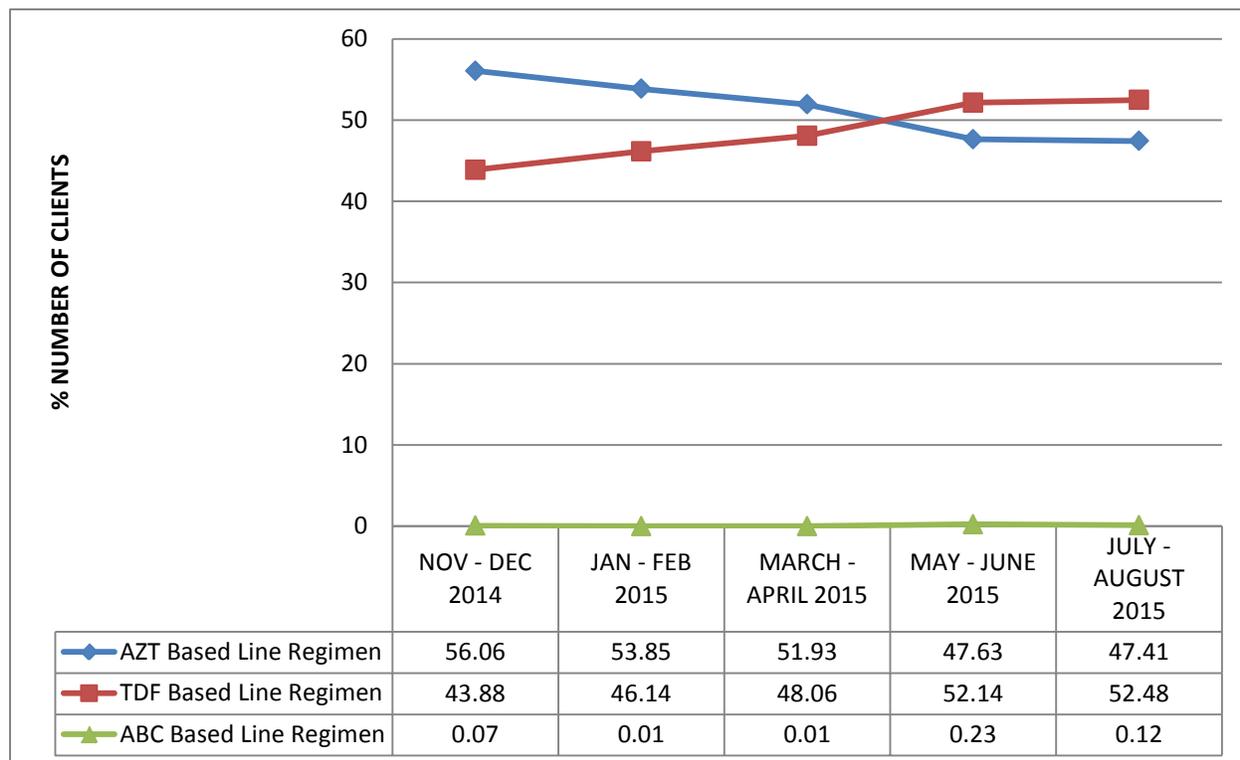
facilities, using the seed stock reagents received from MSH for LRF in sustaining free chemistry and hematology lab investigations for PLWHAs and as well using the same PEPFAR donated auto-analyzers to analyze all samples.

**July - August 2015 Review Period**

In line with the guideline on regimen streamlining, a total of 13,633 adult clients were currently on Highly active anti-retroviral therapy (HAART) during the July - August 2015 review period, out of which 47.41% clients were on AZT based line regimen, 52.48% clients on TDF based regimen. 0.12% clients on ABC based regimen.

Comparing the two review periods 14445 in May-June and 13633 in July-August, the analysis shows that there is a decline in the total number of adult clients' currently on HAART. About 812 adult clients have dropped out of the program indicating that attention is needed on client retention.

In May-June 2015 review period a total of 391 new clients were identified of which 90% of them were placed on Tenofovir based regimen. The facility clinicians were urged to sustain this tempo as Niger state is almost at the 90% recommendation on the National guideline. With the support of the SCM consultant, the facility clinicians has done well in commencing 92% of 525 new patients In July-August review period on Tenofovir based regimen, this a great achievement.



**Figure 24. Trend of streamlined regimen**

For the paediatrics, 833 clients are currently on HAART. 96% are on AZT based regimen, 1% is on TDF based regimen, and 2% are on ABC based regimen. Comparing the two review periods 831 paediatric

clients in May-june 2015 with 833 paediatric clients in July-August 2015, it shows that there is an increase in number of paediatric clients on HAART and retention approach is also effective.

At FMC Bida, the total number of clients on HARRT dropped to almost half. As a result the project reviewed all the folders sorting out those that are active. It was observed that there were so many transfer-out, lost-to-follow-up (LTFU), dead, and discharged paediatrics folders still on the shelf. After the whole exercise, a total of 1216 clients were found to be the active number of clients on HARRT at FMC Bida but some “executive folders” were not found on the shelf. The major reason for this transfer out according to the FMC data clerk was that the new location of the ART clinic situated closed to the hospital gate is not convenient to the clients, more especially the “executive clients”.

### **IPT**

In most of the facilities INH 300mg tablet consumption has dropped and from the IPT registers many clients are yet to complete their 6 months course; the team is currently carrying out further analysis to identify what the issues are.

The 9<sup>th</sup> general meeting of Niger State Logistics Technical Working group was held successfully. The DPS, SMOH Pharm (Dr) Ndagi informed the house that the state government had already released funds for the maintenance of the warehouse which is in fulfillment of the promise made during the handing over ceremony in the month of August 2015. He also said the quantification committee would continue to work on the quantification of essential drugs and laboratory reagents/consumables in the state.

One-day Niger State HIV/AIDS Stakeholders Transition Review meeting was held at the conference hall of Niger state ministry of health. Some of the major highlights were:

- Over view of new PEPFAR strategic direction
- Update on Transition of identified PMTCT sites by 30<sup>th</sup> September 2015 in Niger State
- Strategies to maintain quality PMTCT services

### **IR 3. Strengthened public/CSO and community enabling environments**

#### **Health System Strengthening**

15 comprehensive PEPFAR supported sites plus 5 other non-PEPFAR supported hospitals in the state received a 4-month stock of laboratory rapid test kits (RTKs) to complement the new PEPFAR shift in RTKs supplies reduction to 30 % across PEPFAR supported facilities in Niger state

#### **Monitoring and Evaluation**

A total of 114 health facilities out of which 16 are offering comprehensive HIV/AIDS care and treatment services in 18 LGAs while 98 are providing PMTCT services across 25 Local Government Areas of the state were supported.

**Table 21. Major Accomplishment Vs Planned Activities:**

S/N	Planned Activities	Major Accomplishment
1	Data collection, collation and reporting	Data from 16 CCT sites and 97 PMTCT sites were collected and reported to Country office, USAID through the District Health Information System (DHIS) platform and to PEPFAR through the Data for Accountability, Transparency and Impact (DATIM).
2	Updating of the Retention and Audit Determination Tool (RADET) for ART at General Hospital Suleja	The current clients on ART and those who have been inactive from inception were ascertained
3	Electronic Medical Records Training at General Hospital, Minna.	35 persons from different departments were trained on OpenMRS and are now expected to step down the training to other would-be users of the software in the hospital.
4	Conducted Data Quality Assurance (DQA) in 12 CCT sites in Niger and supported the process in Kwara, Sokoto, and Kebbi	The data from the 12 CCT sites have been reviewed and quality measures are being put in place
5	Supported LACA through cluster data collection meeting to collect and report data from all the MSH supported facilities in their LGAs	LACA M&E Officers from 25 LGAs had complete data from MSH supported sites to report to the state.
6	Supported Niger SACA & SASCP to harmonize 2015 bi-annual Health sector data for presentation to NACA and FMOH.	Niger SACA & SASCP had harmonized data for decision making and reporting to NACA and FMOH.

**Capacity Building and Hands-on Mentoring**

Some of the local capacity development initiatives include:

NigeriaQual performance and software training that resulted in building the capacity of QI champions (13 doctors, 4 CHEWs, 2 Pharmacists, 1 Laboratory staff and 10 nurses) across the 16 supported CCTs as well as four selected PHCs (PPFN clinic Suleja, CHC Maje, MCH Old airport Minna and MCH Kpakungu) on Sampling method, NigeriaQual data collection, using the audit tools, and use of NigeriaQual software in reporting.

30 Medical lab scientists-MLS and Heads of Medical laboratories in the state participated in a 4-days training by MSH lab team on test menu expansion, good phlebotomy practice, good laboratory practices, quality management systems, equipment maintenance using spectrophotometer to analyze parameter for lipid profile, glucose, renal functions and liver functions. The trained MLSs have acquired more skills and use of NigeriaQual software in reporting.

**Table 22. Niger state Performance**

<b>Selected Indicators</b>	<b>FY15 Target</b>	<b>Cumulative Achievement</b>	<b>Q4</b>	<b>% Achieved</b>
# of pregnant women who received C&T for HIV and received there test result	47982	69185	18516	>100%
# of pregnant women tested + to HIV(including Known positive)	1013	1227	331	>100%
# of HIV + pregnant women who received ARVs prophylaxis to reduce the risk of Mother to Child Transmission	891	1196	324	>100%
# of Expose babies delivered by HIV+ mother	0	1110	414	
# of exposed infants who received prophylaxis after delivery	891	989	360	>100%
# of Infants born to HIV+ women whose blood samples were taken for DNA PCR test within 12 months of birth	0	747	224	
# of persons enrolled for HIV care (Pre-ART and ART) who were screened for TB	14476	14162	1493	98%
# of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	755	114	39	15%
# of adults and children with advanced HIV infection newly enrolled on ART	3461	3085	829	89%
# of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	10723	7780	7780	73%

## **Sokoto State**

### **Program Description/Introduction**

The PEPFAR funded USAID supported Prevention organizational systems AIDS Care and Treatment Project (Pro-ACT) is administered by MSH in Sokoto State since October 2013 and has assumed oversight responsibility for supporting comprehensive HIV Care and Treatment and PMTCT services in 10 healthcare facilities (2 tertiary & 8 secondary) across seven (7) Local Government Areas in the state.

### **Activity Implementation Progress**

In the quarter under review, Pro-ACT focused mainly on providing support to the state government on sustainability measures through innovative ways on the background transitioning of some PEPFAR support to the government.

One of the sustainability measures devised by the team is establishment of Savings and Loans Associations (SLAs) among support group members. In another related development, the successful repair of Chemistry and Hematology laboratory equipment has raised awareness to the Laboratory Revolving Fund in 3 Pro-ACT supported CCT sites. It is worthy of mention that hematology investigations in UDUTH, Specialist Hospital Sokoto (SHS), and GH Dogon-Daji are now being offered at no cost to HIV patients using internally generated revenue realized from non-HIV patients. This measure is a sure way of sustaining the HIV response especially in the context of dwindling funds allocation by the state government.

As a result of continuous support by the team, a total of 4595 pregnant women out of 4921 new ANC attendees ( 93%) were offered HIV counseling and testing in the quarter under review. Although, this number reflects a 2.6% increase of HTC uptake at ANC when compared with Q3, the team noted a significant decline of 18% when compared with the corresponding quarter of FY 14. It is anticipated that this trend will likely to continue with the current transitioning of PEPFAR support to the state government.

In line with USAID's directives on transitioning PEPFAR support in low yielding PMTCT sites to the state government, the state transition committee was formed to engage with the SMOH and other key stakeholders which resulted in the inauguration of Technical Working Committee headed by the Director of Pharmaceutical Services and SACA Executive Secretary as the Secretary. To this effect, a Memowas written by the SMOH to His Excellency the Executive Governor of Sokoto State.

Improving the medical record system becomes imperative given the growing number of HIV/AIDS patients accessing the services in some health facilities. To this end, the team has conducted a five-days training of 25 providers in UDUTH in preparation for the deployment of Open EMR System to the facility.

However, despite the successes recorded, some challenges were encountered during the quarter under review. These include but not limited to increasing default rate of HIV positive pregnant women and their babies, as well as increasing rate of perinatal transmission rate possibly due to late initiation of PMTCT intervention brought about by late commencement of ANC; and in some cases no ANC at all.

## **Implementation Status**

### **IR 2. Sustained access to quality integrated HIV/AIDS and TB services and Community Care Services**

#### **HIV Testing and counseling**

A total of 4595 pregnant women were counseled and tested for ANC in the quarter under review of which 40 (0.9%) were identified HIV positive. A comparison of number of pregnant women counseled and tested for HIV in the quarter shows a decline of 18% when compared with the same quarter in 2014. This could be as a result of failure on the part of the state government to cover the vacuum created by the withdrawal of PITC volunteers from the sites in line with USAID policy shift. In addition, unlike in Q4 of 2014, the grantee CSOs supporting these sites have completed their contract in the quarter under

review. The team is continuously advocating to the state government on improving human resource for health as one way of addressing the problem of HTC uptake at ANC.

## Care and Support Services

### Strengthening Savings & Loans Associations

One of the sustainability measures devised by the team is establishment of Savings and Loans Associations (SLAs) among support groups. In Tambuwal, the activity of SLA formed by the women of support group was reviewed. The SLA has accumulate savings of up to fifty eight thousand (N58, 000.00) on its account. Already six members of the group have benefitted from the loan. The loan beneficiaries confirmed that they have been able to grow their business as a result of the loan they collected.

### Positive Health, Dignity & Prevention (PHDP)

The adherence counsellors and trackers in Pro-ACT supported facilities were mentored on how to administer the client interview tool. A total of 1384 (881 female and 503 male) clients were provided with PHDP services which include: condom information and condom service provision, adherence counseling, risk reduction counseling, family planning counseling/services, partner HTC counseling, and STI counseling/services.

## Clinical HIV/AIDS Services

### ART

A total of 233 clients were newly enrolled and initiated on ART in this review period of which 96.5% were adults and 4.5% Paediatrics. Sokoto Specialist Hospital recorded the highest number (115) of total enrollees representing 49%. Out of this number, only 8 (3%) are children. However, a marginal increase in the number of patients initiated on ART has been observed across the quarters in FY 15.

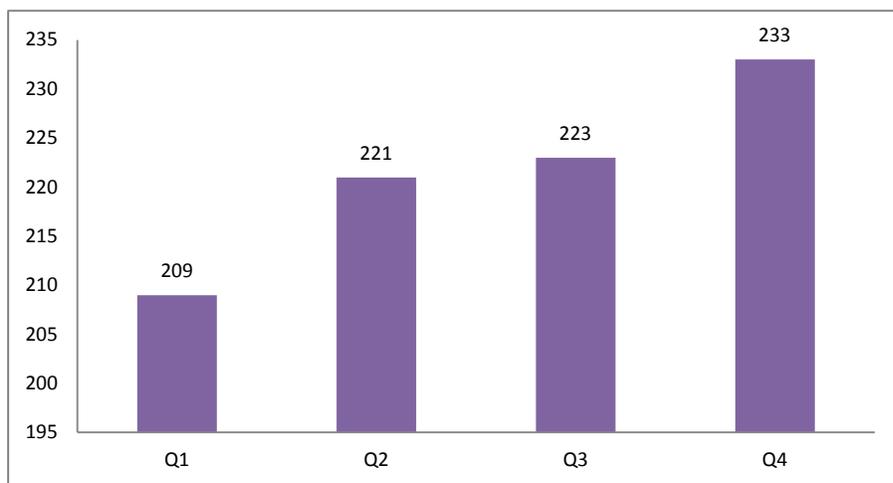


Figure 25. Quarterly ART uptake in FY 15

Targeted CME activities on treatment failure were carried out in 6 of our CCTs (85.7% coverage) to facilitate optimization of viral load reagents in UDUTH and effective switching of eligible patients to second line regimen. This has resulted in an increase in the number of viral load tests done from 92 in Q3 to 280 in Q4 representing 51% increase. All identified patients with high viral load count of >1000c/ml have commenced adherence support. A repeat VL to establish treatment failure will be carried out in the next quarter.

Analysis of patients' retention on ART in WCWC and MAWCH indicated disturbing figures of 33.3% and 51% respectively which could be attributed to non-replacement of competent adherence counselors since the disengagement of PITC volunteers by MSH; and absence of trackers in these facilities. The team is in discussion with Hospital Managements of the affected facilities on the importance of engaging adherence counselors. Likewise, a fresh proposal is being considered to engage trackers in these facilities. However, retention in other MSH supported sites has been impressive with HFWCH and UDUTH having 70% and 69% respectively.

### **TB/HIV**

A total of 321 PLHIV were screened for TB during the review period which consist of 233 newly initiated patients on ART, pre-ART and backlog of patients from the previous quarter. All newly initiated clients on ART were screened for TB and documented appropriately

Out of a total 233 HIV infected patients initiated on ART in the quarter under review, 79 (33%) were suspected of having TB, while 14 (18%) of the suspected cases, were confirmed to have TB/HIV co-infection and 10 (71%) were placed on TB treatment. Incidentally, the number of confirmed cases is the same as in the previous quarter. However, the number placed on treatment is slightly lower in the current quarter (10 against 11).

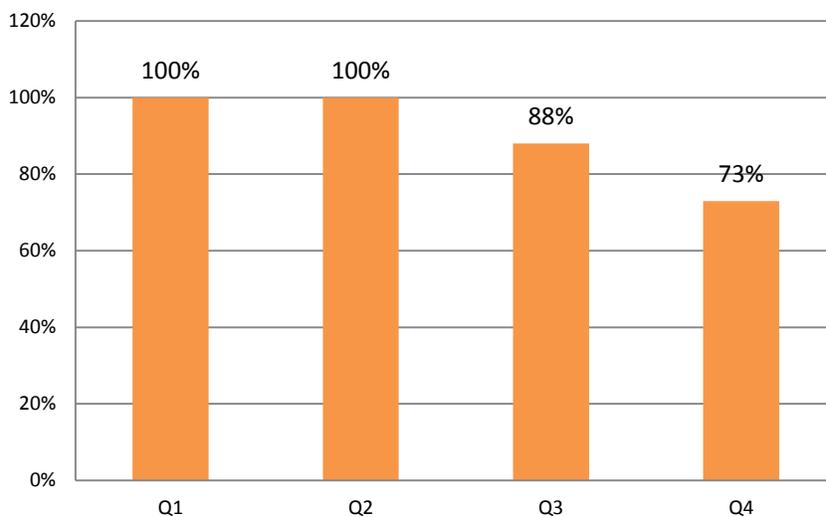
A total of 37 clients were newly initiated on IPT in the review period with 21 of them emerging from UDUTH. The cumulative number of clients who benefited from IPT so far is 867 of which 431 (48%) having completed. Across all sites, there is low threshold for placement of Clients on Isoniazid by the Clinicians especially in Specialist Hospital Sokoto and WCWC. Plan is underway to put sites back on track by periodic mentoring of ART Clinicians and targeted CMEs to address this gap.

## PMTCT

A total of 4595 pregnant women out of 4921 representing 92.6% of new ANC attendees were offered counseling and testing in the quarter under review. Even though, this number reflects a 2.6% increase of HTC coverage at ANC between Q3 and Q4, the team noted a significant decline of 18% when compared with the corresponding quarter of FY 14. It is anticipated that this trend will likely continue with the current transitioning of PEPFAR support to the state Government.

The team noted with concern a downward trend in the proportion of ART prophylaxis among HIV positive pregnant women over the last 2 quarters. Out of the 40 HIV positive pregnant women identified at ANC, only 29 (73%) were placed on ART. This is a 15% decrease when compared with the previous quarter. The decline was as a result of poor documentation and loss to follow up of patients in Sokoto

**Figure 26. Percent of ART Prophylaxis at ANC**



Specialist Hospital. Close mentoring and supportive supervision are presently being put in place to address the situation. Another concern is the high rate of home-delivery among HIV positive pregnant mothers on prophylaxis of approximately 57.89 % despite continuous counseling. The team will continue to advocate for hospital delivery in every appropriate forum.

Exposed infants diagnosis in the state received a boost with pilot of the innovative filing system adopted in UDUTH that afford easy monitoring and tracking of exposed infants with direct impact on planning and scheduling of care and support received by clients and their guardians. With more than 75% of exposed infants within 6-8 weeks of live tested and received DBS-PCR results in the quarter. Overall HIV positivity rate of 6.56% (4 out of 61 clients) were documented at 8weeks of life across the CCTs, highest being 33.3 %(1 out of 3 HEI) at HFMCH . All (100%) HEI received Syr. Nevirapine within 72 hours of delivery in all CCT sites in the state (both facility and home deliveries). All confirmed HIV positive infants are currently enrolled into ART services

**Table 23. ANC HTC uptake by facility**

INDICATOR	SHS	UDUTH	MAWCH	WCWH	HFMCH	GH TAMB	GH D/DAJI	GH YABO	GH AMANA	GH TURETA
NEW ANC ATTENDEES	866	860	1,315	1,290	15	168	66	193	140	48
CT	789	860	1,142	1,181	14	165	63	193	140	48
POSITIVE	11	15	7	4	0	0	2	1	0	0
PROPHY	5	13	7	3	0	0	1	0	0	0
HIV + Delivery	9	7	5	0	1	3	5	0	0	0
Infants who received NVP within 72hrs	9	6	4	0	1	2	5	0	0	0

**Birth Cohort Outcomes for HIV Exposed Infants in UDUTH, Sokoto**

In an effort to track the final outcome of HIV exposed infants in the treatment program in UDUTH within a birth cohort, a process is put in place to afford easy extraction of data and reporting by the State team. Follow up on outcome for the month of August is as follows:

**2 months age Cohort:** 3 patients were identified in this cohort. One has a negative PCR result as at 7 weeks while others are still awaiting results from the Laboratory .However ,rapid diagnostic test done using determine test kits for these two infants were positive(done on account of UDUTH research on MTCT). They all received Nevirapine at birth till 6weeks of life and their mothers had HAART prophylaxis while pregnant.

**12 months age cohort:** 83% of exposed infants (5 out of 6 patients) in this cohort were offered HIV test out of which none was reported positive. HIV test was not offered to 17% of the patients (1 out of 6 patients) in this cohort.

None of the PCR negative clients is discharged for now probably due to uncertainty of their breast feeding status. There is need to mentor Clinicians on requesting for second DBS\_PCR test only when exposed infants have stopped breastfeeding for more than 6 weeks except otherwise indicated and appropriate documentation on the part of the Clinician and M&E.

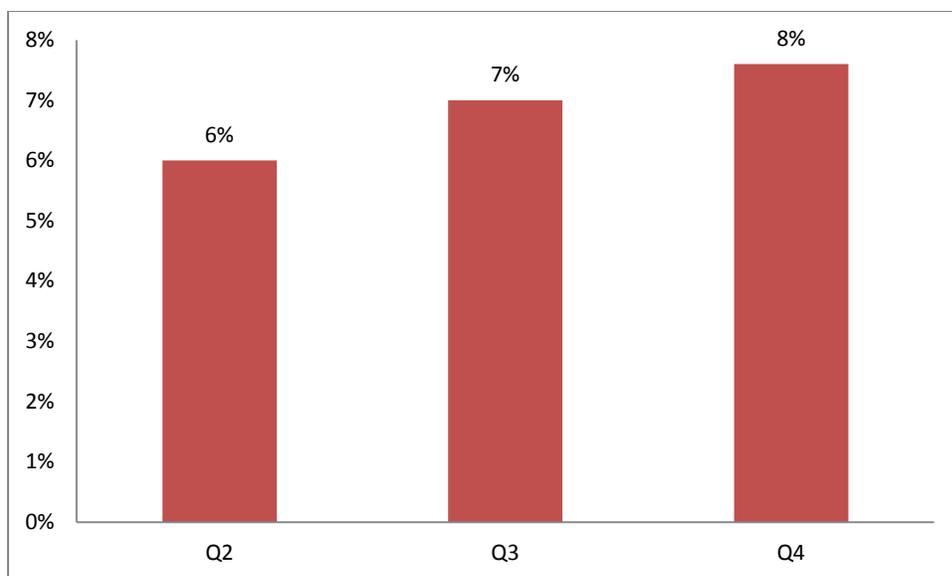
There is 17% default rate with one of the clients LTFU. Clinical team will work hand in hand with Trackers and Adherence Counselors to bring this patient back to care

**18 months age cohort:** Out of the 10 clients reported in this category 2 (20%) were lost to follow up, and of the 8 clients left in care, 3 were free of HIV virus (30%) and others are yet to have their test done because of long clinic appointment schedule. One patient was successfully discharged from the clinic of the 3 negative results while others are still in care.

**Inference:**

1. The rate of default 10-17% among exposed infants between ages 12months to 18months is alarming and requires a strategic approach to retaining them in care and also
2. The need to shorten the waiting time to DBS-PCR test result in UDUTH especially at 6-8 weeks in order to institute appropriate management in good time and ease of reporting.

**EID Positivity Rate:** The graph below depicts average HIV transmission rate among HIV exposed infants at 2months. Disturbingly, the rate is unacceptably high despite interventions given. Some of the factors attributable to this challenge are the high rate of home delivery and late initiation of PMTCT interventions due to failure of many pregnant women to start ANC early. Some actually, get tested for HIV for the first time during labor and delivery.



**Figure 27. Average MTC Transmission Rate per quarter**

### **Quality Improvement (QI)**

Improving quality of health care services rendered to clients in supported facilities is reflected in virtually all activities carried out in the course of this quarter. On TB Infection Control, 85% of MSH supported facilities have functional TB Infection Control (TBIC) Team, TBIC policies and plan, TBIC Focal person/cough officers and Health education on cough etiquette are given. Having realised the importance of quality improvement, facility staff now conduct their monthly QI meeting with little technical support from Pro-ACT.

### **Laboratory Services**

As part of the support for sustainability and services integration given by Laboratory team to the project supported facilities, chemistry unit in Specialist Hospital was able to develop facility-based SOPs for all co-tests, coordinated and facilitated the processes of the maintenance of faulty equipment and servicing at SHS, UDUTH and GH Tambuwal; supported and supervised the conduct of quarterly Internal Quality Assurance (IQA) meeting with participants drawn from 5CCT and 2PMTCT sites.

Following successful repair of Chemistry and Hematology laboratory equipment, the concept of the Laboratory Revolving Fund has gained the desired attention in 3 MSH supported CCT sites. It is worthy of mention that chemistry and hematology investigations in UDUTH, SHS and GH Dogon-Daji are now being offered free to HIV patients using internally generated revenue realized from non-HIV patients. This measure is a sure way of sustainable HIV response especially on the background dwindling funds allocation by the state government.

The laboratory team continued to support all sites for proper documentation on bimonthly CRRF reports and as well as closing identified gaps through rationalization of commodities from overstock to under stock sites to minimize wastages and to improve quality of services. In the same vain, the viral load optimization strategy implemented in collaboration with Clinical Team has led to utilization of all short-

dated viral load kits thereby averting wastages.

**Table 24. DBS analyzed, Backlog and Stock Balance**

Month	July		August		September					
State	No. Neg.	No Pos.	No. Neg.	No Pos.	No. Neg.	No Pos.	Total No. Neg.	Total No. Pos.	Backlog Samples	Stock Balance Kits
Sokoto	64	3	6	3	22	1	92	7	60	9X48
Kebbi	7	1	8	0	34	5	49	6		
Zamfara	17	0	7	0	16	0	40	0		
Non-MSH Sites	0	0	2	0	6	1	8	1		
Total	88	4	21	3	72	6	189	14		
<b>Monthly % +</b>	4.34%		12.50%		7.69%					

**Table 25. Viral Load Samples analyzed, Backlog and Stock Balance**

Month	Total Number of Test Done	NO < 1000cps/mls	No > 1000cps/mls	Backlogs	Stock Balance
July	99	66	37	106	192
August	141	85	56	39	
September	40	23	17	85	11X48
Total Number	280	174	110		

**Supply Chain Management System****Capacity Building**

Towards ensuring continuous improvement and strengthening of Laboratory supply chain system, staffs of WCWH, SHS, UDUTH, HFMCH, GHs Tureta, Amanawa, Tambuwal and Dogon Daji were supported on stock status review. Further capacity building was provided to staff of UDUTH PCR unit to improve PCR reagent utilization and reporting. An orientation/review meeting was held among Supply Chain Management System (SCMS), UDUTH PCR unit and SCM consultant. Harmonized national unit of reporting were explained with reference to utilization relationship among the various working items/reagents. Possible causes of reagents wastages were identified and means of minimizing/preventing wastages were discussed.

**Commodity Management**

In order to maintain uninterrupted availability of health commodities across supported health facilities in Sokoto State, SCM Consultant provided on-site technical support to all the sites in the areas of various needs such as data entries, analysis, and report preparation. Stock statuses were reviewed with facilities staffs and with reference to stock date monitoring and best practices in commodities management.

### **LMD Review and Resupply**

The SCM team followed up with the Phase 4 Unification team on Last Mile Delivery (LMD) to all MSH supported sites in Sokoto. The LMD template was promptly reviewed with the Unification team. The replenishment has been completed for ARVs, Cotrimoxazole and RTKs across all sites while we await the delivery of the cold chain items (CD4 reagents) any time soon. Similarly, the team distributed available laboratory consumables in the field office to supported sites. All these resupplies within the month boosted the stock status of these commodities at the supported facilities and ensured uninterrupted services delivery.

### **IR 3. Strengthened public/CSO and community enabling environments**

#### **Health Systems Strengthening**

The state project transition committee was formed to engage with the SMOH and other key stakeholders to discuss appropriate plans and efforts to ensure smooth transition of PEPFAR support to the State Government. In view of this, the Permanent Secretary inaugurated a Technical Working Committee headed by the Director of Pharmaceutical Services and SACA as the Secretary which made the following recommendations:

- Increased Government allocation and release of funds for HIV/AIDS response in 2016 (SMOH & SACA budgets).
- Immediate take-over of ceded services by the State Government. A memo be immediately sent to the Executive Governor by the Ministry for procurement and maintenance of already transitioned services (September-December, 2015) at the total cost of N58, 748, 050.25 from 2015 SMOH/SACA budgets.
- Support for continuous supervision of transitioned services and facilities be provided by SACA and SASCP unit of the Ministry as part of their coordination activities.
- The recommendations resulted in the **writing of memo by the SMOH** to His Excellency, the Executive Governor of Sokoto State.

In addition, the team supported the conduct of USAID IPs forum which led to the write –up of an advocacy brief to HE the Governor of Sokoto State on increased government ownership of HIV response in the state.

## Monitoring and Evaluation

Ahead of the USAID proposed visit to the State to administer the Site Improvement through Monitoring Systems (SIMS) tools for Facility and Community assessments, the M & E team conducted a mock-visit to WCWC, GH Tambuwal, GH Dogon Daji and GH Yabo. Issues identified during the mock visit were fully addressed such as non-updating of registers. The team successfully validated and entered the data into MSH database, DHIS USG.

A 2 day refresher/step down training for selected and highly committed HF record staff and Data clerks from ANC/PMTCT unit, Pediatric, and Adult ART clinics to build and upgrade their capacity was conducted. In addition, it provided an opportunity for LACA M&E officers in the state to upload data into eNNRIMS DHIS from October 2014 to July 2015.

In preparation for the deployment of Open EMR System to UDUTH, five (5) days training was organized for the facility staffs drawn from all the units directly responsible for care, support and treatment of HIV. A meeting was held with Sokoto Specialist Hospital stakeholders as a first step in the preparation for deployment of the EMR in the facility.

**Table 26. Sokoto State Performance**

<b>Selected Indicators</b>	<b>FY15 Target</b>	<b>Cumulative Achievement</b>	<b>Q4</b>	<b>% Achieved</b>
# of pregnant women who received C&T for HIV and received their test result	28,789	21,239	5,468	74%
# of pregnant women tested + to HIV(including Known positive)	608	198	77	33%
# of HIV + pregnant women who received ARVs prophylaxis to reduce the risk of Mother to Child Transmission	535	185	62	35%
# of Exposed babies delivered by HIV + mother	0	74	27	
# of exposed infants who received prophylaxis after delivery	535	76	26	14%
# of Infants born to HIV+ women whose blood samples were taken for DNA PCR test within 12 months of birth	0	137	23	
# of persons enrolled for HIV care (Pre-ART and ART) who were screened for TB	8,686	2,252	310	26%
# of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	453	112	18	25%

# of adults and children with advanced HIV infection newly enrolled on ART	2077	899	243	43%
# of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	6434	2550	2550	40%

## Zamfara State

### Program Description/Introduction

The Pro-ACT project has been implemented by Management Sciences for Health (MSH) in Zamfara State since October 2013, when the organization took all PEPFAR supported activities from other Implementing Partners. Currently, MSH supports the provision of Comprehensive Care and Treatment Services in 3 secondary Health Facilities and in 1 tertiary Health Facility in Zamfara. Up to the end of September 2015, 18 other health facilities were supported by the project for the provision of HTC/PMTCT services. Two of these PMTCT sites have however been transitioned to the state in accordance with the USAID's PEPFAR guideline in transitioning low yield PMTCT sites.

### Activity Implementation Status

During the quarter under review (July – September 2015), which also marked the end of FY15, the project intensified its engagements with the state authorities. Outcomes included the constitution and inauguration of the State Management Team (SMT). Pro-ACT also supported the constitution of a committee to oversee the smooth transitioning of PMTCT services to the state and the constitution of Laboratory Quality Management Task Team.

Pro-ACT initiated and piloted the development of facility specific operational plans in the state with two facilities from two different senatorial zones, namely General Hospital Tsafe and General Hospital Shinkafi. The plans captured major requirements of the facilities for one year and strategies of meeting such requirements to improve the quality of service.

Federal Medical Centre Gusau was selected by MSH Pro-ACT for Electronic Medical Record activation. FMC Medical Director expressed the readiness of the management to provide what would be required as counter support for successful activation of the EMR in the facility.

A total of **1,188** persons (**327** males and **861** females) were reached with PHDP services within the reporting quarter. Also, Zamfara State Agency for the Control of AIDS (ZMSACA) was supported in the area of quantification of HIV RTKs and OI drugs for supported health facilities to ensure sustainability of HIV testing and provision of opportunistic infection (OI) drugs to PLHIV. The agency has also procured stock of lab reagents for distribution to health facilities. There has been tremendous improvement in IPT as over the 87 clients placed on INH between July and September 2015.

## **Implementation Status**

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

#### **Community Services/Prevention**

##### **Re-activation of Zamfara State Chapter of NEPWHAN**

As a follow-up to the work plan drawn during the Leadership Development Program training held for NEPWHAN and Support group members, the Zamfara state chapter of NEPWHAN has been revived and an election for the network leadership was conducted. A 2-day start up training was conducted on the 5<sup>th</sup> and 6<sup>th</sup> of August, 2015 for eighteen (18) NEPWHAN and ASWHAN coordinators. The training was used to get them familiar with their roles and responsibilities in the state. It was also used to make them know the importance of resource mobilization, referrals and linkages towards meeting the needs of PLHIVs in the state.

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

#### **Community Services**

##### **Adherence and Tracking services**

A total of **1,441** persons (**446** males and **995** females) were reached with adherence counseling services in the four CCT sites from July to September 2015. Also, a total of **178** defaulters were tracked out of which **33** returned while **17** were noted as dead and **10** were transferred out in the four CCT sites from July to August 2015.

##### **PHDP Services**

A total **1,188** persons (**327** males and **861** females) were reached with PHDP services within the reporting quarter. The services provided include risk reduction counseling, condom services, adherence counseling, family planning counseling, STI counseling. Referrals were made for STI services, partner testing, and family planning. Geographic mapping of clients was conducted in the two health facilities with the lowest retention rates; that is FMC Gusau, and GH Kaura Namoda. A survey was also conducted to identify the challenges of retention. Analysis of the survey provides a picture of the retention challenges faced in the Zamfara state. FMC Gusau and GH Kaura were selected for this survey due to their low retention rate which is placed at 65% and 64% respectively as at June 2015. The findings show clients reasons for missing appointments, poor adherence, and attitude towards support group meetings.

Questionnaires were administered by the adherence volunteers and out of **51** clients interviewed only **31**(**9** males and **22** females) interview tools were analyzed because they were for clients who had missed appointments/defaulted at least once.

**Results** from the survey show lack of transport support (29%) and stigma (26%) as the major reasons for missing appointments. Distance and long waiting time were each mentioned by 10% of the 31 clients. 10% of the clients also gave their reasons for missing appointments as the kind of work they engage in which requires a lot of travelling, and having to take too many pills (ARVs alongside other medications).

The most frequent reason for poor adherence was fear of disclosure with 36% (of which 29% were women), followed by forgetfulness at 32%.

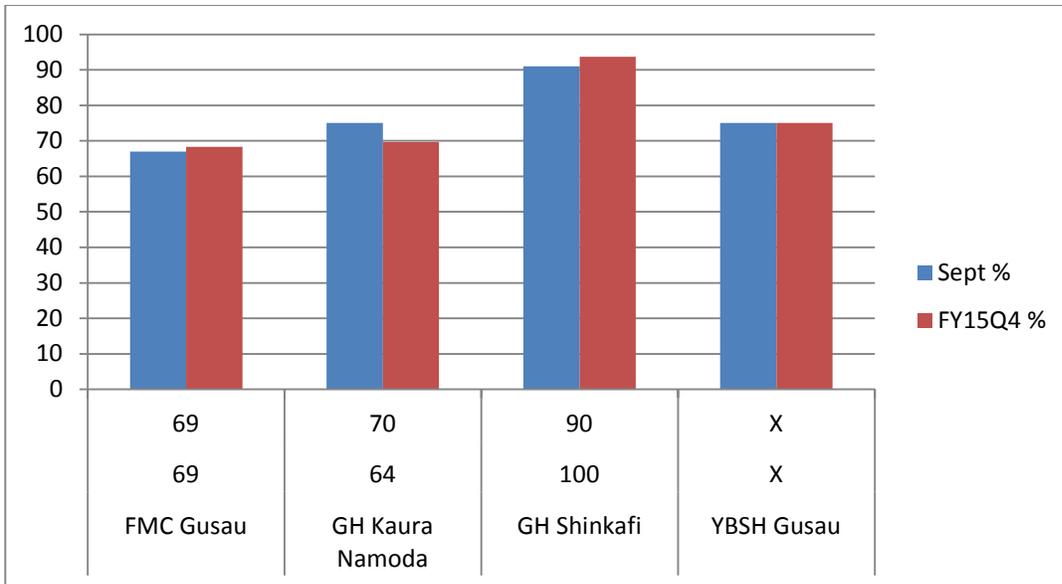
**Table 27. Performance against key indicators**

Indicator	State target	Jul-Sept 2015
# of individuals who received counseling and testing for HIV and received their test results (Including PMTCT, TBHIV, Infants) (July and August)	12,403	<b>13,451</b>
# of individuals who tested positive to HIV and received their test results (HTC sites only) (July and August)		<b>236</b>
Total # of clients who received adherence counseling		<b>1,441</b>
Total # of defaulter for the reporting period		<b>178</b>
Total # of defaulter who were tracked		<b>178</b>
Total # tracked and returned to care		<b>33</b>

## Clinical Services

### ART

A total number of **138** new clients tested positive and were enrolled into care and about **111** were enrolled into ART. Adherence to ART has improved significantly across the CCTs and clients are regularly assessing their medications. There was an initial drop at GH Kaura Namoda following the influx of new doctors and transfer out of the old trained ones. But following the **CMEs** conducted onsite at the facility where all the new doctors and some GOPD nurses were trained, there has been significant improvement. Last adherence assessment conducted at the facility showed that about 86% of clients visiting the facility are routinely assessed for adherence.



**Figure 28. Retention on ART**

Two viral load samples were sent in the quarter based on suspicion of treatment failure and the results received confirmed the suspicion. One was sent from FMC and the other from GH Kaura. Both clients have been switched to the second line of ART.

### **CME**

CMEs were conducted at the YBSH and GH Shinkafi. Both were based on ART monitoring and TB screening. A total of **18** doctors were trained in YBSH, **3** doctors in GH Kaura and **1** doctor in GH Shinkafi. **29** Nurses were trained across all CCT sites.

As a result of our renewed effort towards tracking of clients, right from missed appointment before they are fully defaulted from treatment, retention improved slightly over the reporting quarter. ***The average retention for the state stands at 76.6% against 69.6% recorded last quarter.***

### **Quality Improvement**

Monthly Quality Improvement team meetings were held in all the facilities except the FMC Gusau where industrial action has been on. CCTs have been supported to independently run their QI meetings with MSH providing just technical assistance. GH Shinkafi and YBSH ran two monthly meetings without MSH presence. However, the project continues to track the successful conducts of such meetings through the use of minutes of the meetings as a means of verification.

All Pro-ACT supported Comprehensive Care and Treatment sites in Zamfara had varied QI projects during the quarter as follows:

**FMC Gusau**, worked on increasing TB screening of adult clients from baseline 61% to 90% by June 31st 2015. The feat was not achieved as current TB screening rate stands at 81%. While still working on improving TB screening, the clinicians chose to work on improving CD4 request among adult clients

population from the abysmal 15.31% revealed by the last NigeriaQual data analysis, to 60% by October 31<sup>st</sup>.

**GH shinkafi**, worked on increasing TB screening among adult clients from 79% to 91% by July 31 2015. Current rate is 95%. Thus, target was exceeded. Current project is to improve adherence assessment from current 70% to 95% by November 30<sup>th</sup>.

**GH Kaura Namoda**, worked on increasing TB screening to 100% by July 31<sup>st</sup> This was not achieved mainly due to the transfer of the PMO and influx of new doctors. Current rate stands at 78%. While planning to extend the timeline to November 30<sup>th</sup>, the team has also agreed to increase request for CD4 among adult client population to 60% within the same time frame..

**Yariman Bakura Specialist Hospital**, worked on CD4 assessment which significantly improved from 14% to about 61%. The current project is to improve TB screening and adherence assessment and various efforts has been made to this effect.

### TB/HIV

**Intensify Case Finding:** following CME organized at the facility where all the doctors in MOPD, GOPD and SOPD were involved, Clinical TB screening has been optimized across the various CCTs and clients are readily screened on each clinic visit. The only site with very low TB screening rate still remains YBSH though there has been slight increase from 20% to 47% over the last quarter. Subsequent CME will focus on training staffs at various service delivery points to improve TB screening.

The infection control committee is fully functional in GHs Kaura and Shinkafi, participating in routine facility assessment. The two facilities have conducted ward and OPD assessment to identify points of possible infection dissemination and appointed officers to ensure coughers are expeditiously attended to.

**Table 28. TB Screening**

Facility	Clinic attendance	Screened for TB	% screened	TB suspect	TB confirmed	Started treatment
FMC	722	592	82	45	6	5
YBSH	139	65	47	10	1	1
GH KAURA	401	345	86	12	1	1
GH SHINKAFI	123	117	95	8	0	0

## GeneXpert

About 132 samples were sent for GeneXpert this quarter. There was a drop from the total sample sent for last quarter FY15Q3, and this was due to the recurrent doctors 'strike in the quarter. Of those tested, 31 were positive and 2 were identified as MDR cases. 23 of the samples were from other facilities. About 34 of the total samples were sent from ART clinic with patients' status known

## IPT

GH Shinkafi still has the highest compliant rate in IPT prescription and monitoring. There was a stock out of IPT in August but the stock in FMC was leveraged to provide for the GH Shinkafi. Below is a tabulation of IPT implementation status across supported sites.

Table below shows the number of those that started IPT since inception against the number that completed.

**Table 29. IPT uptake**

Facility	# started IPT July to sept.	# completed IPT July to sept.	# started IPT since inception	# completed since inception	stock remaining	%
FMC	45	32	448	195	45	0.44
GH KAURA	17	11	113	76	19	0.67
GH SHINKAFI	11	19	118	87	35	0.74
YBSH	27	9	130	35	0	0.27

## PMTCT

Following the gaps identified in DBS collection, refresher training/**CME** on Early infant diagnosis and DBS collection were conducted at Farida GH Gusau and King Fahad Women and children hospital Gusau. Resulting in 4 samples from these facilities and sent for biological testing.

A total number of 34 DBS samples were sent in the quarter. This was an improvement over the 23 samples sent in the last quarter FY15Q3. 38 results have been received (4 overshoot from last quarter). Of the received results, 37 were negative and one was rejected due to poor collection technique.

**Table 30. Performance against select QI indicators**

Indicator	Annual Target	Month's achievement	Quarter achievement	Remarks
Monthly QI meetings	48	3	11	FMC had no meeting in the month of September
ART initiation Adult	265	48	131	
ART initiation Children	12	1	3	
TB screening	2,533	343	1,119	Some of the clients were counted twice because they presented to the clinic twice (2 monthly appointments). About 75 TB suspects were identified and 8 were positive and 7 were commenced on treatment.
Number of positive client with at least clinical assessment; WHO staging	2,815	221	1,119	Same as above. HCW who fill the care cards fill for both
IPT initiation for prophylaxis		17	100	There is improvement as over the 87 clients placed on INH in FY15Q3
DBS result collected	149	0	38	A great improvement over the last quarter where just 9 results were received.
GeneXpert result		48	124	FMC – 81, YBSH – 11, GH Kaura – 9, GH Shinkafi – 10, GH Tsafe – 6, GH Farida – 4, Others – 3 (Noteworthy to mention the improvement over last quarter, where only 26 were from facilities without the GeneXpert machine)

## Laboratory System Services

### Laboratory Revolving Fund Activities/Update

Within the reporting period due to equipment down time in 2 CCT sites of FMC and YBSH Gusau chemistry and hematology investigations were not done. After repairs of the Sysmex in YBSH Gusau by the preventive maintenance engineer deployed by Country office Abuja however, normal investigations commenced. Similarly in GH Kaura Namoda due to transfer and instability of Medical officers in the facility chemistry and hematology investigations were not properly done. This led to an advocacy visit and meeting with PMO, HOD lab and facility staffs concerned to ensure total integration and improvement on laboratory services to both PLHIV and non HIV patients, normal services commences in the facility.

### IQA Activities

Six facilities namely, FMC Gusau, YBSH Gusau, GH Shinkafi, GH Kaura Namoda, KFWCH Gusau and GH Tsafe, were provided with files for each of their testing points to help them ensure proper and good documentation of internal Quality Assurance panel results. During the quarter a one day IQA Review meeting was conducted at King Fahad Women and Children Hospital Laboratory Department, with participants from GH Kaura Namoda, GH Shinkafi, YBSH Gusau FMC Gusau, King Fahad Women and Children Hospital, Gusau and GH Tsafe, Deputy Director Laboratory Services HSMB, State QA TBLCP and MSH Laboratory Systems Staff Zamfara State. As an immediate outcome of the review meeting, all the 6 IQA focal persons were able to prepare their DTS panels and distributed to their various testing points and receive results and all are concordant as shown below.

**Table 31. DTS panel distribution**

Facility Name	Number of Testing Points	Number of Panels
GH Kaura Namoda	7	30
GH Shinkafi	7	24
FMC Gusau	6	22
YBSH Gusau	6	40
KFWCH Gusau	6	40
GH Tsafe	5	14

### LQMS and Accreditation Process

**Constitution of State Lab Quality Management Task Team (SLQMTT):** The project organized one- day meeting to constitute state laboratory quality management task team (SLQMTT). The meeting was held on July 1<sup>st</sup> 2015 at Federal Medical Centre. In attendance were Head of Permanent Secretary Ministry of Health, who was represented by HOD Lab, FMC Gusau, representatives of Zamfara Branch of Association of Medical Lab Scientists of Nigeria, Heads of facility lab departments and officials of State TB and Leprosy Control Program. MSH was represented by its Zamfara State Team Leader and Senior Lab

System Officer. At the end of the meeting, the SLQMTT was constituted to be chaired by the Director Medical Services to the HSMB.

**Quality Management System (QMS):** A baseline assessment of the quality management systems (QMS) was conducted for federal medical center Gusau towards accreditation. Following which a work plan was developed to address identified gaps.

**Sample Logging and Transportation (SPEEiD model)**

Within the reporting period, a total number of **33** DBS samples for EID and **1** sample for viral load were sent to UDUTH Sokoto from FMC Gusau, also a total number of **21** results were received as : FMC Gusau Negative **5**, GH Tsafe **5** Negative, GH Shinkafi **11** Negative including pending June results via NIPOST , all the results were Negative.

A total of **16** DBS samples were transported from HUB site FMC Gusau to PCR Lab UDUTH **1** sample from GH shinkafi, **6** samples from YBSH, **3** samples from GH Tsafe, **3** samples from GH Kaura Namoda and **3** samples from FMC Gusau. Similarly **1** client was sent from GH Kaura Namoda to PCR Lab UDUTH for viral load sample collection.

**Table 32. EID sample collection and testing**

Month	total # sent	total # received	# positive	# negative	# of samples rejected
JULY	17	21		21	0
AUGUST	16 and 2 Viral Load	17		16	1
SEPTEMBER	0	0	0	0	0

On the job training was conducted on DBS collection, drying, packaging and transportation to facility staffs of King Fahad Women & Children Hospital and Farida GH Gusau.

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

**Health System Strengthening:**

**Inauguration of State Management Team (SMT)**

Zamfara State Government inaugurated the State Management Team (SMT) to coordinate the state’s HIV response. The Inauguration, which took place on July 9th 2015, was organized by the State Ministry of Health and State Agency for the Control of AIDS (ZAMSACA). Membership of the SMT was drawn from SMOH, SACA, Line Ministries, Health facilities, CBOs and Development Partners. The expanded roles and responsibilities of the SMT include, but not limited to strengthening a sustainable system based approach to delivering a cost-effective, prevention and treatment services Other key responsibilities of the SMT are strengthening the governance structure that is required for effective multi-sectoral

responses and provide guidance on scaling up of response to HIV/AIDS in Treatment and Prevention aspects of HIV/AIDS interventions.

### **Development of Facility Operational Plans**

GH Tsafe (PMTCT site) and GH Shinkafi (CCT site) were supported by Pro-ACT to develop their facility specific operational plans from 10<sup>th</sup> to 14<sup>th</sup> August and 17<sup>th</sup> to 21<sup>st</sup> August respectively. The State was represented by one SMOH M&E officer and Directors of Admin and Pharmacy from HSMB. Also, the management committees in both GH Tsafe and GH Shinkafi were fully involved. The documents contain each SWOT analysis, needs, resource mapping and comprehensive costed plan that will help in mobilizing resources from various sources for the facilities to meet the goals of the respective health facilities for the giving period.

The Secretary to the State Hospital Services Management Board (HSMB), who wrote the Forward on the documents, described the activity as the first of its kind in Zamfara State. He also expressed that the “operational plans provide the health facilities with road map towards addressing the challenges of providing quality service delivery in addition to serving as strategies resource mobilization to supplement the efforts of Zamfara State Government.

### **Strategic Review meeting on Transitioning of PMTCT sites to Zamfara State**

In keeping with new PEPFAR programmatic shift in FY 16 a one day Strategic Review meeting was organized by MSH in Gusau during which stakeholders were sensitized about the transitioning of low yield (0-4 pregnant women identified) PMTCT sites to the various state governments by the 1st of October 2015. Phase one of the process affects 12 PMTCT sites in the state.

Zamfara State government acknowledged the immense support received by the state from USAID, and noted that they had remained in the forefront of program sustainability with the continued purchase and distribution of RTKs, Condoms and even O.I drugs through COP 14.

The Permanent Secretary (PS) noted that the implications from the new PEPFAR programmatic directives will be reviewed with plans to include the required resources in the new budget as the Zamfara State Government's priority areas include Agriculture, Health and Education.

The following were the key outcomes and action points of the meeting

- The constitution of the Zamfara State transition committee to be led by the PS and formally inaugurated at a later date
- The process of notification of the 12 selected sites PMTCT sites to be driven by HSMB and PHCDA , with letters to be drafted and dispatched by latest Monday 21st September 2015.( MSH State team to review content of letters before dispatch)
- Overarching terms of reference of transition Committee developed
- costed elements for continued delivery of PMTCT services in the state reviewed

- Development of TOR for state transition Committee

### **Supply Chain Management Services**

Activities for this quarter focused on provision of technical support to Zamfara State Agency for the Control of AIDS (ZMSACA) in quantification of HIV RTKs and OI drugs for MSH supported health facilities. Technical assistance was also provided on Combined Report Requisition Issue and Receipt Form and Patient Per Regimen report generation, data collection, validation and collation of May-June 2015 & July-August 2015 bimonthly reports. Subsequently, RTKs, ARVs, OI drugs and some laboratory consumables were delivered to all the facilities. Commodities were redistributed among health facilities to prevent stock out situation. Joint Supportive Visit to some supported health facilities was undertaken.

### **Monitoring and Evaluation**

#### **M&E Monthly Review meeting for data harvest and quality data checks**

MSH, as the Lead IP in the state, continued to support SACA/SMoH to ensure timely, accurate and quality data reporting across health facilities via national platforms and reporting tools.

Issues on quality data reporting with emphasis on **completeness** were discussed thrashed out extensively and other issues that affect data documentation, collection and reporting from facility to the next level/channel. The ultimate goal is to ensure compliance and adherence to quality reporting procedures and practice for planning, decision making and policy formulation.

#### **Quarterly data validation of reported data**

An audit of the previous quarter data of **April - June, 2015** to ensure accuracy of the data reported by the facility staff on monthly basis to MSH field office and state was conducted.

#### **Bi-annual DQA**

A Bi-annual Data Quality Assessment/Audit (DQA) exercise across CCT sites aimed at reviewing quality of data reported for the period of October 14 to June, 2015 was conducted. Identified gaps and weaknesses in the data generation system were addressed.

### **EMR**

Federal Medical Centre Gusau was selected by MSH Pro-ACT for Electronic Medical Record activation. To prepare for this, a meeting was held with the management of the facility as well as officials of the State Ministry of Health in August 2015 during which requirements of EMR were presented by MSH team. At the end of the meeting, the FMC Medical Director expressed the readiness of the management to provide what would be required as counter support for successful activation of the EMR in the facility.

### Step-down training for HF Medical Record/M&E Focal Persons

A two days refresher training aimed at addressing data quality issues and to build on the existing knowledge of health facility staff's on the new MER/USG reporting guideline of accountability and national HMIS tools to achieve full ownership and sustainability was conducted.

The knowledge of all the participants pre-and post-training showed an interesting result; there was significant increase in participants' performance from the pre-test to post-test. With an average score of 56-79%, lowest from 22-67% and highest score of 89-100% respectively.

### Integration of Crosscutting Issues and USAID Forward Priorities

**Table 33. Zamfara state Performance**

<b>Selected Indicators</b>	<b>FY15 Target</b>	<b>Cumulative Achievement</b>	<b>Q4</b>	<b>% Achieved</b>
# of pregnant women who received C&T for HIV and received there test result	25,591	32,837	8,708	>100%
# of pregnant women tested + to HIV(including Known positive)	540	205	71	38%
# of HIV + pregnant women who received ARVs prophylaxis to reduce the risk of Mother to Child Transmission	475	175	59	37%
# of Expose babies delivered by HIV + mother	0	89	35	
# of exposed infants who received prophylaxis after delivery	475	84	32	18%
# of Infants born to HIV+ women whose blood samples were taken for DNA PCR test within 12 months of birth	0	85	36	
# of persons enrolled for HIV care (Pre-ART and ART) who were screened for TB	7,721	1,358	325	18%
# of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	402	35	11	9%
# of adults and children with advanced HIV infection newly enrolled on ART	1,846	631	219	34%
# of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	5,719	1,646	1,646	29%

## **Cross cutting issues and USAID Forward priorities**

### **Sustainability Mechanisms**

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

### **Governance and Leadership**

Pro-ACT provided technical support to all states to 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's groups 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)**

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

### **Political Commitment**

Pro-ACT recognizes the role of political commitment in sustainability and has continued to engage the new government after the general election and swearing of new government officials across the states. This will guaranty sustainability of the PEPFAR investments in HIV/AIDS services that would assure the health of beneficiaries and sustainability of project interventions by supported state governments. Pro-ACT recognizes the need for robust fiscal budgetary allocations to supported states and has continued to engage different strata of government and non-government actors to foster a culture of joint stakeholders planning and budgeting for state HIV & AIDS response to sustain the HIV/AIDS response from 2015 and beyond through the process of incremental budgeting by states. Plans have advanced to support the states to develop policy briefs and investment cases to use in defending HIV budgets.

### **Local Capacity Development**

Pro-ACT has continued to strengthen the technical capacity of the state at the state, Local Government Area, and community levels through a series of trainings, mentorship and coaching aimed at transferring knowledge and skills needed to drive quality and sustainable HIV/AIDS and TB services in the state.

Hands-on mentoring by the project was provided on infection risk assessment across comprehensive care and treatment sites as well as providing on the spot hands on mentoring and strengthening infection control measures, and deploying infection control policy/plan to the facilities for adaptation in all the 5 states.

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

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

## Challenges

### IR2

#### Laboratory services

- High equipment down time which continues to negatively impact the utilization of available reagents within Pro-ACT supported facilities.
- Expiration of donated reagents and consumables intended to supplement the LRF program across the facilities could not be utilized and in some instances expire on such facilities because of faulty equipment.
- Erratic power supply across sites: advocacy to MoH/facility management to provide alternative source of power including inverters, Solar, generators and gasoline
- Short dated CD4 reagents for BD Facs Presto supplied to facilities which eventually expired and disrupted CD4 service provision in the affected facilities

### **Care and treatment**

- Recurrent Medical doctors strike actions in FMC Guzau impacted on the provision of services and uptake services. The industrial action affected recorded progress and milestones gained in program implementation after recovery from protracted strike action earlier in the FY15.
- Challenge in tracking patients resulting from wrong residential addresses or phone contact given by clients. To curb these challenges, continuous mentoring are routinely given to HTC service providers and other health workers to be able to collect complete data before providing services.
- Poor work attitude of non-commitment by health care workers towards the provision of HIV/AIDS services in health facilities, thereby leaving the work for only volunteers. However, there has been continued advocacy, mentoring and support by the team towards ownership and sustainability of the program.
- Inadequate Human Resource for Health in all the supported facilities leading to burn-out of the few service providers.
- Poor turnaround` time of DBS sample

### **IR3**

#### **Monitoring and Evaluation**

- SACA/LACA M&E staff skills are still poor and affects data quality. This sometimes necessitates project staff to collect data from facilities on their own.
- Inability of some states to release fund to print HMIS tools that are out of stock.
- Poor documentation skills in health facilities has been affecting the output of data recording

#### **Planned Activities for Next Quarter**

##### **Community Services**

- Continuous review and mentoring to SLAs founded by support groups and CSOs till they close out.
- Continue to work with clinical and M&E teams to intensify clients tracking to achieve an increase in client retention rate across all supported facilities.
- Follow up with grantee and provide necessary support to CSOs on PHDP and VC scope of work development and implementation process.
- Continue to provide guidance to facility staff and volunteers on HTC, adherence and tracking and ensure proper documentation of data.
- Implement VC plan of action and Leverage data capturing tools from state structures (SACA, SMWASD, MDGs).

## **Clinical Services**

- Joint supported supervisory visits to MSH supported sites
- Monthly QI meetings and CMEs
- Courtesy visit to the CMD Federal Medical Centre on the transfer of the IPT focal person
- Continuous facility mentoring to ensure 90% retention
- SIMS re-visit/follow up across the 41 CCT sites and a selected PMTCT standalone sites
- Deployment of SOP's (PMTCT, ART, PEDIATRICS & TB) to all CCT sites
- Conduct a stakeholders meeting with CMDs of 41 supported CCTs to review progress of NigeriaQual implementation in 5 supported states
- Review of all on-going QI projects and initiate QI projects based on NigeriaQual Cycle 4 performance measures
- Conduct training of healthcare workers and data clerks across Kwara, Kebbi, Sokoto, and Zamfara States on quality improvement and NigeriaQual data abstraction & upload in preparation for cycle 5 data collection
- Continued use of the SIMS tool for mentoring and supervisory activities across all Pro-ACT-supported sites
- Continued advocacy visits to respective SMTs to lead Quality Improvement activities at the state level, and to facility leadership at all supported Comprehensive Care & Treatment Sites to ensure continuous support for QI activities
- Follow up on the support, treatment and care TWG post training plans across the five states.
- Conduct ART/client retention training for treatment and care TWGs members and HCWs across MSH supported facilities
- Synergize with the community team to improve adherence counseling , tracking activities, targeted screening, and client linkage & referrals
- Ensure uninterrupted access/refill of ARVs, laboratory services for CD4 and Viral Load assessment, proper ART switching, adherence counseling, and tracking.
- Provide hands on mentoring to Clinical specialist on ART cascade gap analysis
- Develop and roll out standardized clients' clinical documentation checklist to enhance HCWs activities
- To transfer DBS samples from sites in Kwara to other contiguous PCR laboratories for analysis, until industrial crisis in Ife is resolved
- To review and improve tracking and retention strategies for exposed infants in all supported facilities

## **Laboratory Services**

- Intensify technical assistance to laboratories in tertiary health facilities in their preparedness towards institutionalizing quality management systems and preparedness towards accreditation
- Continue to support the States to strengthen the LRF programs and document value of our interventions
- Continue to support the states in their plans to fine-tune ongoing transition effort

## SCM

- Procurement of needed laboratory commodities to forestall stockout at the facilities
- Build the capacity of LTWG Monitoring and evaluation sub-committee (LACA managers, LMCU and other stakeholders) as members of the LTWG in collection and validation of reports
- Carry out a data quality assessment of all logistics activities in the facilities between October and December 2015 using the logistics data assessment tool
- Provide guidance to facility staff on supply chain management best practices. Continue to provide quality hands on mentoring and supportive supervision to sustain improved service delivery and documentation
- Support state to hold their next LTWG quarterly meeting
- Continue to build capacity of the Health Facility workers to improve their efficiency of commodities management
- Continue to provide quality hands on mentoring and supportive supervision to sustain improved service delivery and documentation

## Health System Strengthening

- Continue efforts to improve domestic financing for HIV/AIDS through:
  - Pursuing funds release from the 2015 budget through memos, advocacy etc.
  - Pursuing budget inclusion for 2016 through costing of projected needs, stakeholders meeting etc.
  - Resource Mobilization Efforts – Site level and above site level
- Continue provision of technical support to strengthen health service delivery through:
  - Dissemination of facility operational plan and appendix document to states hospitals management boards
  - Provision of technical support to facilities to commence drive for mobilization of resources
  - Provision of technical support for the development of the facility operational plan in Sokoto State
- Provide support to the Kwara State Ministry of Health through the use of a consultant to develop and deploy the Kwara State Health Workforce Registry
- Continue with the CSO grant engagement Process
- Provide support to LACA Stakeholders Forum quarterly coordination
- State Team Leader to continue to engage HMB to scale-up LRF to cover other facilities that have not benefitted
- Support SMOH/HSMB to develop facility operational plan for facilities in state
- Continued engagement with the State Government on budgetary funding and release for HIV/AIDS activities especially, for the PMTCT transitioned sites

## **M&E**

- Support the completion of the EMR in 3 states
- Conduct a 2 day training on procurement of HMIS tools for SACA and SMOH in 5 supported project states
- Continuous Follow up with State SACA, SASCP, SMOH, and LACA M & E officers to strengthen the M&E system
- Strengthen data quality across the states through regular technical assistant on proper data documentation and site support
- Build the capacity of data entry clerks in the 41 CCT sites to collect correct and accurate data and use analyzed data for decision making
- Continue to provide support to the State M&E teams to improve the quality of data reported.
- Build the capacity of medical records staff in the 41 CCT sites in order to collect correct and accurate data and use analyzed data for decision making
- Provide necessary guidance and support for all M&E-related activities in the state to achieve sustainable M&E system
- Continue to liaise with clinicians in ensuring client information are accurately documented in the ART care cards, and also with health facility personnel in populating the registers
- Finalize internal data quality assessment and validation of client using RADET tool
- Engage another OR consultant to commence deeper evaluation of clients' treatment outcome for operations research
- Continuous follow-up with State SACA, SASCP, SMOH, and LACA M&E officers to strengthen and sustain 100% data reporting rate via National DHIS eNNRIMS platform
- Provide support for the SIMS exercise
- Mentoring and supportive supervision to health facilities for transfer of skills and ensure quality data documentation, reporting for ownership and sustainability including the new USG MER guidelines

**Performance Monitoring Plan: Progress Summary**

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

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
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	184,661	41,578	42,255	51,747	49,081	115%	Y
(Denominator) Number of HIV-infected pregnant women identified in the reporting period (including known HIV-positive at entry)	Pro-ACT Database	COP 08	New indicator	5,236	2,432	489	562	708	673	46%	N

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
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	2,299	456	542	676	625	77%	N
Numerator: Number of infants who had a virologic HIV test within 12 months of birth during the reporting period	Pro-ACT Database			2,970	866	100	170	305	291	29%	N

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
Number of infants born by HIV+ pregnant women	Pro-ACT Database			0	1696	321	315	450	610		
Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	Pro-ACT Database			57%	51%	31%	54%	68%	48%	51%	N

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
<b>Sub-IR: Prevention/Testing and counseling</b>											
Indicator # P11.1.D: Output: Number of individuals who received testing and counseling services for HIV and received their test results (including PMTCT)	Pro-ACT Database	COP 08	114,383	581,379	418,432	107,953	87,052	109,889	113,538	72%	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)	Pro-ACT Database	COP 08	114,383	410,585	229,030	65,053	44,023	56,967	62,987	56%	N

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
Indicator #P11.3.N: Outcome: Percentage of health facilities that provide HIV testing and counseling services	Pro-ACT Database			100%	100%		100%	Y	Indicator #P11.3.N: Outcome: Percentage of health facilities that provide HIV testing and counseling services	Pro-ACT Database	
<b>Sub-IR: Care/"Umbrella" Care Indicators (formerly Adult Care and Support)</b>											
Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (DSD)	Pro-ACT Database			40,000	18,342	0	18,342	0	# of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	Pro-ACT Database	

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
<b>Sub-IR: Care/Clinical Care</b>											
Indicator #C2.1.D Output: Number of HIV-positive adults and children receiving a minimum of one clinical service	Pro-ACT Database	COP08	8,031	56,296	29,845	50,054	51,410	52,822	29,845	Indicator #C2.1.D Output: Number of HIV-positive adults and children receiving a minimum of one clinical service	Pro-ACT Database
<b>Sub-IR: Care/Clinical Preventive Care Services - Additional TB/HIV</b>											
TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	Pro-ACT Database			90%	80%					80%	N

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
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	23965	11153	4757	4633	3422	50%	N
Numerator: The number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period	Pro-ACT Database	COP 08	927	2,515	270	38	53	129	50	11%	N

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
Denominator: The number of registered TB cases with documented HIV-positive status during the reporting period	Pro-ACT Database				387	72	79	121	115		
<b>Sub-IR:Treatment/ARV Services</b>											
Indicator #T1.1.DOutput: Number of adults and children with advanced HIV infection <b>newly</b> enrolled on ART	Pro-ACT Database			11,538	6869	1694	1517	1640	2,018		

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
Indicator #T1.2.D Output: Number of adults and children with advanced HIV infection receiving ART therapy	Pro-ACT Database			35,744	28075	30967	29751	30940	28075	79%	N
Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	Pro-ACT Database			9801	7855	0	0	0	7855	68%	

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
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	4888	0	0	0	4888	62%	
Indicator #T1.4.D Output: Number of adults and children with advanced HIV infection who <b>ever started</b> on ART	Pro-ACT Database				54,808	49566	51083	51,448	54808		

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
Indicator # T.1.5.D Output: Number of health facilities that offer ART	Pro-ACT Database			41	41					100%	Y
<b>Intermediate Result (IR):14.2Increased access to quality HIV/TB services, practices and products in selected States</b>											
<b>Sub-IR: Health Systems Strengthening/Human Resources for Health</b>											
Indicator # H2.3.D: Output: Number of health workers who successfully completed an in-service training program					1718	1446	40	32	200		

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
<b>Sub-IR: Health Systems Strengthening/Laboratory</b>											
Indicator H1.1.D: Outcome: Number of testing facilities (laboratories) that are accredited according to national or international standards	Pro-ACT Database	COP 08	17	41	41					100%	Y

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
<b>Sub-IR: Health Systems Strengthening/Medical products - ARV Drugs</b>											
Indicator #H5.3.N Outcome: Percentage of health facilities providing ART that experienced stock-outs of ARV in the last 12 months						0	0	0	0	0%	Y

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
<b>Intermediate Result (IR):14.3 Strengthened public, private and community enabling environments</b>											
<b>Sub-IR: Systems strengthening of States and Local Governments to decentralize HIV/AIDS service delivery</b>											
Output: Number of state and local governments with strategic plans that are costed and have performance monitoring plans with clear targets and indicators (LMS Indicator Menu). Costed plans showing contributions of state and local government and their partners	Program Report	COP 08	0	5 States	5 States					100%	Y
Output: Number of states and local governments who have annual operational plans for the current year with budgets that are used to monitor activities and outputs (LMS Indicator Menu)	Program Report	COP 08	0	5 States	5 States					100%	Y



Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
<b>Monitoring and Evaluation</b>											
Output: Number of state governments and LGAs demonstrating increased capacity for using data for decision making (LMS Indicator Menu)	Program Report	COP 08	0	5 States	5 States					100%	Y
<b>Overall Health Systems Strengthening</b>											
Output: Number of local organizations (including grassroots CSOs and other CSOs) provided with technical assistance for HIV-related institutional capacity building (PEPFAR indicator 14.3)	Program report				22	5	22	0	0		

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
<b>Sub-IR: Small Grants Program for grassroots organizations</b>											
Output: Number of CSOs receiving grants to deliver community HIV/AIDS services linked with health facilities	Program report				22	5	22	0	0		
Output: Number of CSOs awarded new grants					0	0	0	0	0		

Indicator	Data Source	Baseline data		FY 2014		Quarterly Status - FY 2014				Annual Performance Achieved to Date (in %)	Comment (s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
<b>Sub-IR: Quality Assurance of health and HIV/AIDS services</b>											
Output: Number of states in which a system for quality assurance has been institutionalized and maintained (LMS Indicator Menu)	Program Report	COP 08	0	5 States	5 States					100%	Y

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

## Success Stories

### MSH Strengthens Health Systems Governance in Sokoto State



*Speaker, Sokoto State House of Assembly Alhaji Salisu Maidaji and his deputy at the meeting*

of operation.

In their presentations to the members, MSH/Pro-ACT Director, Health Systems Strengthening, Emmanuel Atuma and the Sokoto State team leader, Dr. Suleiman Ibrahim, argued for increased state government responsiveness for the sustainability of PEPFAR support for HIV/AIDS in the state, while highlighting the current HIV/AIDS prevalence rate of 6.4% in the state and other poor health indicators, particularly maternal and child health and PMTCT indicators.

A key area of health governance presented to the legislators was the current insufficient budget for HIV/AIDS and zero release of funds in 2014. MSH urged legislators to contribute to improving the health indicators through effective and regular health system oversight. MSH also implored the members to facilitate a smooth transfer of PEPFAR programs management, implementation, and ownership to the state government.

In his remarks, the Speaker of the State House of Assembly, Alhaji Salisu Maidaji, said, “We are grateful to MSH for their continuous support to the Sokoto state government in its efforts to fight the scourge of HIV/AIDS.” He reiterated the commitment of the state legislature to partner with MSH and other implementing partners to improve the wellbeing of the people of Sokoto State.

The outcome of the retreat was a request by the legislators for MSH to be part of the committee preparing the sectoral agenda for the new state governor to make inputs to the health agenda.

The PEPFAR-USAID funded Pro-ACT project has completed an orientation retreat for 30 newly inaugurated members of the Sokoto State House Assembly. The three-day retreat held in June, 2015 was an advocacy event to highlight for legislators the need to improve health governance through effective oversight functions. The members were also educated on their legislative functions and systems

## Niger State Government Takes Ownership of Funding HIV and AIDS Treatment

Story by Amarachi Obinna-Nnadi, Communications Specialist



*Acting Governor of Niger State, Alhaji Ahmed Ketso, cutting the ribbon while USAID Acting Mission Director, Julie Koenen, looks on [Photo credit: Simi Vijay]*

As part of the process of building country ownership of HIV and AIDS services, MSH transferred responsibility of a refurbished medical warehouse in Minna to the Niger State government. MSH, through its PEPFAR-USAID funded Prevention Organizational Systems AIDS Care and Treatment (ProACT) project and its supply chain management partner, Axios Foundation Nigeria (AFN), signed a five-year agreement with the Niger state government to refurbish a state owned warehouse and transform it into a standard and modern facility to house Antiretroviral drugs (ARVs) and medicines for prevention and treatment of opportunistic infections among HIV positive patients.

As part of the agreement, MSH refurbished and furnished the warehouse, streamlined health commodities management systems, and installed a computerized logistics management system. The project also supported the state's management of its drug revolving fund and other consumables. Present at the transition event were the Acting Governor of Niger state, Alhaji Ahmad Ketso; Permanent Secretaries and Directors in the State Ministry of Health; USAID/Nigeria's Acting Mission Director, Julie Koenen; and MSH, Axios, and media representatives.

Acting Governor, Alhaji Ketso, said that Niger state's collaboration with MSH over the years has proven instrumental in bridging the gap between knowledge and action in public health, especially regarding the HIV and AIDS pandemic. He also said that funds will be made available to accommodate HIV and AIDS treatment in the state. "I am aware that our partnership with USAID through MSH/Pro-ACT has led to the reduction in the prevalence of HIV/AIDS from 4.1% in 2010 to 1.2% in 2012," he stated. The USAID/Nigeria's Acting Mission Director, Julie Koenen, said the transition of the warehouse to local ownership by Niger state does not mean the end of the agency's partnership with the state. "We will continue to support a centrally coordinated logistic management system in Nigeria, and Niger state remains an active member in the north central zone," she stated.

The highlight of the event was the ribbon cutting by USAID's Julie Koenen, signaling the official handover of the refurbished warehouse to the Niger state government. She urged the state government to sustain and improve the investments made in health and HIV/AIDS by allocating more resources to the sector to ensure that current state HIV/AIDS needs are met.

The Pro-ACT project works in five States: Kebbi, Zamfara, Kwara, Niger, and Sokoto. In Niger state, the project provides treatment to 14,000 people living with HIV and AIDS, and supports 98 primary health care centers providing services to prevent mother-to-child transmission of HIV. The project has also supported five civil society organizations and 15 support groups for people living with HIV and AIDS. These organizations provide community-based HIV and AIDS services, care, and support for orphans and vulnerable children.