



OCTOBER 2012 – SEPTEMBER 2017

ACTION Plus Up in Ondo State

Equitable Health Access Initiative (EHAI) was a sub-grantee of the IHVN-PEPFAR ACTION Plus Up grant from October 2012 to September 2017 implemented in Ondo and Ekiti States. ACTION Plus Up is the upgraded version of the AIDS Care and Treatment in Nigeria (ACTION) a CDC Nigeria (PEPFAR) funded project of the Institute of Human Virology Nigeria (IHVN). It started in 2004 as a five-year project, with a one-year extension from 2010 to 2011. The nomenclature was changed to the ACTIONPLUS project in 2011 as a one-year grant which expired in 2012.

The project implemented public health intervention programs on HIV/AIDS prevention, care and treatment intervention providing services free of charge at all supported public/government and privately owned health facilities. For effective coordination and successful implementation, the project worked in partnership with the National Agency for the Control of AIDS (NACA), State Agencies for Control of AIDS (SACA) and the Local Government Agency for the Control of AIDS (LACA);

Federal and State Ministries of Health (FMOH and SMOH); as well as the Primary Health Care Development Agency at the Federal and State level in addition to other relevant Ministries, Agencies and Departments to ensure harmony with the National, State and Local Government HIV treatment guidelines and programs. Other stakeholders that contributed to the success of the project especially in Ondo state include the State Hospital Management Boards (HMB), Community-Based Organizations (CBOs) as well and the Network of People Living with HIV in Nigeria (NEPWHAN).





Project Goals and Objectives

The goal of this project was to achieve high-quality HIV prevention care and treatment and prevention of Mother to Child Transmission of HIV (PMTCT) services in line with PEPFAR/CDC targets in support of the Nigerian National HIV Strategic Framework and Plan (2010–2015) and alignment with Nigerian Government (Federal Ministry of Health, Federal Ministry of Women Affairs, National Agency for Control of AIDS) Guidelines, Standard Operating Procedures (SOP) and Policies.



Service Provision

Responding to a CDC mandate for increased PMTCT coverage, a comprehensive state-wide assessment activity for all public and legitimate private hospitals was carried out in the state in 2014. 863 health facilities were assessed, 826 were found to be functional and 37 were non-functional. The functional ones include 227 private hospitals and 599 public facilities; of the 599 public health facilities, 595 were primary healthcare facilities while 4 were secondary healthcare facilities. Only 567 provide ANC services without PMTCT services. About 199 provide only HIV testing at ANC but no PMTCT services. The reports have since been compiled and shared with the State Ministry of Health, ODSACA and IHVN as requested.

Up until September 2014, the project supported Forty-eight (48) facilities/organisations including 1 private hospital, 3 CBOs, and 1 tertiary facility. In 2015, with a focus on strengthening ownership and the capacity of the state to manage the HIV program, some health facilities were transitioned to the state government. As of January 2016, the number of health facilities directly supported by the PEPFAR Action Plus-Up project in the state was twenty-seven (27), 19 ART sites and 8 PMTCT Stand-alone sites. Further directives from the funders facilitated the transitioning of more health facilities in 2016.



EHAI supported the Ondo State Agency for the Control of AIDS (ODSACA) in the activation of additional sites that in conjunction with the State Primary Health Care Board will provide HTS and PMTCT services. The idea was to ensure State-wide coverage. A total of ninety-nine sites were activated.



Project Management

In the course of the implementation of the ACTION Plus Up project in Ondo State, EHAI provided technical support to the state in the implementation of all program areas of intervention. Regular meetings were supported to promote not just the successful implementation of the projects, quality of care and data reported to the funders but also more importantly ownership and sustainability. They also served as an opportunity for the various stakeholders in the HIV program within the state to interact and share best practices. Some of these meetings include:

- The bi-annual Project Coordinators and Project Directors meeting which convened project coordinators at the various supported health facilities, their administrative heads (medical directors, chief medical directors and Local Government Medical Officers of Health) as well as representatives of the various state parastatals
 - SMOH, ODSACA, HMB and PHCB. This meeting was always moderated by the EHAI management team led by the CEO.
- Monthly Monitoring and Evaluation meetings which had in attendance facility M&E Officers and LACA managers, SACA and representatives of EHAI
- Continuous Quality Improvement (CQI) meetings; Nigeria Qual activities across selected sites which are held every 6 months including the review of the patient satisfaction index, a key to checking program quality.

Routine supportive supervisory and mentoring visits were conducted to the supported sites at various levels to constantly ensure data quality. From IP led DQAs, PR coordinated to National (NACA) levels:

- The CDC Systematic Monitoring Strategy (SMS) visits
- CDC Shield DQA activities
- The NACA Routine Joint DQA with SACA and EHAI
- The IHVN Data Quality Assurance (DQA) visits
- Joint Supportive Supervisory visits between representatives of the state (SASCP, SACA) and EHAI technical teams
- Monthly Supportive Supervisory and Mentoring visits by EHAI technical/program staff





Achievements – Programs

The ACTION Plus-Up project provided a platform for EHAI as the lead Implementing Partner (IP) to provide technical support to the State Ministry of Health (SMoH), State Agency for the Control of AIDS (ODSACA), State Primary Health Development Agency on HIV, TB and Malaria intervention and scale up.

- EHAI was pivotal in the setting up of the State HIV Implementation
- Functional State HIV Drug and Laboratory Reagent/Consumable Supply Chain/Logistics coordination team led by the State Ministry of Health was set up with technical support from EHAI as lead IP.
- HIV Testing Services (HTS) – This is the entry point to the HIV prevention, care and treatment program. Various approaches used include Voluntary Counselling and Testing (VCT), Provider Initiated Testing and Counselling (PITC), Partner HIV testing, and Couple HIV Counselling and Testing (CHCT) in the supported health facilities or voluntary through several outreaches supported by the project.
- Improved Laboratory Services: The laboratory services supported on the ACTION Plus Up project include:

- HIV Serology
- Pediatric HIV diagnosis (EID)
- CD4 Estimation, Total and Percentages
- Viral Load Assay (RNA PCR)
- Early Infant Diagnosis of HIV (DNA PCR)
- Detection of Viral Resistance
- TB Fluorescent Microscopy
- GeneXpert

Recommendations

- HTS focal persons should be available at all facilities providing HTS services. They should be engaged through regular update training and review meetings.
- All HTS testing points should complete the testing with confirmatory tests.

Prevention of Mother to Child Transmission of HIV (PMTCT)

– This is the focus program for HIV-positive pregnant women. Pregnant women who are confirmed HIV positive are enrolled into this program. All EHAI-supported health facilities on the ACTION Plus Up project provided PMTCT services. However, some of them were PMTCT standalone sites while the others provided comprehensive ART and PMTCT services



Innovations:

- The development of line lists for HIV-positive pregnant women for ARV initiation and Viral Load testing and HIV-exposed babies for EID.
- Quarterly data mop-up exercise to reduce the gaps.
- Engagement of Traditional Birth Attendants (TBAs) to promote community PMTCT.
- The development and implementation of a dedicated Quality Improvement Program (QIP) for PMTCT.

Lessons Learned

- Ensuring that Volunteers, Mentor Mothers, facility and program staff work with the developed line list is effective in program implementation.

Recommendations

- Community PMTCT: Engaging TBAs, as well as outreaches to unsupported health facilities, should be an integral part of the facility-based PMTCT program for improved outcomes.
- All supported health facilities should have functional QIP committees for PMTCT and EID.
- Regular updates and program review meetings with focal persons are key to achieving program goals.



Achievements – Programs Cont'D

Early Infant Diagnosis (EID) – This is the final step in the PMTCT cascade. HIV-positive mothers present their new-borns in their 6th week for collection of blood samples (Dried Blood Spot-DBS) for HIV DNA PCR test in a process known as the Early Infant Diagnosis (EID). Babies whose test results come back positive are referred to the paediatric clinic for enrolment into the paediatric ART program. Those whose tests are negative are followed up till 18 months of age for a repeat HIV rapid antibody test.

- Adult and Paediatric Care and Support Services – All HIV-positive clients are enrolled into the Care and Support program. Under this program for both paediatrics and adults, clients are provided with the following services as appropriate:
 - Prevention of Opportunistic Infections (OIs)
 - Home Based Care Services
 - Positive Health, Dignity and Prevention (PHDP)
 - Basic Care Packages (Water Guards, Water Jerry cans and Insecticide Treated Nets (ITN))
 - Condoms (male and female)
 - Support Group meetings
 - Assessment of functional state – pain and symptoms, family and household, psychosocial, safe drinking water, malaria infection and nutrition
 - Referrals to other necessary services e.g. treatment, economic empowerment etc.

Innovations

- The Introduction of the Gender-Based Violence Program.
- Intensive Adherence counselling for patients with detectable viral load.
- Active tracking for viral load test uptake.
- Deployment of referral registers at all service delivery points within supported health facilities.
- Engagement of NEPWHAN and other associations of PLHIV for tracking at supported facilities.

Lessons Learned

- Tracking missed appointments and LTFU clients is extremely difficult without dedicated teams and funding across all sites.
- Regular mop-up and tracking exercise for missed appointments and LTFU is very impactful on program outcomes.

Recommendations

- The Gender-based violence program should be subcontracted to some CBOs instead of facility staff.
- Regular updates and program review meetings with focal persons can never be over-emphasized for improved program outcomes.





Adult and Paediatric ART Services – Eligible clients (Adult and pediatric) are initiated on ART according to the national guidelines and best pharmaceutical care practices after necessary clinical and laboratory evaluations have been carried out.

HIV/Tuberculosis Co-Infection Management – Under this program, all HIV-positive clients enrolled into care undergo routine clinical screening for TB. Suspected TB cases are then referred for further laboratory and radiological investigations. All confirmed TB cases are commenced on ART (if not yet) and referred to the TB clinic for appropriate management. Also, all TB suspects presenting at the TB clinic are routinely screened for HIV. Confirmed HIV-positive clients are then referred to the nearest ART clinic while TB management commences at the TB clinic. All co-infected clients are commenced on Cotrimoxazole to prevent opportunistic infections.

Continuous Quality Improvement – This comprises activities that promote interventions aimed at achieving measurable improvement in processes and systems for patient care within health facilities for better health outcomes and patient satisfaction.



Lessons Learned

- The cascade approach to program review enabled an early detection of gaps and identification of the root cause.
- > 90% ART Uptake for patients enrolled in care was achieved through the active involvement of all thematic areas of the program
- Viral load optimization was increased through the active participation of switch committee members
- 98% CRIRRF reporting across supported facilities despite strike actions
- Allowing the Project coordinators to spearhead coordination during strike actions ensured patients' access to ARV pick-up across all supported facilities.

Recommendations

- The Team approach is effective in addressing site challenges as most issues are better solved by improving processes involved in the delivery of quality healthcare.
- Periodic Update of facility staff will contribute greatly to improved standard of care.
- Regular Program Review with project management teams.
- Deployment of Electronic Medical Records system at facilities will improve timely, complete documentation and data reporting.



Community Support Services – The Community Support Structure (CSS) is an extension of the HIV care and treatment services initiated at the facility into the community where the clients reside. Its role is to provide ARV medication adherence counselling to people living with HIV in the community. The community support staff conduct home visit, and client tracking and ensure enrolled clients are retained in care.

Monitoring and Evaluation – Several trainings and capacity-building exercises were carried out for staff of supported sites. Some of them include PMTCT MIS, ART MIS, Data management, Data Quality Assurance, Training on DHIS2, Training on DATIM USG 2.0, Training on the Newly Harmonised National HIV reporting tools, training on the use of the ACTION Plus-Up phone App for reporting and training on OpenMRS.

The M&E officers were also a core part of all NigeriaQual activities held at selected sites. With the training on CQI, sites were empowered to look inward and identify areas within the program and by extension the facility that would require improvement fully deploying the Small Test of Change (STOC) principle. Improvement plans were developed and suggested improvements were implemented.



Achievements – Health Systems Strengthening

The HIV program has been successfully integrated into the essential health services in the state which ensures sustainable and seamless referrals as well as linkages between the community and supported health facilities. EHA through the ACTION Plus Up project has also improved the Ondo state health system through infrastructure development, procurement and installation of equipment and regular capacity building for site staff as well as selected personnel of state parastatals.

- **Infrastructure and Equipment:** In April 2013, EHA embarked on an assessment of supported health facilities for infrastructural development which included renovation of selected areas of the selected facilities, supply of required furniture and procurement of clinical and laboratory equipment.

The following sites benefited from the infrastructural development: SSH Akure, State Hospital Ikare, General Hospital Owo, FMC Owo, Mother and Child Hospital, Akure, General Hospital Idanre, General Hospital Iju Itaogboilu, General Hospital Ido-Ani, Comprehensive Health Center Ifon, Ose LGA, SSH Ondo, Comprehensive Health Center, Oba-Ile, SSH Okitipupa, General Hospital Ore, General Hospital Igbokoda, General Hospital Bolorunduro, General Hospital Ile-Oluji, BHC Arakale, GH Ipe-Akoko, Mother and Child Hospital, Ondo, GHospital Iwaro-Oka, CHC Isolo, CHC Oke-Igbo, BHC Oke Aro, CHC Moferere-Oja, G H Irun Akoko, GH Igbotako and Comprehensive Health Centre, Arogbo-ijaw.

To support and improve laboratory services on the project, laboratory equipment was installed and maintained at the following sites:

Facility	LGA	Level of Care	Laboratory Equipment		
SSH Akure	Akure South	Comprehensive	Cyflow CD4 counter (Partec-Counter II)	Sysmex KX 21N Hematology Analyser	Vitros DT60 II Chemistry Analyser and Vitros DT 360 Chemistry Analyser (yet to be installed)
State Hospital Ikare	Akoko North East	Comprehensive	Cyflow CD4 counter (Partec-Counter II)	Abacus 380 Hematology Analyser	- Reflotron Chemistry analyser (Roche)
Mother and Child Hospital, Akure	Akure South	Comprehensive	Cyflow CD4 counter (Partec-Counter II)	Sysmex KX 21N Hematology Analyser	Vitros DT60 II Chemistry Analyser
General Hospital Idanre	Idanre	Comprehensive	Partec Minipoc CD4 Counter		
SSH Ondo	Ondo West	Comprehensive	Cyflow CD4 counter (Partec-Counter II)	Sysmex KX 21N Hematology Analyser	Reflotron Chemistry analyser (Roche)
SSH Okitipupa	Okitipupa	Comprehensive	Cyflow CD4 counter (Partec-Counter II)	Sysmex KX 21N Hematology Analyser	Vitros DT60 II Chemistry Analyser
General Hospital Ore	Odigbo	Comprehensive	Cyflow CD4 counter (Partec-Counter II)	Sysmex KX 21N Hematology Analyser	Reflotron Chemistry analyser (Roche)
Mother and Child Hospital, Ondo	Ondo	Comprehensive	Cyflow CD4 Counter (Partec Counter II)	Sysmex KX 21N Hematology Analyser	Reflotron Chemistry analyser (Roche)
General Hospital Iwaro-Oka	Akoko Southwest	Comprehensive	Partec Minipoc CD4 Counter		
Federal Medical Centre, Owo	Owo	Comprehensive	Cyflow CD4 counter (Partec-Counter 1-old model)	ACT 5 (Hematology analyser)	Selectra Junior (Chemistry analyser)



Achievements – Health Systems Strengthening

One of the biggest achievements of EHAI through the ACTION PlusUp project is the setting up of a functional Molecular Diagnostic Laboratory Facility at the State Specialist Hospital Akure (the first of its kind in a State Hospital in Nigeria). This involved renovation and upgrade of the existing structure where the laboratory equipment is installed. A 12 KVA inverter system was also installed in the laboratory to ensure a stable and uninterrupted power supply to the facility for efficiency of work and excellent quality results.

Capacity Building: One of EHAI's core competencies is capacity building. Identifying the need for improved productivity and being up to date on best practices as well as the latest technology in HIV care and treatment, EHAI through the ACTION Plus-Up project has trained 528 healthcare workers and representatives of the state health parastatals over the five (5) year period of the Action Plus-Up Project in the State. The training programs have been didactic and practical, onsite and offsite, some of them including:

- Lab training on HIV diagnosis and monitoring, ZN Fluorescent microscopy, External Quality Assurance (EQA) proficiency and blood safety; Rapid Testing Quality and the use of special laboratory equipment such as GeneXpert and Cyflow counter.

- M&E training on PMTCT MIS, ART MIS, Data management, Data Quality Assurance, Training DHIS2, Training DATIM USG 2.0, Training on the Newly Harmonized National HIV reporting tools, training on the use of the ACTION Plus-Up phone App for reporting and OpenMRS.

- Other trainings are, Care and Support, Injection safety, ARV adherence and treatment preparation, Logistics and Supply Chain Management, Clinical Management of HIV/AIDS, Viral Load Sample Collection, Processing and Management, Gender-Based Violence, Quality Improvement, PMTCT, Adherence, Guideline Dissemination, Data Management and DQA, Leadership and Management Skills for Hospital Directors and Project Coordinators

TOTAL NUMBER OF HEALTH WORKERS TRAINED IN ONDO STATE.					
	DESIGNATION	MALE	FEMALE	TOTAL	
	DOCTORS	80	3	83	
	NURSES	12	107	227	
	PHARMACISTS	43	22	75	
	LABORATORY SCIENTISTS	11	13	24	
	MEDICAL RECORDS	22	74	96	
	SOCIAL WORKERS	8	21	29	
	CHO	1	3	4	
	CHEW	12	7	19	
	PHARMACY TECHNICIANS	16	14	30	
	LABORATORY TECHNICIANS	0	0	0	
	DOC CLERKS	2	4	6	
	LACA MANAGERS	8	10	18	
	LACA M & E	3	15	18	
	OTHERS	7	10	17	
	TOTAL	225	303	528	
	NON HEALTH WORKERS	37	102	139	



Data: Achievements: 2013 – 2017

-Within the five (5) year project period, a total of 387,241 people including pregnant women and children were counselled and tested for HIV in Ondo State between October 2013 and September 2017.

-A total of 177,380 pregnant women were provided with PMTCT services including counseling and testing.

-Over 8,513 adults, pregnant women and children were successfully placed on antiretroviral therapy of the 14,530 identified positives at HTS points across the state (of course this figure included those identified at outreaches and likely re-testers).

-Of the 8,530 active HIV patients who had been receiving ART for at least 6 months according to the National guideline, 7,240 patients were eligible for a Viral Load test within the programs during the last Fiscal Year (FY17) of the Action Plus-Up project. However, by the end of the program year (September 2017), only 31% of those eligible had a viral load test done, out of which approximately 74% suppression rate was recorded.

-On PMTCT, of those identified positives placed on ART, 3,858 were pregnant women who were placed on ART. This figure constitutes 95% of all PWs who tested HIV positive within the 5-year project duration.

-In 5 years, the number of HIV-positive PW identified has been on a progressive decline – from 920 positives in 2012/2013 to 682 positives in 2016/2017. This is attributable to increased awareness via education, and an increased use of health facilities for birthing. Treatment uptake has been on the rise matching up with HIV+ PW identified. This is good news indeed.

Below are listed indicators for the project period and data reports between 2013 and 2017

	Sept 13.	Sept 14.	Sept 15.	Sept 16.	Sept 17.	Total
New ANCs (<i>Known HIV Status</i>)	41,318	45,962	35,807	28,694	25,599	177,380
New ANCs (<i>Known HIV Status</i>)_Pos	920	1,028	795	637	682	4,062
PMTCT_ART	879	950	745	646	638	3,858
PMTCT_EID	401	505	440	310	593	2,249
PMTCT_EID_Pos	24	34	26	19	8	111
Delivery	25,311	25,768	24,917	18,344	23,585	117,925
Post Exposure Prophylaxis	50	75	42	63	253	483
HIV Testing & Counselling_only	93,307	86,360	59,169	68,265	80,140	387,241
HIV Testing & Counselling_Pos	3,294	3,089	3,045	2,893	2,209	14,530
TB_STAT	111	280	163	679	672	1,905
TB/HIV Co-infected	69	134	53	99	132	487
TB_IPT	-	-	-	300	368	668
MARPs	17,035	20,570	-	-	-	37,605
OVC_enrolled	1,277	877	-	-	-	2,154
Started newly on ART	1,500	1,394	1,245	1,298	1,742	7,179
Currently on ART	3,346	5,572	6,593	7,678	8,513	8,513
TOTAL	225		303		528	
NON HEALTH WORKERS	37		102		139	

- 2249 babies that were born within the project period to positive mothers were offered EID services and of this number, 5% (111 babies) were positive. Up to 84 (76%) of the babies whose PCR result turned out positive were born to mothers who did not go through the PMTCT program and delivered at home or other birthing locations outside the hospital.

- TB services were also provided to nearly 2000 TB-infected persons. 25% of them were co-infected with HIV.

The number of identified HIV-positive patients progressively declined as the project continued, although only about 49% on average who tested positive started treatment as the trend over the 5 years showed. Before 2017, aside from a few patients on Cotrimoxazole, the National Guideline's "test & start" ensured a rise in treatment uptake.



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Below is the list of all the supported sites:

No	Institutional Name	LGA	Program Level	Level of Service
1	SSH Akure	Akure South	Comprehensive	Secondary
2	State Hospital Ikare	Akoko North East	Comprehensive	Secondary
3	General Hospital Owo	Owo	Comprehensive	Secondary
4	Mother and Child Hospital, Akure Ondo State	Akure South	Comprehensive	Secondary
5	General Hospital Idanre, Ondo State	Idanre	Comprehensive	Secondary
6	General Hospital Iju Itaogboilu	Akure North	Comprehensive	Secondary
7	General Hospital Ido-Ani	Ose	Comprehensive	Secondary
8	Comprehensive Health Center Ifon, Ose LGA	Ose	PMTCT Satellite	Primary
9	SSH Ondo	Ondo West	Comprehensive	Secondary
10	Comprehensive Health Center, Oba-Ile	Akure South	PMTCT Satellite	Primary
11	SSH Okitipupa	Okitipupa	Comprehensive	Secondary
12	General Hospital Ore	Odigbo	Comprehensive	Secondary
13	General Hospital Igbokoda	Ilaje	Comprehensive	Secondary
14	General Hospital Bolorunduro	Ondo East	Comprehensive	Secondary
15	General Hospital Ileoluji	Ileoluji	Comprehensive	Secondary
16	BHC Arakale, Akure	Akure south	PMTCT	Primary
17	GH Ipe-Akoko	Akoko southeast	Comprehensive	Secondary
18	Mother and Child Hospital. Ondo	Ondo	Comprehensive	Secondary
19	G Hospital IWARO-OKA, Akoko	Akoko southwest	Comprehensive	Secondary
20	CHC Isolo, Akure	Akure south	PMTCT	Primary
21	CHC Oke-Igbo,	Ile Oluji/Oke igbo	PMTCT	Primary
22	BHC Oke Aro	Akure south	PMTCT	Primary
23	CHC Mofere-Oja, Ondo	Ondo west	PMTCT	Primary
24	G H Irun Akoko, Akoko	Akoko northwest	Comprehensive	Secondary
25	GH Igbotako,	Okitipupa	Comprehensive	Secondary
26	Comprehensive Health Centre, Arogbo- ijaw Island	Ese -Odo LGA, Ondo State	PMTCT	Primary
27	FMC Owo	Owo	Hub	Tertiary
28	Basic Health Centre Ore	Odigbo	PMTCT	PHC
29	National Phc Iju Odo	Okitipupa	PMTCT	PHC
30	Bhc Ifon	Ose	PMTCT	PHC
31	Bhc Sabo Ibaka	Akoko South West	PMTCT	PHC
32	Chc Irele	Irele	PMTCT	PHC
33	Basic Health Centre Ute	Ose	PMTCT	PHC
34	Community Health Center Ipele	Owo	PMTCT	PHC
35	Basic Health Centre Isaipen	Owo	PMTCT	PHC
36	Chc Igabra-Oke	Ifedore	PMTCT	PHC
39	Basic Health Centre Akotogbo	Irele	PMTCT	PHC
38	Sebye Hospital Ltd, Akure	Akure South	PMTCT	Private