



### APIN'S GIANT STRIDES IN IMPROVING TB LABORATORY ...Tolutope

APIN has over the years taken tremendous strides in the building and strengthening of the capacity of laboratory institutions in Nigeria, as well as in developing, implementing, monitoring and managing HIV/AIDS and Tuberculosis (TB) laboratory services, whilst adhering to the Nigerian national policy.

The organization has consistently contributed to the larger national health systems strengthening efforts through the maintenance of existing laboratories, the provision of additional ones to increase service delivery in supported sites and the provision of HIV and TB diagnostic and monitoring tests in line with national and international standards.

Furthermore, APIN has contributed immensely to improving the care and treatment of HIV/AIDS, Sexually Transmitted Infections (STIs) and

related Opportunistic Infections (OIs) by improving STI management, enhancing laboratory diagnostic capacity as well as the care and treatment of opportunistic infections and interventions for intercurrent diseases impacting HIV infected patients, including TB.

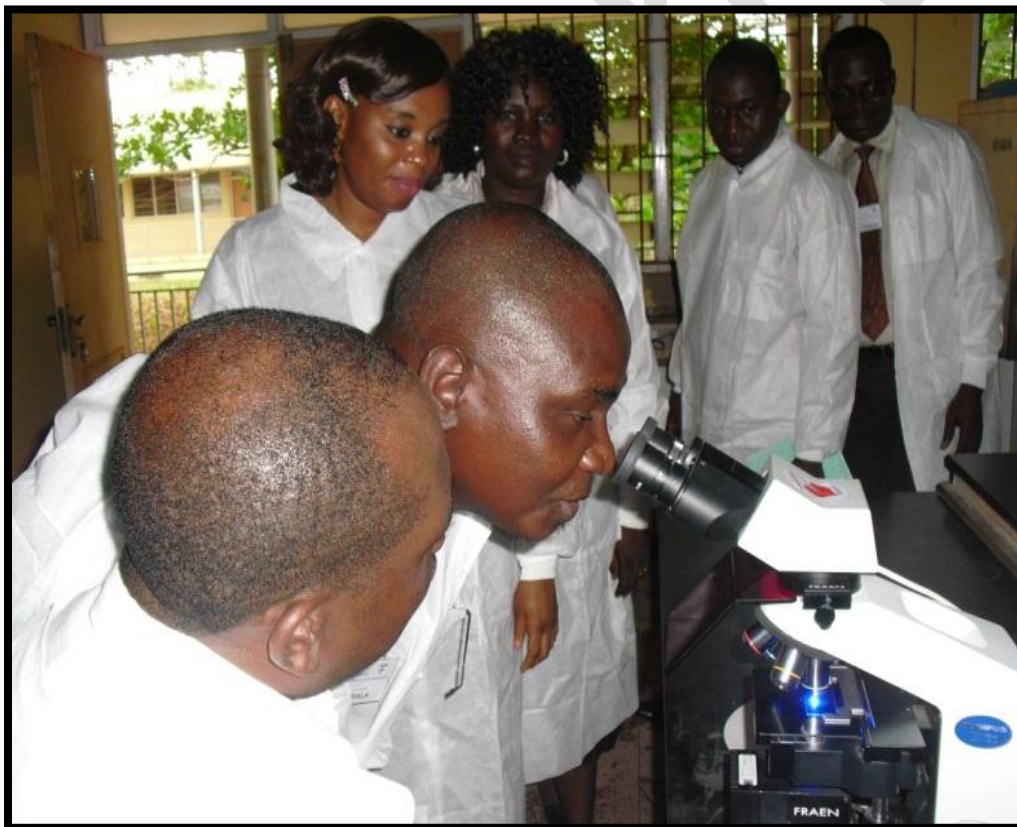
Over the years, APIN has also been collaborating and working with the National Tuberculosis and Leprosy Control Program (NTBLCP) to provide support such as infrastructural upgrade and improvement of laboratories, training of staff to enhance their skills and career development. Support has also been provided to intensify TB case diagnosis through the use of new technologies such as fluorescence microscopy and in the strengthening of the National TB Reference Laboratory in NIMR, Lagos and the South West zonal Reference TB Laboratory in UCH, Ibadan including diagnosis of

#### Editor's Note

Since 2004, AIDS Prevention Initiative in Nigeria (APIN) has been a key player in the Nigerian public health programming space. From Lagos to Maiduguri, Zaria to Enugu, across the Middle Belt cities of Jos and Makurdi, and many other Nigerian cities, the organization has taken a number of giant strides in bringing succour to hundreds of thousands of people infected with, or affected by, HIV/AIDS. **Public HealthWatch** has the primary mission of highlighting the impact APIN is making in reducing the burden of public health diseases in Nigeria, including HIV/AIDS, tuberculosis and malaria, among others. The newsletter also opens a window to the world of APIN and the people that make the organization tick.

We promise you a really exciting experience as you read the brand new **Public HealthWatch** newsletter. Enjoy it!

Editor



multi-drug resistant TB (MDR-TB).

APIN has procured 28 fluorescence microscopes for some supported laboratories across the country. These labs include ABUTH, LUTH, JUTH, NIMR, Gen. Hosp. - Mushin, SHH - Lantoro, UNTH, FMC - Makurdi, UMTH, AMTH - Adeoyo, State Hosp. - Ijebu Ode, OLA - Jos and some of the Oyo State 43 DOTS laboratories.

#### APIN Presents Laboratory Equipment to Supported Facilities ...Jay Osi

As part of its contribution to the efforts of the National Tuberculosis and





Leprosy Control Program (NTBLCP) towards reducing the TB burden in the country, APIN recently donated some laboratory equipment to some of its supported facilities to enhance the diagnosis of TB. The equipment include eighteen (18) fluorescent microscopes and a refrigerated centrifuge. The centrifuge, which was supplied to the National TB Reference Laboratory in the Nigerian Institute of Medical Research (NIMR) Lagos, is also useful for the ongoing National TB Prevalence Survey. The formal presentation of the centrifuge was made to the Director-General of NIMR, Prof. I. Ujah, (who was represented by Prof. Oni Idigbe, the Director of Research) on February 20, 2012 by the CEO of APIN, Dr. Prosper Okonkwo. Also present at the presentation were the National Coordinator of NTBLCP, Dr. J. Obasanya and WHO NPO/TB, Dr. Ayodele Awe.

### ... Holds Fluorescence Microscopy Training

The APIN TB Laboratory team recently held a training programme on the use of fluorescence microscopy for the diagnosis of TB. A total of twenty-four (24) laboratory personnel from supported facilities across the country,



especially Oyo State, participated in the training, which took place in Ibadan from April 15 to 20, 2012.

The training was aimed at improving the knowledge, skills and competence of the participants in the use of fluorescence microscopy for the diagnosis of TB. Five (5) fluorescent microscopes were presented to some facilities in Oyo State after the training. They were received on behalf of the State Commissioner for Health, Dr. Olumuyiwa Gbadegesin, by Dr. Olusoji Adeyanju of Adeoyo Maternity Hospital, Ibadan.

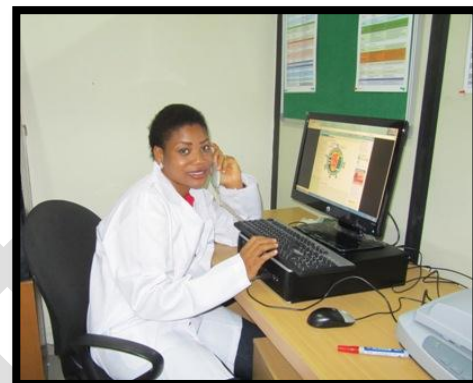
### TB Facility Upgraded at SHH, Lantoro, Abeokuta

APIN has carried out renovation of the TB Diagnostic Laboratory at the Sacred Heart Hospital (SHH), Lantoro, Abeokuta, Ogun State. The hospital, which was established in 1895, is the oldest health facility in Nigeria. It is a Catholic Mission facility which provides general medical services and has a special unit for TB diagnosis and treatment. The TB laboratory, which was established in 1981, also provides TB diagnostic services to some other TB treatment centers in Abeokuta. Extensive renovation was carried out on the old and dilapidated structure and ultra-modern fittings were provided. It was renovated in order to improve the work

environment, ensure the safety of the laboratory staff and enhance their capacity for quality service delivery. The laboratory had earlier received from APIN a fluorescent microscope, which is expected to improve TB

diagnosis.

### APIN Launches Drug Resource and Educational Center ... Remi Olaitan



An APIN Drug Resource & Educational Center (ADREC) has been launched. The Centre, which is an initiative of AIDS Prevention Initiative in Nigeria, is the first of its kind in Nigeria. The vision of the Centre is to be a ready source of timely and evidence-based drug information for healthcare providers in Nigeria, thereby improving the treatment and care of persons living with HIV/AIDS, and the Nigerian people at large.

#### *ADREC has four (4) goals, which are:*

- To increase APIN's capacity to provide timely and evidence-based clinical support to healthcare personnel who provide care and treatment to HIV infected persons;
- To keep up-to-date with the most current pharmacologic and therapeutic literature in HIV/AIDS, tuberculosis and related diseases and complications, and to disseminate relevant information to health providers within the APIN program as it becomes available;
- To promote the safe use of medicines by supporting pharmacovigilance initiatives within the program, in line



with the goals of the National Pharmacovigilance Center (NPC);

- To increase the capacity of APIN to analyze logistical, educational and infrastructural needs identified by the ADREC Call Center and disseminate information to the appropriate stakeholder.

Currently, the target groups include Pharmacists, Clinicians, Nurses and Counselors within the APIN program, with plans to extend the services to other key stakeholders in the management of HIV/AIDS patients.

ADREC is supported by pharmacologists from the North-Western University, Chicago, USA, who provide technical assistance in quality assurance of the responses provided by the Center. Also, a group of experts in the various fields of Medicine and Pharmacy, selected from health institutions in the country supervise and guide the activities of the Center.

ADREC is equipped with the most current resources to provide quality information in the following areas: potential drug interactions, dosage recommendations, adverse events, side effects and associated management, pharmaceuticals (compounding of formulations), therapeutic duplications/alternatives, drug use in special population (not limited to pregnancy, pediatrics and geriatrics), renal or liver disease, therapy evaluation and management, and general product information.

ADREC caters to the needs of the healthcare workers in the area of providing quality information that will improve patient care as well as the area of capacity building in their chosen field of practice. The scope of service includes:

- Monthly update of the website, highlighting key published articles in HIV therapy
- Increasing the visibility of HIV related references through the website
- Maintenance of a drug information portal on the website
- information for health care professionals on continuing education opportunities
- Provision of evidence-based responses to healthcare providers making medication related inquiries

ADREC has since been receiving drug information enquiries from the program sites and has been providing answers to them.

For more information about ADREC or to send in queries, email: [adrec@apin.org.ng](mailto:adrec@apin.org.ng) or call: 01-8194799

### APIN Prepares Laboratories to Meet Accreditation & World-Class Standard

APIN has been a key player in supporting the provision of comprehensive and qualitative laboratory services for HIV and TB treatment at different tiers of healthcare facilities. The APIN laboratory program maintains a well-defined quality management systems (QMS) infrastructure, consistent with International Standard Organization (ISO 15189:2007, ISO 9001:2008), as well as Clinical Laboratory Standard Institute (CLSI GP-26A) quality system standards and guidelines.

APIN is currently preparing and supporting six (6) laboratories towards

the WHO-AFRO stepwise accreditation process. They are:

1. Ahmadu Bello University Teaching Hospital (ABUTH), Zaria
2. Jos University Teaching Hospital (JUTH), Jos

### APIN in Numbers ...*Bolanle Banigbe*

**65,640** Number of adults currently receiving ARVs at APIN-supported sites

**68** Number of primary health care centers being supported by APIN to provide PMTCT services

#### The Editorial Team

Editor-in-Chief - Prosper Okonkwo

Editor - Bidemi Oshebeyo

Technical Editors - Bolanle Banigbe & Ifeyinwa Onwuatuolu

Associate Editor - Bolanle Ajibola

Graphic Designer - Chris Ohirein

#### Editorial Advisers

Phyllis Kanki, Prof. (Harvard School of Public Health, Boston, USA)

Isaac Adewole, Prof. (University College Hospital, Ibadan, Nigeria)

Atiene Sagay, Prof. (Jos University Teaching Hospital, Jos, Nigeria)

Sade Ogunshola, Prof. (Lagos University Teaching Hospital, Lagos, Nigeria)



nationwide

**39,359**

Number

of CD4 tests conducted at APIN-supported sites in the last three months

**22,618**

Number

of persons reached with AB messaging in the last three months

**39,674**

Number

of new ANC attendees at APIN-supported sites in the past six months

The benefits of attaining laboratory accreditation include the following:

1. Facilitates the implementation and maintenance of an effective quality system
2. Encourages an informed and competent management decision making

disputes pertaining to laboratory results

8. Reduces waste and operating costs, and increases productivity
9. Helps in national and international acceptance of results

A well-structured implementation work plan was developed for each of these laboratories to enhance their smooth operations.

The key activities carried out include trainings and workshops covering areas such as Quality Management Systems, Accreditation Preparedness, Internal Assessment/Audit; document development, on-site mentoring, external audits, registration for proficiency testing schemes, renovations and floor plan design, equipment maintenance, supplies and



3. Increases customer satisfaction, confidence and retention

4. Gives confidence to the laboratory for the results generated

5. Improves employee motivation, awareness and morale

6. Provides national and international recognition of technical competence

7. Helps in defending laboratories, while dealing with legal

3. Lagos University Teaching Hospital (LUTH), Lagos

4. Nigerian Institute of Medical Research (NIMR) (Human Virology Lab), Yaba

5. Nigerian Institute of Medical Research (NIMR) (TB Lab), Yaba

6. University College Hospital, (UCH) Ibadan

WHO-AFRO launched the laboratory accreditation program in Kigali in June 2009, to accelerate national laboratory service capacity building towards accreditation in the African region. The accreditation scheme was aimed at strengthening the tiered laboratory systems of its African member states in a stepwise fashion.

**SLMTA Accreditation Assessment Update of APIN Supported Labs**

Facility	Baseline Score	Follow-up #2 Score	Remarks
ABUTH, Zaria	2 Star ★★	4 Star ★★★★★	Improvement
JUTH, Jos	2 Star ★★	4 Star ★★★★★	Improvement
LUTH, Lagos	2 Star ★★	4 Star ★★★★★	Improvement
NIMR (HVL), Lagos	3 Star ★★★	4 Star ★★★★★	Improvement
NIMR (TB Lab), Lagos	2 Star ★★	3Star ★★★	Improvement
UCH, Ibadan	1 Star ★	4 Star ★★★★★	Dramatic Improvement

inventory management.



The sites have also participated in two (2) stages of the innovative task-and competency-based training program tagged ***Strengthening Laboratory Management Towards Accreditation*** (SLMTA), using the “Stepwise Laboratory Improvement Process Towards Accreditation” (SLIPTA) checklist, which contains 12 quality system elements. The checklist contains 111 main sections (with a total of 334 questions) for a maximum 258 attainable points.

Between the two (2) assessment visits, APIN laboratory staff and staff at supported laboratories worked tirelessly to set up and implement quality improvement projects to address the identified gaps and recommendations. The efforts paid off very well and all sites have moved up on the accreditation preparedness scale as shown in the table below.

APIN has continued to work with the management of the six laboratories and the host institutions to increase



their rating on the preparedness assessment scale and to ensure the WHO-AFRO accreditation is attained.

As APIN’s mandate covers systems strengthening at all levels of health care, other APIN supported laboratories are being prepared for the MSCLN accreditation at the same time. One laboratory at a time, we are moving towards our goal of ensuring that clinical care at all APIN supported

sites is supported by world class laboratories.

### **Improving the Quality of OVC Service Delivery in Nigeria ...**

*Idoreyin*

APIN is committed to improving the wellbeing of vulnerable children in Nigeria as expressed in its collaborations with governments to ensure that the standard of living of these children is greatly improved. APIN is one of the PEPFAR implementing partners piloting the OVC QI standards and establishing communities of practice for others to learn in Lagos State. Volunteers and staff of one of its collaborating CBOs in Lagos, Lucina Hope Foundation (LHF), were targeted to pilot this program in Otumilara, Ilaje Community, which has a population of about 2 million residents, living in deplorable conditions.

We live in a world where children are vulnerable to abuse, violence, exploitation and neglect. The statistics are staggering. According to a 2010 USG report on orphans and vulnerable children in developing countries, 413 million children are living in extreme poverty; 150 million girls have experienced sexual abuse; 115 million children are involved in hazardous work; and 18.3 million children have lost both parents. Nigeria has an estimated 17.5 million orphans and vulnerable children (OVC). Problems of this magnitude should provoke a powerful response. Yet globally, support for children and those who are charged with protecting and caring for the world’s most vulnerable children is severely constrained.

Efforts to provide services to these children in the area of health, protection, education, psychosocial

support, shelter and care, food and nutrition and household economic strengthening have expanded quickly in recent years, with focus on high coverage and outputs but there are still insufficient indicators to measure their impact, except for the use of the Child Status Index (CSI), which is a useful tool for assessing and tracking priority services.

A situational analysis by the Federal Ministry of Women Affairs & Social Development showed that OVC service providers offered widely varying services, and there was little evidence to show that these services were making a measurable difference in the lives of those being served. There is a paradigm shift in OVC programming - moving from counting numbers to assessing whether programs are making an actual difference in children’s wellbeing, hence, the need for a national OVC quality improvement (QI) program. Draft service standards have been developed and are currently being field-tested and data collected in a pilot phase implemented in the six geo-political zones of the country. The QI pilot phase program seeks to answer the following questions:

- 1) Are the service standards understandable and do-able at the point of service delivery?
- 2) What are the best practices that facilitate the ability of implementing organizations to meet the service standards?
- 3) Do the service standards (when implemented) lead to measurable improvements in the quality of services and programming?
- 4) Do the service standards (when implemented) lead to measurable improvements in the lives of children?



This program was informed by lessons learnt from OVC program implementation, which revealed the need to improve quality of services with focus on outcomes and harmonization of service delivery by partners. It is funded by USAID and implemented by the Government of Nigeria, through the Federal Ministry of Women Affairs and Social Development, and implementing partners, including APIN.

### APIN Holds Training on OVC Program Quality Improvement

In April 2012, a 3-day training tagged “Quality Improvement for Vulnerable Children Program” was conducted at LHF by APIN. The training covered areas such as the quality improvement (QI) process, overview of OVC, system thinking, service standards, the roles and responsibilities of the QI committee, generating change ideas, areas on the desired outcomes, measurable goals, and essential actions needed to achieve the outcomes. The participants analyzed how services are organized and found ways to make care processes more centered on children’s needs (better referrals and follow ups, better coordinated care during home visits, etc.) During the training, sample checklists were used by the participants to identify gaps and information gathered to show whether interventions would improve the quality of care for children and their families. The CSI tool was also applied to define baseline levels and measure end-results.

As a follow-up to the training, the following have been achieved by the CBO:

1. An advocacy visit to the head of the community and his chiefs-in-council

- to create awareness of the need to improve quality of OVC programs
2. Building of constituencies and commitment for improving quality of OVC programs
3. Development of outcome-oriented OVC service standards
4. Inauguration of the QI Committee for OVC in the community with the Baale (local chief) of the community and key community influencers being members of the committee
5. Communication of OVC service standards
6. Quantitative data are being collected on changes to children’s status as measured by the CSI from the baseline period immediately prior to the initiation of the intervention to the end-line following six months of application of the new standards
7. Undertaking of quality improvement activities to help service providers implement and achieve standards and continuously work toward improving quality.

Improving the quality of OVC services means making them more effective, efficient and equitable, as well as increasing their reach. The piloting process is ongoing to ensure the provision of quality services and mitigating the effects of HIV/AIDS that often prevent children from reaching their full potential.

### Importance of Organizational Leadership and Performance Management Brought to Fore

... Bidemi Oshebeyo

The need for the senior staff (managers and supervisors) in the APIN program sites to apply leadership and

management skills to build a high-performing organization was stressed at a three-day training organized for the leadership and senior staff of the APIN Harvard PEPFAR JUTH Site in March, 2012. The training programme, which was jointly organized by the program site and the APIN Human Resource Management unit, was attended by 25 participants, among who were the Principal Investigator and some senior members of staff of the Our Lady of Apostle Hospital (OLA), Jos satellite. The event was held at the Healthy Body Clinic & Resort, Kuru, on the serene outskirts of Jos. Speaking during the training which was titled “Leading and Managing for High Performance”, the lead facilitator who is the APIN head of Human Resources, Mr. Bidemi Oshebeyo underscored the need for managers to “walk the talk” and lead by example. He defined a manager as someone who is responsible for managing the performance and output of others and urged the participants to move beyond routine supervision and begin to apply leadership skills to influence and inspire their subordinates to greater performance. The training also introduced the participants to Employee Performance Management, with the participants taken through the key stages of the performance management cycle, the roles of the manager and the employee at each of the stages, as well as how to link employee performance to reward by using the latter to influence the former, and thereby create a high performing organization.





Also speaking in the session on Coaching and Mentoring, the co-facilitator - Mr. Oyewole Oduwusi, who is the HR Advisor in the APIN office, highlighted the difference between coaching and mentoring, stressing the importance of coaching skills in providing supportive supervision to subordinates.

The sessions provided the participants with a platform to contribute to the diagnosis of the leadership question, not only at the organizational level, but also in the Nigerian political sphere. There was a consensus that the failure of leadership has permeated all levels of our socio-political life but that everyone of us should endeavor to always apply leadership skills within our sphere of control. While conceding that a lot of challenges come with leadership, the participants agreed on the need for leaders to lead by example at all times.

The training ended with renewed commitment from the participants to apply the skills they learnt at the training in their working relationships with their subordinates and junior colleagues, while also committing to becoming leaders and not just managers.

Responding on behalf of the participants and the JUTH Site, the site's top leadership, Dr. Oche Agbaji and Dr. Atiene Sagay (Principal Investigator and the Co - Principal Investigator, respectively) thanked the facilitators for the efforts they put into the training. Special mention was also made of the site's Program Administration Manager Mr. Joseph Okopi, whose persistence and tenacity made the training a reality.

In view of the success recorded at the training, the facilitators revealed that plans were on to collaborate with other

APIN program sites to organize re-runs of the event.

### Accepted Abstracts for the XIX International AIDS Conference (AIDS 2012) in Washington D.C., 22-27 July 2012 ...*Bolanle Banigbe*

**Godwin Imade:** "Declining Rates of Maternal HIV Infection Detected at Delivery Settings in North Central Nigeria"

**Phyllis Kanki**": "Antiretroviral Therapy Outcomes Measured by Virologic Failure in Nigeria"

**Holly Rawizza:** "Accumulation of Protease Mutations Among Patients on Non-Suppressive Second-Line ART in Nigeria"

**Bibilola Oyedeji :** "Suicidal Behavior and Quality of Life in Patients with HIV/AIDS in Nigeria"

**Adetunji AA et al:** "Virologic Suppression Outcomes of Second-line Antiretroviral Therapy in a Nigerian Cohort"

**Patricia Agaba:** "Sexual Behavior and Risk Factors for HIV Infection Among Young People Aged 15-24 Years in a North Central Nigerian State"

**Lana Dinić:** "A Single Acid-Fast Bacilli (AFB) Positive Smear Lacks Specificity for Diagnosing Tuberculosis Co-Infection in HIV Patients"

#### FACT BOX

*APIN is a leading Nigerian organization in the provision of prevention, care and treatment services to patients with HIV/AIDS and other diseases of public health significance. Its operating experience in Nigeria dates back to 2000, when the Harvard School of Public Health (HSPH) initiated HIV/AIDS research and prevention initiatives in Nigeria, with funding from the Bill & Melinda Gates Foundation.*

## Ten Questions for Ademola Oladipo



1. When is your birthday (day & month)? **My birthday is April 24.**
2. What is your favourite food? **My favourite food is coconut rice.**
3. What do you do for fun/pastime? **I like hanging out with family and friends.**
4. What do you do for APIN? **I work as a Monitoring and Evaluation Officer from the APIN-Abuja Office. In this capacity, I provide requisite information that shows the progress and achievements made in the implementation of the HIV program at the APIN program sites. I support the program sites to understand how to capture, report and use program data. I also provide feedback and mentorship to them. In addition, I analyse program data and use information from this to ensure that the HIV program implemented by APIN is on course, as planned and in line with National guidelines.**
5. What do you like most about



working in APIN? **APIN is a rapidly growing organisation, with the potentials of being the leading public health NGO in Nigeria. I like the team work.**

6. What motivates you? **I just enjoy work.**

7. What is the one thing you will change/do if you were President of Nigeria? **If I become president, I would prefer that the states control the resources from their states and contribute to fund the Federal Government, rather than the latter allocating money to the states..**

8. What is your most memorable moment/experience in life so far? **I have passed through many phases in life so far.**

9. Which three adjectives best describe you? **Hardworking, committed and honest.**

10. What would you have been if you were not engaged in your current profession? **Nothing.**

## APIN Takes Delivery of Global Fund Project Vehicles

... *Tinuade Oyebode*

APIN has taken delivery of three brand new Toyota Hilux vans from the National Agency for the Control of AIDS (NACA). The vehicles are for the implementation of the Round 9 consolidated GFATM Grant for the delivery of ART services in 30 comprehensive health centers in different states and PMICT in 104

PHCs (25 PHCs each in 4 States and 4 PHCs in Benue). APIN is a sub-recipient to NACA for the grant, which aims to scale up chronic HIV/AIDS treatment among adults and children in Nigeria as well as gender sensitive HIV/AIDS prevention services among children and adults in Nigeria.

Even in the face of daunting challenges, APIN has already activated 13 comprehensive health centers for service delivery, provided mentorship



and supportive supervision, and facilitated the IMAI/IMPAC, HMIS, ISS and ITC trainings in Benue, Borno and Lagos States. The vehicle presentation, which took place on Thursday, June 14, 2012 at the premises of the NACA headquarters in Abuja, was done by

the Director-General of NACA, Prof. John Idoko, with the support of other NACA officials. The CEO of APIN,



Dr. Prosper Okonkwo received the keys and the vehicle particulars of the three vans on behalf of APIN, after which the vehicles were driven to the APIN office in Jabi.

Two of the vehicles have since been conveyed to the APIN offices in Maiduguri and Makurdi and deployed to project use. The third vehicle remains in the Abuja, where it has been assigned to project coordination and supervision in the FCT PHCs as well as those in Kwara, Kogi, Niger and Plateau States. It is expected that the vans will enhance the roll out of the APIN/GF-supported project activities.

With the delivery of the vehicles, APIN hopes to achieve even more outstanding results in its service to humanity.