



Sustained Service Delivery Despite Sudden Fire Disaster: The APIN-LUTH Story

August 30, 2012 will remain in the minds of residents and staff of Lagos University Teaching Hospital (LUTH) as the day a sudden fire outbreak gutted the APIN Clinic. However, August 31, 2012 will remain in the hearts of persons living with HIV and their caregivers because service delivery continued that morning despite the fact that most of the building and infrastructure had burnt to the ground the previous night. The fire was said to have started at about 7.00 pm, razing down 2 of the 3 wings of the building and destroying ...*continued on page 2*

the past despite huge investments due to non-functional M&E systems which invariably affects the Oneness of Coordination and implementation of Strategic Framework.

This exercise was timely for Plateau State as the implementation of the State Strategic Plan (SSP 2010-2015) has since commenced with little or no adequate framework for

M&E to guide HIV/AIDS response. We now have a chance to get it right at least for the first time. With the support of APIN as the lead partner on Strategic Information in

Plateau State, the report of MESA and the eventual M&E Plan for Plateau State will better position Plateau State AIDS Control Agency (PLACA) to fulfill its mandate effectively and efficiently. ...*continued on page 2*

Editor's Note

Undoubtedly one of the most memorable events of the last quarter was the fire outbreak which ravaged the APIN program treatment facility at the Lagos University Teaching Hospital (LUTH), in Idi Araba, Lagos. The unfortunate incident put to test APIN's data management system and more significantly, its disaster recovery strategy. Overall, APIN did come out unscathed as the data of all the thousands of patients were readily available; and this edition of Public HealthWatch celebrates this achievement. In addition to the success recorded in data management, this edition features some of the strides made in Strategic Information (SI) management, highlighting the efforts of the M & E and QA/QI teams, especially APIN's involvement in MESA and debut of the annual APIN QI Project Awards.

The APIN Clinical Service Team has been crisscrossing the volatile north-eastern Nigeria (Borno, Yobe and Adamawa states) to activate PHCs and CHCs for PMTCT and comprehensive HIV services, in spite of the alarming state of insecurity. It is indeed a story of bravery and memorable adventure. And in an extraordinary show of appreciation for APIN's support to healthcare delivery in their community, the people of Abwa in Benue State decorated the APIN CEO Dr. Prosper Okonkwo with the traditional Tiv attire.

These and other stories on our TB and laboratory activities make this edition a potpourri of some sort. Please read on and enjoy it.

Editor



The burnt LUTH/APIN

Monitoring & Evaluation System Assessment in Plateau State

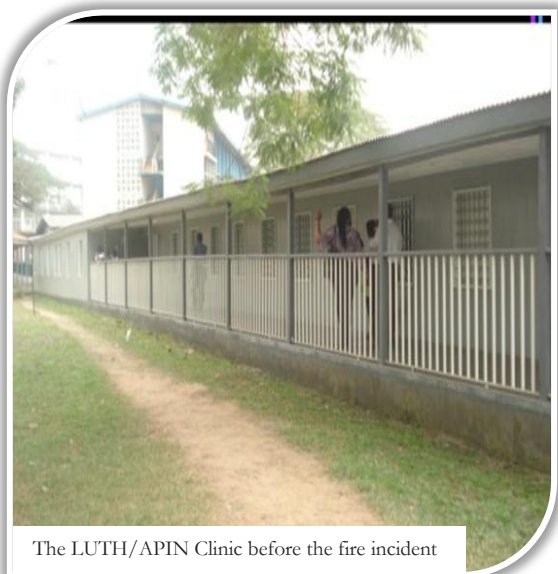
APIN's conduct of Monitoring and Evaluation System Assessment (MESA) in Plateau State was sine qua non to getting our multi-sectoral HIV/AIDS response on the right path. This response has demonstrated the operation of the complete "Three Ones Principle" endorsed by the United Nations which are: One Strategic Framework, One Coordination, and One M&E System. Most programs including HIV/AIDS response have achieved little impact in

APIN Holds Quality Improvement Project Awards

"Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution" - William A. Foster

The APIN Quality Management Programme was launched in February, 2007. With an operational

model comprising evidence-based practice and Continuous Quality Improvement (CQI), the goal of the programme was, and still is, to ensure that APIN-supported healthcare facilities (program sites) provide the best quality of care to HIV patients, using evidence-based methods. This methodology is applied to the adult ART, paediatric ART and PMTCT programmes. ...*continued on page 3*



The LUTH/APIN Clinic before the fire incident



Sustained Service Delivery Despite Sudden Fire Disaster: The APIN-LUTH Story *continued from page 1*

...consulting rooms, dispensing rooms, patient-counseling rooms, drugs, hospital equipment, computers, patient records, registers and reports. The only wing spared from the fire housed a seminar room and a side room used for collecting blood samples. The Accounts section was also not affected as it is situated away from the Clinic. While the cause of the fire is still under investigation, yet another question on the minds of people is how services could be available the very next morning in spite of all that was lost. The answer is simple: APIN's business continuity and data recovery strategy was in action.

A business continuity plan is a roadmap for continuing operations under adverse conditions, such as after a natural or man-made disaster. In the words of Doug Reznar: *"A business continuity planner is more powerful than all the king's horses and all the king's men, because with a plan in place we "can" put Humpty Dumpty back together again!"* Proactively, APIN had long planned how delivery of clinical services can continue with minimal disruptions, in spite of sudden disasters of this kind.

In the face of the fire outbreak, a major concern was how to retrieve documents destroyed in the inferno, which in this case included patient records kept for seven years. In all the APIN supported clinics across the country, electronic medical records information systems, which are replicas of the patient's paper records, are firmly in place. Information provided by completing paper forms are daily entered into electronic databases by clinic staff and this allows the programme to maintain historical clinical data on every patient it has ever enrolled. These electronic records are frequently backed up on removable storage media and stored outside the clinic. In this case, the offsite back up was updated with information from

paper records after the close of work on August 29, 2012. And so, although most of the paper records and computers were destroyed, patient level data remained intact and readily available for use. In addition to offsite backups, the information is also uploaded to a web based server such that even if the offsite back up was involved in another concurrent disaster, patient data would still be available

The dispensing room was completely destroyed, together with a drugs store and copies of patient prescription sheets. However, the bulk of drugs were not consumed because of precautions put in place by the APIN Pharmacy & Logistics unit. The dispensary was receiving only a day's supply of drugs and attached to it was the sub-store, which kept a week's supply at the most. The main store was situated away from the clinic, so the bulk of the drugs were spared from the inferno. Patients' pharmacy records were also backed up till the day of the fire, so patients due for routine drug pick-ups could do so without much ado.

With the above systems in place, all that had to be done the next morning was to clear the rubble, set up a few canopies with chairs and tables as waiting area, partition the existing seminar room for consultation, and open new records for patients on appointment containing print-outs of relevant patient information. Afterwards, clinical services followed in earnest!

What lessons can be learned from this? Every establishment should have a business continuity plan to take care of emergency situations because it is better to have one and not use it than to need one and not have it. Secondly, electronic medical records are a worthwhile investment to ensure business continuity, especially with a

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good data storage and recovery plan. Health institutions should therefore consider having parallel electronic medical information systems for patient care. Finally, storage of drugs and consumables should – as much as possible – not be done in one place alone to ensure that not all is lost in the event of a disaster such as fire outbreak. - *Juliet Adeola & Eugene Amaize*

Monitoring & Evaluation System Assessment in Plateau State *continued from page 1*

The conduct of MESA was one exercise that for the first time brought all stakeholders on M&E in Plateau



Cross section of participants at Plateau MESA

State to examine the practice of M&E as it relates to HIV response. Stakeholders learnt about the UNAIDS 12 components of the M&E system and assessments were conducted with gaps clearly demonstrated. The gaps include: weak M&E units with respect to human capacity and organizational



structure especially in the public sector, CSOs and at the local government level; inadequate harmonization of M&E systems, and the vertical reporting systems which negate the principle of One M&E for the state. Due to lack of database on HIV/AIDS across the entities, there was little data use in policy formulation to guide HIV-related activities and services in the state.

One of the most memorable moments of the three-day meeting was the realization by stakeholders, especially the public sector and CSOs, that their entities need robust M&E systems, and that M&E is not just the sole mandate of PLACA. Following explanations and understanding by stakeholders, there was ownership of the MESA exercise as participants worked late into the night to complete the UNAIDS 12 components checklist.

It was resolved that a Plateau State M&E plan be developed, using the report of MESA as guide. PLACA is to further collaborate with APIN as the lead IP on Strategic Information to address gaps identified by the MESA and provide support to develop and implement the Plateau State M&E Plan.

- Francis Ajang Magaji (Dr.)
(Dr. Magaji is the Executive Director/CEO of the Plateau State AIDS Control Agency [PLACA])

APIN Holds Quality Improvement Project Awards *continued from page 1*

...Its components include Quality Improvement (QI) infrastructure, performance measurement and QI activities. QI infrastructure consists of a QI committee at the healthcare facility and annual QI plans which are unique to each facility. Performance measurement occurs 6-monthly; and national and additional QI performance indicators are generated at the facility level using automated tools for adult ART, pediatric ART and structured chart-reviews for PMTCT. Quality improvement activities include review of QI performance reports by site level

QI committees, prioritization of observed QI gaps and setting up of specific systems re-engineering/improvement projects to identify priority QI gaps, using QI methodology and tools.

Over the years, several QI projects have been developed and implemented by facility-specific QI teams, with the support of site management and APIN programme staff. Recently, APIN introduced a system to motivate site level QI teams to give their best, strengthen ongoing QI initiatives through positive reinforcement and positive competition, as well as to recognize program sites that have conceptualized and carried out a particular project that has led to significant improvement in patient care: **the APIN QI Project Awards!**

The maiden edition of the QI Project Awards took place in Ibadan on July 27, 2012, during a QI review meeting organized for APIN-supported comprehensive program sites with current QI projects in South-West of Nigeria. Participating program sites included those in Lagos University Teaching Hospital (LUTH), Nigerian Institute of Medical Research (NIMR), General Hospital Onikan, University College Hospital (UCH) Ibadan, Adeoyo Maternity Home, St Mary's Catholic Hospital Eleta and General

secretary and project-specific QI team leader.

Posters on current QI projects prepared by the QI teams from the participating healthcare facilities were displayed and the projects covered a wide range of improvement topics as highlighted below:

Site	Title of Presentation
Adeoyo Maternity Hospital, Ibadan	Increasing the Percentage of Eligible Patients Receiving Cotrimoxazole Prophylaxis
St Mary's Catholic Hospital, Eleta	Improvement on the Adult Performance Indicator on LTFU From 87.2% to 95% Over a 6-Month Period (Jan-June, 2012)
State Hospital, Ijebu-Ode	To Increase Percentage of Eligible Patients Initiated on ARVs
NIMR, Yaba-Lagos	Reduction in Tuberculosis Default Rate at NIMR/APIN DOTS Center
Onikan Health Center, Lagos	Continuity of Care
LUTH/APIN Clinic, Yaba-Lagos	Improving LTFU in LUTH/APIN Site
University College Hospital, Ibadan	Reducing Patients LTFU in Adult ARV Clinic

The posters were appraised by a technical review panel and voted for by the meeting participants, using the following five (5) well defined scoring criteria: (i) demonstrated improvement in target area of patient care, (ii) team approach, (iii) detailed problem analysis, (iv) systematic approach to project implementation, and (v) use of data - at baseline and to show improvement.

The NIMR QI Project was adjudged winner of the Best QI Project award and received a certificate of recognition from the APIN management. The certificate of



Hospital Ijebu-Ode. Each of the healthcare facilities was represented by the QI focal person, QI committee



recognition was presented on behalf of the APIN CEO by Dr. S.A Adeyanju, the principal Investigator of the Adeoyo Maternity Hospital APIN programme site.

APIN plans to hold the QI Awards bi-annually, to recognize and honour the best QI projects in the South-West and the North of Nigeria, as well as an annual award to recognize the best QI project and QI team.

- Eugene Amaize

APIN, Others Plan PMTCT Scale-up in Lagos State

As part of the mandate to support the Lagos State Government to improve its coordination and monitoring of HIV/AIDS activities, APIN in partnership with the State Ministry of Health (PMTCT unit of the HIV/AIDS division) and other key



Members of the Lagos State PMTCT TWG

stakeholders, inaugurated an expanded PMTCT Technical Working Group (TWG) and developed a work plan to improve PMTCT service delivery. The meeting, which was led by the State Ministry of Health, with technical support from APIN took place between Tuesday 14 and Thursday 16 August, 2012 at the Lagos Chamber of Commerce and Industry Conference Room, Ikeja, Lagos

The meeting was chaired by the Special Adviser to the Governor on Public Health, Dr. (Mrs.) Yewande Adesina, represented by Dr. Taiwo Olugbile the Permanent Secretary, Ministry of Health who gave the keynote address and inaugurated the TWG. Also in attendance was the Executive Secretary of Lagos State AIDS Control Agency, Dr. (Mrs.) Dabiri and other top officials of the State Ministry of Health.

The terms of reference to guide the operations for the TWG was adopted, work plans from all PMTCT partners in the state were harmonized and the state PMTCT scale up plan was presented with partners pledging to support different aspects of the plan.

The TWG will be responsible to the MOH and will serve as the instrument of the state for monitoring, coordinating, providing technical guidance as well as ensuring compliance to guidelines in PMTCT service delivery. It is also expected to ensure that PMTCT services are equitably distributed within the state by ensuring partnership, effective resource utilization and standard quality of care.

The meeting was also attended by representatives of other key implementing partners working in the state, including WHO and UNICEF as well as representatives of the relevant ministries the Directorates of Laboratory Services, Pharmaceutical Services and Disease Control, the PHC Board and Medical Officers of Health.

- Babatunde Akinyemi

APIN Supports Roll-Out of Anti-TB Treatment Regimen in Benue State

In line with the WHO *STOP TB* strategy for high-quality TB Daily Observed Treatment Short-Course (DOTS) expansion and enhancement, the National TB and Leprosy Control Program (NTBLCP) has commenced a phased national roll-out of a TB treatment regimen to shorten treatment duration from eight to six months.

This was the outcome of APIN's collaboration with NTBLCP and John Snow International in June to support a Training of Trainers (TOT) workshop on TB Logistics Management Information System (LMIS) for the Benue State TB and Leprosy Control Program (STBLCP). Altogether, 38 persons (comprising of seven state-level officers and 31 LGA supervisors) were trained. The training was aimed at improving their ability to adequately manage TB commodities. A new TB LMIS tool known as *Pick 'n' Pack* was also introduced at the workshop. This is aimed at enhancing their logistics management skills with a view to ensuring uninterrupted supply of TB drugs and other commodities at facility level.

At the end of the training, the Head of Logistics Unit and Chief Pharmacist of NTBLCP, Federal Ministry of Health, Pharmacist Linus Odoemene, charged the participants to conduct step-down trainings to TB DOTS facility staff on correct recording & reporting procedures, and monitoring of supply pipeline for TB drugs and commodities. Earlier in his welcome address, the Benue State TBL Control Officer, Dr. Jonathan Kur, assured the participants of the commitment of the state government to implement the new treatment regimen.

It is noteworthy that APIN supported a similar training in Oyo State for 41 state and LGA program officers in 2011. – Sani Useni



APIN Supports Scale-Up of HIV Services in Benue State

At 12.7%, Benue State has the highest HIV prevalence rate in Nigeria, with about 192,000 persons living with HIV. This is according to the report of the 2010 HIV Sero Sentinel survey of

NACA and CDC late last year on IPs in the state to scale up comprehensive HIV and PMTCT services to parts of the state where gaps exist. This would no doubt lead to the identification and initiation of new sites. Following a number of meetings with NACA and other state stakeholders, APIN signed an MoU with the Benue State Government and supported the scale up of HIV services in five General Hospitals and four PHCs in the state for comprehensive HIV and PMTCT services, respectively. APIN set up a regional office to provide technical support to the following facilities, under the Global Fund grant: GH (General Hospital) Lessel, GH Tse-Imoughun, FSP

male peer health educator and ISS trainings, APIN launched full community activities at the four wards where the facilities are located, through sensitization & mobilization, advocacy visits to village heads and village gate keepers using the trained male peer educators and the support groups in the communities.

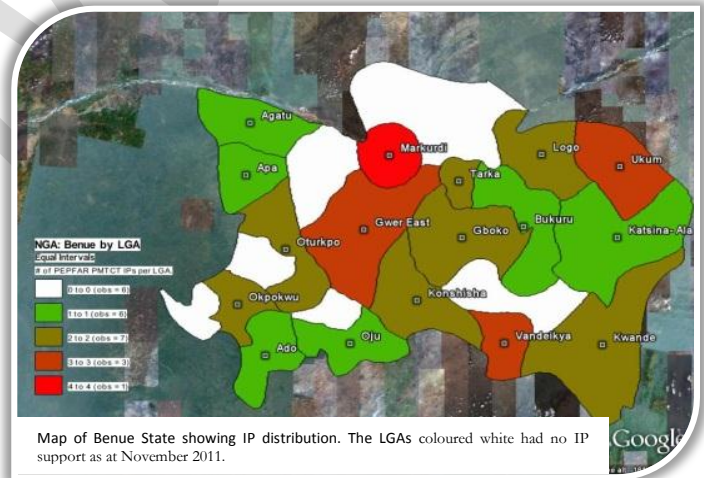
The need to increase awareness in the community as well as track the HIV infected clients (positive living with HIV) led to the formation and/or consolidation of the support group in the four wards where the PHCs exist. The support group members actively engage in awareness campaign among their peers and young people, track patients in their different communities and serve as role models (mother to mother) and mentors. These estimable efforts by the support groups resulted in increased utilization of the health



APIN's Olatunde Kehinde (far right) with the Male Peer Educators

pregnant women attending anti-natal care. The state has 23 LGAs, with 14 being the ethnic territory of the Tiv people, seven for the Idoma and two for the Igede. There are 423 wards and a total population of 5,181,642 from the last national census. There are a lot of farming and trading activities in the state, which is the entry point of the northern into the southern part of the country. Migrant activities no doubt continue to drive the HIV epidemic in the State.

Agberagba, PHC Dyegh, PHC Awajir, PHC Gungul and three sites under the CDC grant (GH Ugba, GH Idekpa and GH Obarike-Ito). APIN commenced full ART and PMTCT services in the two supported



Map of Benue State showing IP distribution. The LGAs coloured white had no IP support as at November 2011.

APIN has supported and worked with FMC Makurdi in the past six years to provide comprehensive HIV services to people in the locality. There are currently about 11,400 persons on ART at this facility. There are five other IPs in the state, but of the 23 LGAs, there are still ten (10) LGAs that have no IP providing HIV services. The LGAs are Agatu, Aper, Gwer West, Ohimini, Ogbadibo, Konshisha, Ushongo, Buruku, Obi and Guma.

Global Fund secondary health facilities and PMTCT/HCT in the four primary health centres through the provision of ARVs, test kits, DBS kits, monitoring & evaluation tools and training. Also, CDC supported sites has commenced HCT and APIN has procured CD4, haematology and chemistry analyzers as well as POC machines for GH Obarike Ito, Ugba and Idekpa. Training has been conducted for the PHC and CHC workers, including IMAI/IMPAC PMTCT training, integrated supportive supervision and HMIS. Following the

facilities and patient uptake, increased antenatal attendance and delivery in the spirit of GIPA and MIPA. The TBAs, VHWs, OVCs and other CBOs/FBOs were also engaged to ensure that adequate referrals are made to these facilities.

APIN's presence and activity in the state has strengthened PMTCT facility-to-facility linkages, effective communication and referral of clients. Inauguration and sustainability of Cluster Coordination Meetings (CCM)

The high prevalence and the huge need for HIV services in the state, as well as Nigeria's contribution of 30% to the global PMTCT gap, led to a call by



at the two APIN Global Fund-supported comprehensive sites in the state has also led to capacity building of facility staff through hands-on training by APIN program staff and real-time solution to facility challenges (referral issues). The CCM enhances networking and effective referral between the facility and five PHCs around the hub. It also serves as an avenue for the identification and adoption of best practices among the health facilities, a skill necessary for effective ART intervention. Similarly, facility upgrade and renovation are ongoing, as part of APIN's mandate to supported facilities in the state.

To improve uptake for HCT, PMTCT and ART, the APIN recently conducted advocacy and sensitization visit to village heads/traditional rulers, church leaders and community gate keepers in Kusuv, Nyamatsor, Tse Mkour Ambir, Tyowanye, Mbatyough-Ashibi and Ambighir-Ipav. This was followed by HCT outreach in conjunction with the support group of FMC Makurdi. The APIN Makurdi Office is also partnering with the Benue State Agency for the Control of AIDS and the Benue State Ministry of Health to combat HIV/AIDS scourge in the state through the provision of technical support such as participation in monthly M & E TWG, support for HCT training and Benue State HIV quarterly stakeholders meeting. APIN has demonstrated amiable relationships in the spirit of ownership and sustainability with the various stakeholders in the state.

- *Tinnade Oyebo, Gladys Ofoche & Michael Tomori*

APIN' Strategic Partnership for Building M&E Capacity at Sub-National Levels

Monitoring and Evaluation (M&E) has the potential of becoming a cornerstone of

health systems strengthening as well as evidence-informed implementation and



APIN M&E team facilitating a session at Oyo State MESA

scale-up of HIV-related services in resource-limited settings. As the lead strategic information implementing partner in Lagos, Oyo, Borno and Plateau States, APIN works with this belief and has dictated its engagement with these states as a ready partner in strengthening M&E systems through capacity building, data collection, supervision, verification, analysis and reporting of data along the national reporting channels.

Constant interactions with different categories of state-level stakeholders revealed that the M&E systems in these four states are at different stages of evolution and that an in-depth assessment was necessary to fully understand the current status of the M&E system and to properly situate the gaps. The primary goal of the M&E system assessment is to carry out a diagnostic exercise that enables stakeholders to identify strengths and weaknesses in the current system and recommend actions to maintain its strengths and improve its weaknesses.

In July 2012, APIN supported M&E systems assessment in Borno, Plateau and Oyo states, with participants representing all relevant stakeholder groups in the states including the local governments, state Ministries of Health, Education, Religious Affairs, Finance, Information etc., SACA, networks and the NGO community.

The three-day M&E system assessment was facilitated by the APIN Strategic Information Team, with support from facilitators who have extensive experience in M&E systems strengthening at national and sub-national levels. Participants agreed that the assessment was timely and very important for moving the HIV M&E agenda forward in the states.

- *Ademola Oladipo*

APIN Automates PCR Platforms . . . Hosts Training on Automated PCR Techniques

In order to expand Early Infant Diagnosis (EID) of HIV and viral load testing capacity for HIV and reduce the turn-around-time (TAT) for these assays, APIN is upgrading the current testing platform to automated and semi-automated systems in all nine (9) APIN-supported PCR laboratories. Seven (7) high-volume sites are being equipped with the Cobas Taqman (CTM) and Cobas Ampliprep (CAP), while two (2) are being equipped with the Cobas Taqman (CTM) only. This is aimed at meeting the PEPFAR Nigeria objective of equitable distribution of viral load in the long run.

Presently, ten (10) Roche Cobas Taqman and Cobas Ampliprep have been installed for automated EID and Viral Load testing in Nigeria. Out of this number, APIN supports four (4) of the automated PCR laboratories at the following facilities:

1. Nigeria Institute of Medical Research (NIMR), Yaba-Lagos
2. Jos University Teaching Hospital (JUTH), Jos
3. Lagos University Teaching Hospital (LUTH), Lagos
4. University College Hospital (UCH), Ibadan



Plans are underway to complete the



Practical session at the workshop

installation of the automated platforms at the remaining 5 PCR laboratories.

In collaboration with the US-Center for Disease Control and Prevention (CDC) Nigeria, CDC International Laboratory Branch (ILB) Atlanta and Roche South Africa, APIN supported the hosting of a Training of Trainers (TOT) course on Roche Cobas Ampliprep and Cobas Taqman HIV-1 Qualitative Test for HIV-1 Detection from DBS and HIV-1 Test version 2.0 for HIV-1 Viral Load from plasma. The training took place at the Nigeria Institute of Medical Research (NIMR), Lagos from July 2 to 11, 2012.

Eight (8) participants from APIN and IHVN supported PCR laboratories benefited from this super user training on EID and viral load testing using Roche automated instrument-COBAS/Ampliprep & COBAS/TaqMan (CAP-CTM). Each of the 8 selected participants has had more than 6 months' experience in using the automated instruments. These participants will step down the training for 19 laboratory scientists whose sites have the capacity to provide automated PCR services as well as a member of staff of the Federal Ministry of Health.

The aim of the training was to impart experienced trainers with advanced knowledge in instrument maintenance and data analysis so that they would be able to deliver the training to other

users of the instrument. The key objective was to increase end-users' technical knowledge of Cobas Taqman and Ampliprep equipment software as well as maintenance and troubleshooting to ensure continuous service delivery. The training was also necessitated by the need to expand the national EID and viral load testing programs in a harmonized fashion.

- Eke Ofuche

APIN Tasked on Supporting Procurement of EID Laboratory Commodities

Under the collaboration between the Federal Ministry of Health, Clinton Health Access Initiative (CHAI) and UNITAID which was established in January 2007, CHAI became the implementing partner for UNITAID's Second-Line and Pediatric Antiretroviral Treatment (ART) Projects, which donated dried blood spot (DBS) test collection bundles and early infant diagnosis (EID) test reagents, among other commodities to the national HIV/AIDS program.

Following the close-out of CHAI support for the procurement and distribution of commodities for Early Infant Diagnosis (EID) of HIV, APIN has been given the task of taking over the supply of DNA PCR testing reagents and DBS sample collection kits from CHAI as a stop-gap measure. This was on the directives of CDC that APIN should take over the responsibilities of pooled procurement of EID commodities from CHAI to provide these services in support of the national EID program. This was necessitated by CHAI's announcement of the winding

up of funding for this activity and the need for PEPFAR Nigeria to provide a stop gap measure to avoid stock-out, while CHAI continues talk with the Federal Government of Nigeria.

The modalities for this support have been successfully concluded between CDC, CHAI and APIN and it will cover the procurement and distribution of the following laboratory related commodities: (1) Amplicor reagents for manual PCR systems, (2) Cobas reagents and consumables for automated PCR systems, and (3) DBS test collection bundles.

Under this arrangement, APIN will procure Amplicor and Cobas reagents for the following PEPFAR partners who support DNA-PCR laboratories in Nigeria: APIN, FHI 360 and IHVN.

For DBS test bundles, procurement will be made for the following eleven (11) PEPFAR implementing partners who support EID services: FHI 360,



Group photograph of workshop participants and facilitators

IHVN, APIN, CHARIS, CIHP, DOD, AHNi, MSH, SGH, FGH and URC.

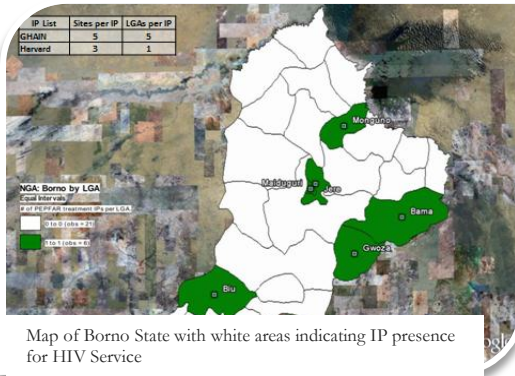
APIN is working assiduously and has deployed measures to ensure an effective and uninterrupted continuation of the supply of EID sample collection and testing commodities. APIN has already placed its first order for these commodities and is currently awaiting the delivery by Roche Germany and Lasec South Africa.

- Eke Ofuche



APIN Defies Insecurity to Decentralize ART Services in Borno State

The current HIV prevalence rate in Borno State of 5.6% makes it the second highest in north-eastern Nigeria and one of the



seventeen (17) states in Nigeria with rates above 5%. The state shares boundaries with the Republic of Niger to the north, Chad to the north-east and Cameroon to the east, making it a hub of trans-border trade. Based on the 2006 population estimates, Borno State has a population of 4,151,193. It has a total of 27 LGAs but as at 2011, the eight (8) existing HIV service facilities were located in only six (6) of the twenty-seven (27) LGAs: Maiduguri Metropolis, Biu, Mongonu, Jere, Bama and Gworza LGAs. In August 2011, based on the identification of gaps in HIV service delivery in the state, APIN along with relevant stakeholders in the state assessed thirteen (13) Borno State General Hospitals in twelve (12) LGAs for scale up of HIV service provision. A striking finding of the assessment was that none of the hospitals had a sustained supply of Rapid Test Kits (RTKs) for HCT, including antenatal settings.

In order to address the gap in HIV service delivery and ultimately reverse the trends of HIV infection, APIN partnered with the state stakeholders to expand access to HIV services in Borno and neighbouring states of Yobe

and Adamawa. In spite of the current insecurity in the North-East region, APIN has achieved remarkable milestones in her commitment to take HIV services to the unreached population in this region. The organization has set-up a program office in Maiduguri and employed technical staff to anchor scale up of HIV service delivery in Borno State and its environs. The office is located within the premises of the State Specialist Hospital to make for better collaboration. APIN has successfully scaled up HIV services and activated fourteen (14) new sites for HCT program, thirteen (13) sites in Borno (General Hospitals Askira, Lassa, Chibok, Ngala, Gudumubali, Damasak, Mafa, Benisheikh, Briyel, Shani, Kirawa, Ngoshe and CHC Banki) and one in Adamawa State (CHC Madagali).

APIN has delivered to the Borno State Government laboratory equipment such as CD4 Cyflow machines, chemistry auto analyzers and haematology machines for GH Lassa



APIN's Dr. Tinuade Oyebo discussing with some healthcare workers at Federal Medical Center, Nguru, Yobe State

and Point of Care CD4 and chemistry machines for General Hospitals Askira, Briyel, Ngala and Damasak for the commencement of comprehensive ART/PMTCT in the first phase of the scale-up of HIV care and treatment.

APIN has also been building the capacity of the health care workers as well as strengthening the monitoring & evaluation systems of these sites to ensure high quality, comprehensive HIV services.

Under the NACA Global Fund Round 9 consolidated grant, APIN as a sub-recipient has trained 50 health care workers for twenty-five (25) Global Fund PHCs for PMTCT service delivery across five LGAs, namely Biu, Damboa, Bama, Maiduguri Metropolis and Mongonu. Twenty-four of these PHCs are already being supported to provide HCT, PMTCT including EID services, and community-based demand creation activities to improve the utilization of these services. Health care workers including doctors, pharmacists and head ANC nurses have undergone training and PMTCT /ART services are to commence in October 2012.

APIN's resolve to partner with the Yobe state government to increase HIV service sites in the state is still on course, in spite of delay in the take-off of the programs occasioned by the escalation of unrest in the state. APIN currently provides comprehensive ART/PMTCT services at Federal Medical Centre, Nguru, Yobe State. APIN is poised to expand these services to General Hospital, Gashua (under the CDC PEPFAR grant) and General Hospital, Geidam (under the NACA-Global Fund grant).

- *Tinuade Oyebo* &
Kelechi Ngwoke

**APIN CEO Visits
Community Health Centre
(CHC) Abwa, Benue State**

With an ever-increasing patient population, the Management of the APIN HIV/AIDS program at the Federal Medical Centre (FMC), Makurdi, Benue State commenced the process of developing satellite service outlets in a bid to get the HIV/AIDS services closer to the people. One of the places identified for service outlets is the Mbagen Community Health Centre (CHC) in Abwa in Burutu LGA. The community is located about 120 kilometres from Makurdi, the state capital, on the



Makurdi-Gboko-Katsina-Ala road. Abwa was also identified as a community with high patient enrollment in the program.



Dr. Prosper Okonkwo (left) and Dr. Jonah Abah (FMC Makurdi APIN facility) in traditional Tiv regalia

The Centre which was built by the community years ago is being run through community effort. Over the years, the buildings and infrastructure became old and dilapidated, with poor staffing which collectively affected patronage and quality of service delivery.

An assessment of the Centre was conducted by FMC APIN program team and meetings held with the Board and Management of the facility, preparatory to activation of service delivery. FMC APIN program team commenced the transfer of some consenting and clinically stable patients from FMC Makurdi to the centre, as well as recruitment of new patients, in July 2010. Currently, the centre has a cumulative patient population of about 2,300.

The FMC APIN intervened at the center by renovating and furnishing the out-patient department, as well as providing a motorized borehole. The healthcare workers have also been trained and re-trained on Adult ART and PMTCT, with the FMC APIN team still providing mentorship fortnightly to the staff on patient management. Seventy percent of the salaries of the full-time resident doctor and pharmacy technician is also being paid by the APIN program, while an

approval has been gotten for the renovation of the laboratory.

The APIN CEO, Dr. Prosper Okonkwo, in company of the Principal Investigator (PI) of APIN Program in FMC Makurdi (Dr. Jonah Abah) and other principal officers of FMC APIN, Makurdi, paid a visit to CHC Abwa on July 6, 2012. They were received by the hospital board chairman and the administrator. After a brief meeting with the hospital board, Dr. Okonkwo and his entourage proceeded on an inspection tour of facilities.

The community later held a brief but elaborate reception for the APIN CEO and his entourage within the premises of the health centre. In attendance were officials of Mbagen Development Association, traditional and opinion leaders, clergymen, market women, students, etc. In appreciation of the interventions, Dr. Okonkwo and Dr. Jonah Abah were decorated with full traditional attire by the kindred head of Mbagen Community, with the assistance of other chiefs and community leaders. The highlights of the reception included messages of felicitation and gratitude from community leaders and traditional dances by a special dance group called the 'Anchanakupa'.

In his response, Dr. Okonkwo thanked the leaders of Mbagen community and the hospital management for their laudable community efforts and the very warm reception accorded him and his entourage. He promised to contact the state government and the management of the Federal Medical Centre, Makurdi to get commitments from them to help in ensuring that the partnership being built between APIN and CHC Abwa is sustained.

- Damien Anweh

(Dr. Anweh is the Co-PI of the FMC APIN Program)

Stakeholders Chart Course for Global Implementation of Pre-Exposure Prophylaxis for Prevention of HIV Transmission

As part of a two-year feasibility project to prepare for the in-country use of antiretroviral drugs as a pre-exposure prophylaxis (PrEP) in comprehensive HIV prevention programs in the event that clinical trials demonstrate safety and efficacy, the APIN CEO Dr. Prosper Okonkwo joined other stakeholders at a July, 2012 meeting in Washington DC. The project was developed by the O'Neill Institute of Georgetown University in collaboration with the Institute for Global Health at Imperial College London, the London School of Hygiene and Tropical Medicine, WHO, UNAIDS, National Institute of Health (NIH) and AIDS Vaccine Advocacy Coalition (AVAC) and with support from the Bill & Melinda Gates Foundation (BMGF). It became necessary as many recent landmark results from various PrEP clinical trials (CAPRISA 004, Partner PrEP, CDC 4323 etc.) had increased the pace of activities and consultations since 2010.

At the meeting which was held on the sidelines of the 2012 Global Conference of the International AIDS Society, three moderated country panels (Nigeria, Kenya and South Africa) spoke on specific PrEP related issues as they affect their country. The broad objectives the meeting included:

- to give an overview of country combination prevention program and strategy to reduce HIV incidence;
- to discuss the possible role of PrEP in combination prevention; and
- to discuss possible impact of new technologies and regulatory/guidance efforts related to PrEP on combination prevention strategies; and
- to discuss analyses and activities that are underway Other eminent persons, who were on the



Nigerian panel, include Prof. Atiene Solomon Sagay of the University of Jos, Dr. Emmanuel Alhassan, Prof. John Idoko and Dr. Akudo Ikpeazu of the National Agency for the Control of AIDS, Nigeria. The panel was moderated by Ambassador Mark Dybul.

Following the stakeholders meeting, Nigeria is now finalizing a proposal for a feasibility study due for submission to O’Neil Institute and the proposal is to start the study with sero-discordant couples in Nigeria.

- Prosper Okonkwo

APIN IN NUMBERS

13,470 Number of orphaned and vulnerable children being cared for on the APIN program

7,649 Number of patients whose treatment would have been jeopardised as a result of the fire that gutted the APIN/LUTH facility, if an effective data recovery strategy had not been in place

23 Number of CBOs /NGOs/FBOs that APIN is partnering with

24 Number of PHCs APIN is currently supporting for the provision of PMTCT services in Borno State under the NACA Global Fund grant.

28,925 Number of AIDS-affected persons APIN has provided with care in the last two months

44,412 Number of HIV-positive patients APIN provided with ARVs in August, 2012.

Ten Questions for Bola Olatigbe-Thompson

1. When is your birthday (day & month)?

I was born on April 23.



2. What is your favourite food?

Amala and ewedu with snail and assorted meat

3. What do you do for fun/pastime?

I read inspirational books /magazines ON MY BED. I also like watching my children swimming and catching fun with my family in the gym.

4. What do you do for APIN?

I work as an Administrator, managing the day to day running of the Ibadan Program Office and coordinating logistics for training, among other functions.

5. What do you like most about working in APIN?

Being part of the people putting smiles on vulnerable people's faces gives me joy.

6. What motivates you?

When my contributions are appreciated; APPRECIATION!

7. What is the one thing you would change/do if you were the President of Nigeria?

Security of lives and properties would be my major goal.

8. What is your most memorable moment/experience in life so far?

The birth of my three children/My son's admission to University/Establishment of Tabitha Foundation for Widows and Orphans (My life vision is to help the needy)

9. Which three adjectives best describe you?

Sincere, Honest, Diligent

10. What would you have been if you were not engaged in your current profession?

Journalist + Human rights activist

Fact Box

With a total of 14,780 adults currently on care, the FMC APIN facility in Makurdi, Benue State is the largest of the APIN program healthcare facilities.



PHOTO GALLERY



The Nigerian delegation at the recent MEPI meeting in Addis Ababa, Ethiopia



(L-R) APIN LUTH PI Dr. Sulaimon Akanmu, an APIN Board member Prof. Ibironke Akinsete and Dr. Prosper Okonkwo in the burnt clinic



The APIN CEO Dr. Prosper Okonkwo speaking at the Int'l AIDS Society Conference in Washington DC



The APIN CEO and some of the Abwa Community leaders



APIN's Dr. Gladys Ofoche (stooping, left) with participants after the inaugural CCM at General Hospital, Lessel, Benue State



Dr. Prosper Okonkwo and Prof. Phyllis Kanki during the MEPI meeting in Addis Ababa



The APIN CEO after being honoured by the Abwa Community



A cross section of participants at the Lagos State PMTCT TWG meeting



Patients being attended to the day after the fire disaster



(R-L) The JUTH APIN PI Dr. Oche Agbaji and the APIN's CEO Dr. Prosper Okonkwo during a recent courtesy call on the CMD of JUTH in Jos



APIN's Dr. Patrick Akande (right) with CDC representatives at a recent meeting CDC-APIN meeting



A recent CDC-APIN meeting at the APIN Conference Room, Abuja