

Public HealthWatch

A Quarterly Newsletter of AIDS Prevention Initiative in Nigeria

APIN Supports Laboratory Leadership and Management Skills Development

- by Femi Owolagba



APIN Holds Early Infant Diagnosis (EID) Training for Lagos Health Care Workers

Workers

- by Onyeka Ugwu

APIN Partners Plateau State Government to Make Giant Strides towards HIV Program Ownership

- by Chukwuemeka Ibilor

Following the rationalization of comprehensive HIV/AIDS services at HIV coverage areas in Nigeria the Jos University Teaching Hospital (JUTH) in 2004. By the end of 2012, APIN emerged as the Lead Im-

(L-R) Special Assistant to the Plateau State Governor on NGO Matters, Commissioner for Health and the APIN CEO, during the commissioning and hand-over of laboratory and office equipment to the State Government



plementing Partner in Plateau State. Since then, APIN has been partnering with stakeholders in the State in HIV/AIDS program planning and implementation.

Prior to this rationalization exercise, APIN, through the Harvard PEPFAR Program commenced the provision of

APIN had scaled up services to fifteen secondary treatment facilities and forty-four (44) PMTCT PHCs. APIN collaborated with the Jos University Teaching Hospital (JUTH) to provide mentorship and supportive supervision to these satellite service delivery points with little or no government

engagement. However, with the rationalization exercise, APIN has closely partnered with the Plateau State Government. The direction and guidance from the State Government coupled with APIN's technical assistance has resulted in a rapid scale-up of HIV/AIDS services in

Inside this issue:

APIN Partners Plateau State Government to Make Giant Strides towards HIV Program Ownership	1
APIN Holds Early Infant Diagnosis (EID) Training for Lagos Health Care Workers	3
APIN Upgrades Five Oyo State PMTCT Sites to Comprehensive ART Sites	3
APIN Presents Radiographic Systems to Three States	5
Ten Questions for Muhammed Yakubu Auwal	5
Achieving Project Sustainability	6
APIN in Numbers	6
APIN Supports Laboratory Leadership and Management Skills Development	7
Photo Gallery	11 -12

Editor's Note

Public HealthWatch is back - and with a big bang too!

As APIN continues to build on her previous achievements and consolidate her partnerships with the governments of Lagos, Oyo and Plateau States, this very informative edition highlights some of the success stories of these collaborations. In the performance of her role as the Lead Implementing Partner in the three states, APIN's technical assistance in the areas of human and infrastructural capacity building has gone a long way in not only helping the state governments to better key into the fight against the scourge, but also in equipping them for it.

A direct outcome of the supportive partnerships is the increasing responsiveness of the state governments to the public health challenges presented in their respective domains by the HIV/AIDS scourge.

We present herein some of APIN's efforts at building the human and infrastructural capacities of the state governments, faith- and community-based organizations, and other stakeholders to effectively and efficiently respond to the HIV/AIDS malaise.

With this edition, you are in for an exciting reading. Enjoy it!

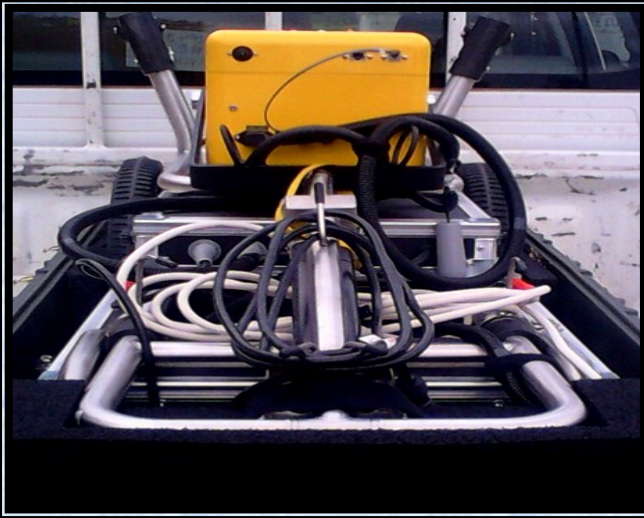
the State. In 2013, APIN provided technical assistance to carry out a needs assessment of health facilities in the state and this led to the activation of 296 PHCs for PMTCT service delivery.

>>> continued on page 2

◀◀ continued from page 1

A total of 1,120 healthcare workers were also trained and empowered in the same year to provide services in the different HIV/AIDS program areas. This included the training of 559 healthcare workers (nurses, CHEWs, CHOs) at the PHC level to provide PMTCT interventions to the teeming number of ante-natal clients, who ac-

An ultra-modern mobile digital x-ray machine donated to the Plateau State Hospital Management Board



cess services from this level of care. These trainings were based on the WHO IMAI/IMPAC training guidelines. This has made it possible for HIV/AIDS services to be available in rural communities in line with the global objective of universal access and coverage.

In order to continue to foster the spirit of ownership, APIN trained 54 key HIV/AIDS stakeholders to provide integrated supportive supervision at PMTCT service delivery points in the State. This strategic focus on building the local government capacity to direct the implementation of the PMTCT programs and provide oversight supportive supervision and mentorship will strengthen the PMTCT scale-up/ decentralization to the PHCs and engage the relevant stakeholders at the LGA level in Plateau State to buy into the program and play their roles. This

is in line with UNGASS framework for PMTCT scale-up.

This synergistic collaboration with APIN also resulted in the development of Plateau State's first ever state-wide HIV/AIDS work plan. During the work plan development process, technical officers from APIN supported the state to set feasible HIV/AIDS outcome targets, isolate and prioritize strategic activities aimed at achieving these targets and also provided guidance on the costing of the work plan. As part of efforts to strengthen the health system, state-of-the-art laboratory equipment, including an ultra-modern mobile digital X-ray machine were presented to the state government for onward distribution to healthcare facilities providing HIV/AIDS services in the State.

In the same vein, thirty-five (35) volunteer workers from local civil society organizations (CSOs) and seventy-four (74) healthcare workers (HCWs) from both the PHCs and SHFs were trained in the first quarter of 2014 to provide HIV counselling and testing services. The involvement of these civil society organizations had positive impact on demand creation and utilization of HIV/AIDS services in the communities. Additionally, seventy (70) HCWs from both primary and secondary facilities were trained to provide early infant diagnosis (EID) services as part of the PMTCT cascade. Moreover, the capacity of thirty-two (32) healthcare workers were built in the training of trainers on Infection Prevention Control.

APIN has continued to provide advocacy and sensitization about the HIV/

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AIDS scourge to the relevant key players in the state and this has resulted in an enhanced commitment to the HIV program by the State Government. It is worthy of note that the State Government has budgeted a whopping sum of N100 million in the 2014 fiscal year - the biggest budget ever - to combat the HIV/AIDS menace in the State.

It has also constituted a State Management Team (the first in the country) chaired by the Hon. Commissioner of Health to coordinate all HIV/AIDS activity. A number of Technical Working Groups (TWGs) have also been organized to operationalize the State Work Plan. APIN has representations in both the SMT and TWGs, where she performs her role as the Lead IP by providing technical assistance to these committees as they plan and coordinate HIV/AIDS activities.

It is hoped that these monumental strides that the Plateau State Government is making - in partnership with APIN - in the HIV/AIDS program will ultimately lead to complete ownership of the program by the State.

APIN Holds Early Infant Diagnosis (EID) Training for Lagos Health Care Workers

- by Onyeka Ugwu

the actual viral DNA and not the maternal anti-bodies, which the rapid test kit detects. It is therefore more accurate.

A total of 37 participants comprising of thirteen (13) doctors, five (5) medical laboratory scientists, one (1) laboratory technician and seventeen (17) nurses from 25 APIN-supported health facilities in the state (spanning secondary and primary facilities) attended the training. The event was held in in Ikeja (Lagos State) from February 25 to 27, 2014.

The 2010 National EID Training slides were used in the sessions, while several practical sessions were conducted to enable the participants acquire the skills of DBS sample collection and packaging.

In order to bridge capacity gaps in the provision of Prevention of Early Infant Diagnosis (EID) capacity observed among health care workers in APIN-supported health facilities in Lagos State, APIN collaborated with the Lagos State Ministry of Health (LSMOH) to or-

ganize a 3-day training. APIN had identified the capacity gaps and need for the training during technical visits to the sites and meetings with PMTCT stakeholders. The training was put together for health care workers who are involved

Participants during a practical exercise with infant models



adequate knowledge to collect Dried Blood Spot (DBS) samples for DNA PCR testing of HEI usually done at six weeks helps to determine the success of PMTCT as well as

show when transmission might have occurred which could be in-utero or during breast feeding. Apart from testing at six weeks, it is also repeated at three months and/or six months, if the initial result at 6 weeks is negative to ascertain that transmission did not occur during the period of Exclusive Breast Feeding (EBF). The sample for DNA PCR testing

can make use of whole blood or dried blood spot from the HEI usually detected by a special machine called DNA PCR machine. The test detects

SPARE A THOUGHT

Kindness is a language which the deaf can hear and the blind can see. - Mark Twain

APIN Upgrades Five Oyo State PMTCT Sites to Comprehensive ART Sites

- by Olabanjo Ogunsola & Babatunde Akinyemi

Oyo State has a population of 5,591,589 (2006 Census) and about 184,522 people are living with HIV/AIDS. The State currently has 10 comprehensive sites (five each on the PEPFAR and Global Fund Programs). Evidence shows that quite a number of PLWHAs in the state have to travel quite a distance and the experience a long waiting time to access care and treatment.

In view of this, APIN as the lead implementing partner in Oyo State is up-

Prof. Edamisan Temiye (LUTH) giving an overview of HIV infection during a session at the training



grading partner in Oyo State is up-

PMTCT stakeholders.

The training was put together for health care workers who are involved

can make use of whole blood or dried blood spot from the HEI usually detected by a special machine called DNA PCR machine. The test detects

Fact Box

APIN's employees and operations are guided by seven (7) key values: Integrity, Teamwork, Equity, Excellence, Innovation, Learning and Adaptability.

>>> continued on page 4

<<< continued from page 3

Some laboratory equipment presented to the new ART sites



above identified gaps (see sidebar for names of new ART sites).

In the spirit of our Comprehensive AIDs Response for Enhanced Sustainability (CARES) grant, the upgrading of five PMTCT sites to comprehensive sites was done in partnership with the State Government. The assessment carried out on these five facilities revealed that there are adequate human resources to carry out comprehensive ART services, though they will require refresher trainings, while their laboratory infrastructures and equipment also require upgrading.

APIN began to bridge these gaps late

2013 by carrying out the following trainings: HIV Counselling and Testing training, Comprehensive ART training, Prevention of Mother-to-Child Transmission training, Care and Support training, Early Infant Diagnosis training, Good Laboratory Practice training, Pharmacy training on ARVs and Medical Record Officers training on National ART tools.

An orientation meeting was held with all health facility staff in each of the five PMTCT sites to be upgraded to comprehensive

The brand new Ford Ranger pick-up van donated to the HIV Unit of SMOH, Oyo State to support the coordination of HIV program in the State



The meeting provided the opportunity to give the staff general information on ART services, their roles, the role of Hospital Management as well as APIN and Government support.

Oyo State Commissioner for Health, Dr. Muyiwa Gbadegesin formally receiving the laboratory equipment



In furtherance of APIN's desire to improve government's ownership of HIV programs in the State we support, laboratory equipment donated to these five new ART sites were given to the State Government for onward release to the facilities, while a new Ford Ranger pick-up van was also donated to the HIV Unit of Oyo

Key Facts

Five New Comprehensive ART sites

- LAUTECH Teaching Hospital, Ogbomoso
- General Hospital, Moniya
- Jericho Specialist Hospital, Ibadan
- Ring Road State Hospital, Ibadan
- Police Medical Services, Eleyele

Major Laboratory equipment Donated to Each of the New ART Sites

- CD4 Cyflow analyzer
- Mindray Haematology analyzer
- COBAS C111 chemistry analyzer

Point of Care equipment: Reflotron for chemistry

PIMA analyzer for CD4

Other ancillary equipment are:

- Eppendorf Centrifuge
- Yamato (top loader) autoclave
- Hematology mixer

Commencement of ART Services in April, 2014

1. LAUTECH Teaching Hospital, Ogbomoso
2. Police Medical Services, Eleyele

Awaiting Renovation of Laboratory

1. Ring Road State Hospital
2. General Hospital, Moniya
3. Jericho Specialist Hospital

State Ministry of Health for ease of coordination and improvement of the Unit's supportive supervisory visits to the sites. Ladoke Akintola University of Technology Teaching Hospital, Ogbomoso and Police Medical Service, Eleyele-Ibadan have received laboratory equipment in their HIV treatment facilities, while the remaining three facilities will receive theirs after the completion of their on-going laboratory renovations.

A two day on-site installation training for each type of equipment supplied was carried out for equipment users in those facilities.

>>> continued on page 5

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At the point of commencement of ART services in the facilities, APIN officials from all relevant program areas (Clinical, M& E, Prevention, Pharmacy & Logistics and Laboratory) worked with facility staff for 2 days to see HIV patients and to provide care and treatment. This method of final activation provided the APIN officers with the opportunity to see the systems within the facilities and correct any problem.

At these five new ART sites in Oyo state, APIN is integrating HIV services into other health services within the hospital. This means that HIV clients are seen in the same place and at the same time with clients having other health challenges like hypertension, diabetes, malaria, pneumonia, etc. This new program approach will make ownership and sustainability easy even if funders withdraw their support in the future.

With these five new upcoming ART sites in Oyo State, the number of sites offering comprehensive services will increase to fifteen (15) - ten (10) under the PEPFAR Program and five (5) under the Global Fund. These new additions will greatly improve access and considerably reduce waiting time of our PLWHAs.

Ten Questions for *Muhammed Yakubu Auwal*

1. When is your birthday (day & month)?
20th February

2. What is your favourite food?

Semovita and miyankuka

3. What do you do for fun/pastime?

Jogging and playing with my kids

4. What do you do for APIN?

I am the Head Driver. I assign



drivers to staff and also provide logistics assistance during workshops and conferences.

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

Doing my job and seeing that people I work with are happy

6. What motivates you?

Being treated with equity

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

I will empower the Ministry of Health so that healthcare can reach the grassroots because health is wealth.

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

The day I was rewarded for service rendered to the organization

9. Which three adjectives best describe you?

Hardworking, tireless and straightforward

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

I would probably be running my own car hire business or driving a trailer.

APIN Presents Radiographic Systems to Three States

- by *Patrick Akande*

As part of its health system (PEPFAR) Program. They were strengthening efforts, APIN recently presented portable digital radiographic systems to the Lagos, Oyo and Plateau State Ministries of Health, with each state receiving a unit of the system.

The system is useful for the diagnosis of tuberculosis (TB), especially in people living with HIV (PLHIV). TB is the commonest cause of death in PLHIV but early diagnosis and adequate treatment of TB help to reduce death among them. The equipment were procured by APIN from MinXray Inc. USA with funding from the United State Government as part of the President's Emergency Plan for AIDS Relief

They were installed at treatment facilities in the states by a team from MinXray who also conducted comprehensive training on their use.

The equipment is a direct radiography system with an integrated x-ray unit,

imaging panel and computer. It is lightweight and can be easily transported among several facilities and it takes less than one minute to set up. Using this system, radiographic images can be captured in less than 10 seconds. The im-

ages generated are also easily processed and stored, and can be transmitted to end-users through the internet.



The facilitator of the MinXray training explaining a point to some radiographers during the 2013 training held at the APIN Abuja Office.

Achieving Project Sustainability

- Agboola Abiodun & Elizabeth Bassi

It is important for every project manager to think about and plan for sustainability from inception and not when a project is nearing completion or when funding is almost gone.

At least a year before the project's work plan or current funding ends, the manager may want to develop a plan for a more deliberate and formal process. Such a plan may be broken into short, medium or long term depending on the nature and scope of the project. It can also be useful to form a team or committee to work specifically on this aspect. This team can make recommendations to the larger house and/or board.

Many people think about sustainability of a project as continuing the entire effort with a similar level of funding. However, this is not the only scenario that should be considered. It is important for partners to consider what is really necessary to support the continuation of the project, to see whether seeking a similar level of funding is warranted and this should be done before additional funding is sought.

It was the pursuit of this lofty idea by APIN that necessitated the establishment of an in-house Grants Administration Unit, which is charged with the management of streams of fund inflows (grants). This eventually materialized with the award by Centers for Disease Control & Prevention (CDC), through the USG PEPFAR, of recently closed-out Project 1058 and the ongoing Projects 1210 & 1230. This commendable achievement is largely attributable to APIN's founding fathers in general and current Management Team in particular, who can be regarded as the organisation's cutting edge and comparative advantage over other foreign and local NGOs.

The Grants Unit currently oversees the sub-awards to different categories of partners covering three states namely; Lagos, Oyo and Plateau States where APIN is the lead Implementing Partner (IP) with Centers for Disease Control & Prevention in the second

year of Project 1210. Currently, APIN is partnering with sub-awardees (23 sites including tertiary, secondary and primary health facilities and 29 faith- and community-based organizations [FBOs and CBOs]) spread across the three states.

The Unit is responsible for the following functions, among others:

- Initiating the Request for Proposals (RFPs) to the prospective/intending partners
- Collaborating with other units to evaluate responses to the solicited RFPs to ensure probity and fairness in the selection/bidding process
- Drafting of award letters to the pre-qualified partners
- Review of the proposed budget as submitted by the partners, subject to available funds as provided by the funders (CDC, Global Fund, MEPIN, etc.)
- Preparation of the sub-contract or Consulting Service Agreement as applicable
- Filing and documentation of the award processes in printed and electronic format
- Ensuring total compliance through technical support & visits to the sub-awardees in accordance with the funders' terms and conditions for the award and sub-awards
- Periodic review of fund utilization and ensuring optimal performance with the allocated funds by the partners
- Training of partners on the management of sub-grants with applicable rules/conditions as provided by the funders in the Notice of Awards to APIN
- Responding to queries/clarifications from the funders and sub-awardees
- Collaborating with the other Units to resolve potent issues and in ensuring seamless operation to achieve the desired final project outcome

APIN IN NUMBERS

Supported Facilities

266 Number of APIN-supported facilities in Plateau State

174 Number of APIN-supported facilities in Lagos State

202 Number of APIN-supported facilities in Oyo State

29 Number of APIN-supported civil society organizations (CSOs) rendering prevention & care services in Lagos, Oyo and Plateau States

Patient Enrollment

33,967 Number of HIV-infected adults currently receiving ART at APIN-supported sites in Plateau State

3,170 Number of HIV-infected children currently receiving treatment at APIN-supported sites in Lagos State

736 Number of HIV-infected children currently receiving treatment at APIN-supported treatment facilities in Oyo State

Training

34 Number of healthcare workers trained on HIV Counselling & Testing in Lagos State since October 2013

70 Number of healthcare workers trained on HIV Counselling & Testing in Oyo State since October 2013

106 Number of healthcare workers trained on HIV Counselling & Testing in Plateau State since October 2013

27 Number of people trained on Lab Equipment Use and Maintenance in Lagos State since October 2013

APIN Supports Laboratory Leadership and Management Skills Development - by Femi Owolagba

The laboratory is an essential part of the health care systems. Laboratory management is the core of good laboratory practice and good laboratory practice is the key to an effective health care delivery system. The skill and scientific expertise are what determine whether a manager should be hired to run a lab but the day-to-day operation of the laboratory is dependent on his strong leadership and managerial qualities.

Leadership in the Nigerian context has been misplaced and does not conform to the world-acclaimed meaning of leadership. Leadership, simply put is getting a group of people to enact a

vision of what needs to be accomplished. Putting this into practice means that a leader has to perform a lot of functions - from coming up with the scientific strategies, to motivating people and managing budgets. Thus, a leader has to build and manage teams, create an environment where people are able give and receive feedback, delegate responsibility, make fair and firm decisions, manage conflicts, communicate and listen as well as be a mentor to others and also

seek to be mentored. Although leadership and management are used interchangeably, they do not always mean the same thing. However, the head of a laboratory must be a leader as well as a manager. APIN, one of CDC's implementing partners in the fight against HIV/AIDS is also an organization that has made remarkable contributions towards the growth of clinical laboratories in Nigeria.

Recognizing the fact that scientific knowledge and skills is not sufficient for by laboratory managers to effectively manage their laboratories, APIN supported the first ever laboratory leadership and management

workshop in Nigeria. The training workshop, which was held in two different locations within Nigeria has in attendance a total of fifty (50) laboratory professionals. This workshop, which was facilitated

by the CDC through the Association of Public Health Laboratories (APHL) has been held in about ten other African countries. The APHL, whose mission is to promote the role of public health laboratories in supporting national and global health objectives, and to promote policies and programs which assure continuous improvements in the quality of laboratory practice, designed the workshop modules based on global best practices. The workshop was

designed to benefit upper level managers and is now termed "Foundation for Laboratory Leadership and Management (FLLM)

Some of the modules of the training workshop include Organization Structure, Leader or Manager, Human Resource Management, Communication, Team Building, Problem Solving, Financial Management and Strategic Planning. Each of the subjects consists of group exercises, role-play and case studies, which featured experience-sharing among participants. Some of the testimonies shared at the end of the workshop include the following:

- "I wish this program could be scaled up to more laboratory professionals to improve on laboratory service delivery."
- "No more management by guessing."
- "A wonderful course that should be taken by all people managing lab resources."
- "I will go back to fix my laboratory, I have been equipped."

This training, which was facilitated by the staff of APHL and some Nigerians who had earlier received a TOT, had in attendance laboratory professionals at the managerial levels, especially those involved in the laboratory accreditation drive, key laboratory staff of other CDC implementing partners and some officials of the Nigerian Government with laboratory bias. It is expected that it will be passed on to other laboratory professionals at the managerial levels through a step down process.

The quality of laboratory services in the country can only get better when participants go out there across the country and become disciples of the messages they have received during this one-week intensive training.

Participants and facilitators at one of the training programmes that took place in Lekki, Lagos



APIN UCH Site Benefits from OGAC's GeneXpert Support

- by Tolutope Asbi-Sulaiman

As part of the U. S. Global AIDS Coordinator's mission to implement the NIMR, followed by a tour of its

Group photograph with the APIN, TA expert team, NTBLCP, WHO, CDC, USAID and TBCARE



U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in Nigeria, four (4) program sites with high TB burden were selected to benefit from the first phase of the U.S. Global AIDS Coordinator (OGAC)-CDC/USAID HQ-supported GeneXpert (Gx) service on the improvement of TB diagnosis among the PLWH (people living with HIV/AIDS) and in support of the National TB Control Programme (NTBLCP).

Following a review and assessment in 2012 of the capacity of CDC-supported IPs and facilities providing GeneXpert services, the University College Hospital (UCH) – an APIN-supported facility is one of the selected sites. In furtherance of the planned GeneXpert support, a GeneXpert team from CDC Atlanta and USAID Washington visited Nigeria in February 2013 to review and provide technical assis-

stance in-country. APIN hosted the GeneXpert technical assistance in NIMR, followed by a tour of its supported TB Reference Laboratory in NIMR, the APIN ART Clinic and TB Zonal Reference Laboratory in UCH, Ibadan.

understand the current GeneXpert implementation and determine the extent of its responsiveness to current needs, priorities and strategic direction in Nigeria; review the planned HQ-

supported GeneXpert deployment to the country with a view to identifying areas that require further support and equally provide guidance on all issues relating to sustainability of the project; determine needs of services and identify strategic approaches, including best practice program models in GeneXpert im-

Group photograph taken after the advocacy meeting with the UCH Management



was conducted by a team, which included NTBLCP, APIN, CCCRN and CDC. Advocacy meetings were held with members of the hospital, faculty and departmental leaderships.

plementation; provide opportunity for cross-fertilization of ideas, knowledge-sharing and technical direction to the implementing partners as well as technical and program guidance to the Country GeneXpert Advisory Team (CGAT) of the Nigeria TB program as well as to provide recommendations with strategic direction that will strengthen GeneXpert program within the scope of the national strategic framework.

The OGAC-funded CDC GeneXpert support to Nigeria is being coordinated by CCCRN and TB CARE, with guidance from CDC and USAID. In March 2014, pre-installation assessment visit to UCH

WHO-AFRO SLIPTA Certification: APIN Supported Laboratories Take the Lead in Nigeria and Africa

- by Eke Ofuche

Stepwise Laboratory (Quality) Improvement Process Towards Accreditation (SLIPTA) is a program established by WHO-AFRO regional office to serve as a framework for improving the quality of public health laboratories in developing countries to achieve ISO 15189 standards. This program was rolled out in Nigeria in 2010, with twenty-three (23) pilot laboratories completing their SLMTA training workshops and SLIPTA audits by 2013. Following the conclusion of the SLIPTA exit audit in April 2013 by the SLMTA Nigeria team, sixteen (16) Nigerian laboratories were audited between September 2013 and January 2014 by African Society for Laboratory Medicine (WHO-AFRO implementing partner for the SLIPTA program). Five (5) APIN-supported laboratories were among the 16 labs audited.

The audit involved the review of laboratory documents and records; interviews with staff and clients; observation of practices to obtain evidence and objectively evaluate the extent to which the SLIPTA checklist and quality management system (QMS) policies are fulfilled by the laboratories. The audit lasted for two days for each site, including the report writing and debrief meeting.

The audit was aimed at achieving the following:

- Evaluate and recognize the progress of laboratory quality

management systems implementation, using the WHO-AFRO SLIPTA checklist

- Provide feedback and guidance to the audited laboratories in addressing challenges and non-conformities
- Make recommendations to FMOH and PEPFAR Nigeria on next steps for the audited laboratories
- It was also an opportunity to mentor Nigerian-trained auditors to become certified as ASLM auditors

The following APIN-supported laboratories were among the 16 Nigerian PEPFAR-supported laboratories that were audited between September 2013 and January 2014.

- NIMR TB Reference Laboratory, Yaba, Lagos State
- NIMR Human Virology Laboratory, Yaba, Lagos State
- University College Hospital (UCH), Ibadan, Oyo State
- Jos University Teaching Hospital (JUTH), Jos, Plateau State
- COCIN Hospital & Rehabilitation Center, Mangu, Plateau State.

The audit outcomes are as follows:

- NIMR TB Reference Laboratory and NIMR Human Virology Laboratory were the first laboratories in Nigeria and Africa to score 4 stars in the WHO-AFRO SLIPTA assessment.

They were strongly recommended for preparation towards ISO 15189 accreditation, having met the requisite criteria.

- JUTH-APIN/PEPFAR supported laboratory and UCH-APIN/PEPFAR supported laboratory added to the pool of 4 -Star laboratories in the WHO-AFRO SLIPTA assessment conducted in January 2014. They were also strongly recommended for preparation towards ISO 15189 accreditation, having met the requisite criteria.
- COCIN Hospital & Rehabilitation Center, Mangu received a 2 -Star certificate of recognition in quality improvement. The laboratory was inherited from another implementing partner just before the January audit.
- These laboratories have since received their certificate of recognition which is valid for two years.
- APIN will be working closely with CDC Nigeria and ASLM to prepare these laboratories for ISO 15189 2012 accreditation.
- It is worthy of note, that an APIN Staff member became the first Nigerian to be certified by ASLM to enlarge the pool of auditors and expand the audit program in Africa. He has been working closely with ASLM in conducting laboratory audits in Africa

>>> continued on page 10

>>> continued from page 9

ASLM SLIPTA Audit: Performance Summary of APIN Laboratories				
Facility	Supporting IP	Score	Remarks	Recommendation
NIMR (TB Lab), Lagos	APIN	4 Stars	First to attain 4 Stars SLIPTA recognition in Africa	Prepare for ISO 15189 accreditation
NIMR (HVL), Lagos	APIN	4 Stars	Second to attain 4 Stars SLIPTA recognition in Africa	Prepare for ISO 15189 accreditation
UCH, Ibadan	APIN	4 Stars	Awarded WHO recognition certificate	Prepare for ISO 15189 accreditation
JUTH, Jos	APIN	4 Stars	Awarded WHO recognition certificate	Prepare for ISO 15189 accreditation
COCIN HRC, Mangu	APIN	2 Stars	Received WHO recognition certificate	Address gaps & prepare for another round of SLIPTA audit.

In conclusion, the ability of a medical laboratory to fulfill the requirements of the WHO-AFRO SLIPTA checklist modeled from ISO 15189 standard means the laboratory meets both the technical competence requirements and the management system requirements that are necessary for it to consistently deliver technically valid results.

The recognition and certification of these laboratories is an attestation to the level of support and quality of services being provided by APIN.

(R - L) Dr. Seema Meloni, Dr. Prosper Okonkwo, Prof. Phylis Kanki, Dr. Toyin Jolayemi, Mr. Niyi Olaofin, Pharm. Remi Olaitan and Dr. Patrick Akande



APIN long-service awardees



During the HCT training for CSO volunteers in Lagos



Fact Box

APIN's Mr. Eke Ofuche is the first Nigerian to be certified as a Laboratory Auditor for the WHO-AFRO SLIPTA programme by African Society for Laboratory Medicine (ASLM)

SPARE A THOUGHT

If you can dream it, you can do it.
- Walt Disney

PHOTO GALLERY



Group photograph of all the participants at the end of the APIN Scientific Conference



The APIN CEO Dr. Prosper Okonkwo delivering his address during the Conference.



(L - R) APIN CEO, Alh. Abba Kyari, Ms. Norma Jackson-Steele, Prof. Ibironke Akinsete, Prof. Phylis Kanki & Mrs. Rosemary Nnamdi-Okagbue



APIN's Director of Programs Dr. Toyin Jolayemi (L - R) Mrs. Bolanle Ajibola and a participant at the Conference



Some long-serving APIN staff members, with representatives of foreign partners and APIN-supported sites at an APIN function



(L - R) APIN's Dr. Jay Osi Samuels (Associate Director Laboratory Services) and Dr. Patrick Akande (Associate Director-Care & Treatment) during the Conference

Public Health Watch

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PHOTO GALLERY Cont.



Dr. Prosper Okonkwo addressing a press conference on the Harvard PEPFAR program close-out



Some members of the APIN Staff during the Conference



(L - R) Dr. Prosper Okonkwo (APIN CEO), Prof. Atiene Sagay (APIN JUTH, Jos), Prof. Isaac Adewole and David Olaleye (both of APIN UCH, Ibadan)



Prof. John Idoko Director General NACA delivering the keynote address at the 2013 APIN Scientific Conference



A set of new hires in a group photograph with the APIN CEO, Dr. Prosper Okonkwo and some senior members of staff at the two-day induction programme held at Rockview Hotel Abuja, recently.



The Associate Director-HR & Admin, Mr. Bidemi Oshebeyo addressing the inductees during the event.