



MSH Nigeria

Saving lives and improving the health of the world's poorest and most vulnerable people by closing the gap between knowledge and action in public health

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Management Sciences for Health (MSH) is currently implementing the two-year USAID-funded **Care and Treatment for Sustained Support (CaTSS)** project.. CaTSS commenced on November 15, 2016 to allow for a smooth transition from the USAID-funded Prevention Organization Systems—AIDS Care and Treatment (Pro-ACT) project. CaTSS supports the maintenance and uninterrupted delivery of quality HIV/AIDS and TB services into Nigeria's health system

Marching with Women and Children Living with HIV in Nigeria



SOWCHAN state representatives with CaTSS Deputy Project Director Dr. Ndulue Nwokedi (left), Nigeria Country Representative Olumide Elegbe (center), and CaTSS Project Director Dr. Med Makumbi (right) at the MSH office in Abuja.

To commemorate 2017 World AIDS Day in Nigeria, MSH supported an advocacy march by the Society for Women and Children Living with HIV/AIDS in Nigeria (SOWCHAN) on December 1. SOWCHAN members walked to the Nigeria National Assembly to create awareness about the challenges women and children living with HIV/AIDS face across the country.

They wore t-shirts and carried signs and a SOWCHAN banner provided by MSH. MSH also supported transportation and lodging for each SOWCHAN state representative.

SOWCHAN, a national network organization, formed as a non-governmental organization and is comprised of support groups of women and children living with HIV/AIDS. The march brought together 50 women representing all 36 Nigerian states.

Lucy Attah Enyia, SOWCHAN's national coordinator, stated that the network is advocating for total commitment from the Government of Nigeria (GON) to fund HIV and AIDS prevention and treatment at all levels in the country. Mrs. Enyia highlighted the challenges of the current situation, where 70% of HIV/AIDS funding comes from foreign donors and 25% from the GON. The GON currently supports ARV provision for all people living with HIV (PLHIV) in two states, Abia and Taraba. Without donor support, PLHIVs in the remaining 34 states would not have access to lifesaving care and treatment.

In addition to funding challenges, stigma and discrimination remain barriers to accessing services for PLHIV in communities across Nigeria. SOWCHAN called on the National Assembly to commit to effective implementation of the HIV and AIDS Anti-Stigma and Discrimination Act at all levels in Nigeria. SOWCHAN also requested that the National Assembly introduce or strengthen legislation to support establishing generic antiretroviral pharmaceutical plants in Nigeria, and support integration of prevention of mother-to-child transmission (PMTCT) into free maternal and child health services provided at primary, secondary, and tertiary levels of healthcare delivery in Nigeria.

SOWCHAN's national adviser and Benue state representative, Mrs. Anthonia Oladipo, emphasized that it was the government's low level of financial support for women and children living with HIV and AIDS that inspired the march. She explained, "Our fear is very soon we will not have drugs to take. That is why in Benue state and some states across the federation you will notice high rates of mother to child transmission, because of the shortage or non-



availability of Nevirapine. A lot of curiosity has been raised as a result of this march, and moving forward, we intend to embark on a state-to-state advocacy visit to drive home our demands.”

Mrs. Eneh Enyian, SOWCHAN’s Akwa Ibom state representative, also lent her voice to the march. “We wanted to be heard and we came with a voice and we believe we were heard. It is a continuous process and we are not stopping. We shall continue knocking on their doors until our voices are heard and our demands met,” she said.

The SOWCHAN members later convened at the MSH office in Abuja to show their appreciation for MSH’s support. Lucy Attah Enyia, SOWCHAN’s National Coordinator, asked for ongoing non-financial support in the form of capacity building and information sharing with SOWCHAN. “We made great success today and we are so grateful to MSH for supporting us towards making this march a reality,” said Mrs. Enyia.

Responding on behalf of MSH, Acting Country Representative Olumide Elegbe stated that MSH has always supported the idea of local ownership and sustainability of health systems, and that MSH would be willing to support both civil society and the government through capacity building to build ownership for care and treatment of PLHIV. He emphasized that the march was timely given the commemoration of World AIDS Day, and reminded SOWCHAN members of the need to continue working with the government and other partners to continue the fight against HIV/AIDS.

From Our Country Representative



Dear Readers,

I welcome you to another edition of the MSH Nigeria Newsletter. In this edition, you will read about MSH support to Society for Women and Children Living with HIV/AIDS in Nigeria (SOWCHAN) advocacy march to the National Assembly on World Aids Day; how we are applying gender lens in Nigeria; and mitigating human resource gaps in general hospital Minna.

You will also read about how creating an access road improved the movement of people, goods, and services in Padawa community in Gurara Local Government Area of Niger State, Nigeria.

We sincerely thank PEPFAR, USAID and the Global Fund for their technical and financial support. We also thank the Government of Nigeria for making project implementation possible and our numerous partners for their cooperation.

I especially thank all MSH Nigeria staff for their great work and contribution toward the achievement of MSH’s vision of saving lives.

Enjoy your read,

Olumide Elegbe

Country Representative, MSH Nigeria



Mitigating Human Resource Gaps in General Hospital Minna

General Hospital Minna is one of the largest amongst the 16 comprehensive care and treatment sites supported by CaTSS project in Niger State, through funding from the United States Agency for International Development (USAID). The facility, established 1926, is located within the city, in Chanchaga LGA of the State. It is a 200-bed space facility with 700 staff and an average monthly client load of 8,000-10,000. Of these, 3,970 are people living with HIV (PLHIV) clients.

Human resource gaps have been a major challenge to the implementation of HIV/ AIDS activities in the State. Due to its importance, the project invested about N21, 635,250 between November 2016 and September 2017 to support about 96 volunteers in the State as well as cater for their stipend.

However, CaTSS's project lean budget resulted in cutting down the number of these volunteers to 55. This contributed to the noticeable reduction in quality of services delivered across key project indicators during the first part of the second quarter of FY17 in most of the project supported comprehensive care and treatment sites. Here is a representation of this for GH Minna.

S/NO	Indicator	October, 16-March'17
1.	Linkage to care	159% (Before Test & start)
2.	Linkage to ART	82% (Before Test & start)
3.	Number of adults and children who are Still alive and on treatment at 12 months after Initiating ART (Retention)	57%

MSH, through the CaTSS's project team lead in the state, advised and encouraged the State Hospitals Management Board and Heads of Facilities through continuous strategic and evidence-based advocacy with technical support, to both engage and deploy technically competent, reliable and committed health workforce or to reabsorb the project's disengaged volunteers. These health care workers, if engaged, will therefore, continue to provide standard, high quality and timely services to the clients.

The management of General Hospital Minna, through the Head of Facility, Dr. Isa Jibril, mobilized from the hospital's meager financial resources to engage six volunteers as casual staff of the hospital with effect from July 2017 with additional eight in September 2017, including two pharmacy technicians to support the ART program. The adhoc staff has since been deployed to different units of the hospital with varying responsibilities.

Friday Ugwukwe, one of the adhoc staff, was full of praises for MSH and USAID for facilitating this noble idea with GH Minna. "I was engaged by GH Minna as an Adhoc adherence counsellor. This gave me a whole new opportunity, and I could pay my children's school fees, put food on my table, and also update my knowledge in care and treatment of HIV/AIDS programs. I also support the unit in compiling the HTC monthly report, updating Adherence registers, access client's adherence level through filling medication assessment forms for old clients, and of pre-treatment assessment forms for new clients. This has helped to reduce client waiting time on clinic days and clients are happy with my support."



These activities have resulted in improved quality of services across the project indicators in the hospital during the third and fourth quarter of FY17 as demonstrated in the table below:

S/No	Indicator	April– September' 17
1.	Linkage to Care	106% (During Test and Start)
2.	Linkage to ART	93% (During Test and Start)
3.	Number of adults and children who are still alive and on treatment at 12 Months after initiating ART (retention)	70%



GH Minna pediatric ART unit: A hospital paid volunteer attending to a client



Creating an Access Road Improves the Movement of People, Goods, and Services in Padawa Community in Gurara Local Government Area, Niger State

Community Life Advancement Project (CLAP), in partnership with MSH, implemented a nine month project on strengthening Community Response for Integrated HIV Services (SCRIHS) in Niger state. As part of project start up activities, the CLAP team paid an advocacy visit to different stakeholders in select project communities to introduce them to the project.

On April 12, 2017, the CLAP-MSH and CaTSS project team established and inaugurated a Community Quality Improvement Team (CQIT) in Padawa community, Gurara LGA of Niger state. The terms of reference for CQIT were shared with Padawa before signed by each of the selected members of the CQIT. Capacity assessment was conducted for the CQIT and needs identified were used in developing a capacity development plan. Planned activities included training on VC services, graduation criteria, and resource mobilization.

Of utmost concern amongst Padawa's needs was the dilapidated state of the road linking the community to the neighboring communities. There is only one route that was completely inaccessible, especially during rain season. This led to poor economic activities in the communities as local goods could neither be imported nor exported, contributing to increased vulnerability status of most households in Padawa community. This also resulted in a high infant mortality rate because community members and health personnel could not access health centers and hospitals due to the poor state of the roads. Poor economic status subsequently affected their nutrition, education, and psychosocial wellbeing.

To address this need, the CQIT members all agreed to build a bridge. The CQIT is made up of the Community Leader, a pastor, one youth leader, one woman leader, one security Personnel, two Caregivers enrolled in the CLAP MSH Project, one teacher, and an adolescent boy and girl.

Aided by CLAP staff, a work plan was developed on how to achieve this goal and the needed resources, which included conducting monthly meetings and providing resource mobilization and training for the CQIT members. These were made possible with MSH resources to visit the community monthly, and make spot checks to ensure the project is on track and completed for the benefit of Padawa people in particular and other road users in general.

Following the resource mobilization training conducted for the CQIT from June 1-3, 2017, the CQIT listed their stakeholders, paid advocacy visits to solicit support on resources, and further sensitized the community on the need to execute the project. Their sensitization resulted to an agreed levy paid by community members and other material resources. Tasks were divided and the work commenced.

Progress updates made in execution of the project were shared during the monthly CQIT meetings. In one of the meetings on July 28, 2017, the CLAP project team visited the site to see the ongoing work.

In August, the project was put on hold as a result of the rainy season and farming activities. The CLAP project team followed up to ensure that the work continued afterwards. The construction resumed in October and was completed in the early part of November 2017 and currently, the bridge is in use.

With this, economic activities have improved in Padawa community. Their farm produce are now being sold at other community markets with ease, there is increased access to health services as attested by Officers-in-Charge at the primary health centers leading to improved wellbeing. Hafsat Ibrahim in Padawa community stated that household incomes of community members have also improved, which has subsequently contributed to an improvement in all other service areas including nutrition, education, and psychosocial wellbeing. She said, "Before, my farm produce went bad before I could sell it all as a result of bad roads, but now, I can sell it before it goes bad."



CLAP project team on an inspection visit to the access bridge site.



Applying a Gender Lens in Nigeria

To address gaps identified during a gender mainstreaming assessment exercise for service providers, and to accelerate achievement of GBV and gender norms targets, the CaTSS project conducted a gender mainstreaming training for CaTSS technical staff and state government counterparts.

Harmful gender practices remain a challenge within communities and facilities in Nigeria. Patriarchal beliefs that males are superior to females lead to discrimination against females delivering and receiving public health programs and services, including HIV and



AIDS services. We must not assume that our interventions and programs affect women and men in the same manner, as this could increase gender inequities unintentionally. Training and retraining on gender-based violence (GBV) and gender norms for service providers at least once a year is imperative for addressing identified inequities.

The CaTSS leadership team recently renewed its commitment to gender mainstreaming in HIV and AIDS programs at supported health facilities and communities across the five CaTSS supported states. On September 11-15, a gender mainstreaming training was facilitated for 25 CaTSS technical staff and five state government counterparts. The training was designed to address gaps identified during a gender mainstreaming assessment exercise for service providers, and to accelerate achievement of GBV and gender norms USAID targets.

Commenting on next steps, Amaechi Okafor, Senior Technical Advisor and the project's gender focal person, reiterated the need for trainees to facilitate step down trainings for service providers in their respective states to share the skills learned and yield the targeted results.

Appreciating MSH for organizing the training, Dr. Michael Oyilo of the Niger State Agency for the Control of AIDS (NGSACA) stated, "We thank the leadership of MSH's CaTSS project for inviting us and ensuring that we have this gender mainstreaming knowledge. With my gender lens on, I can now perform my duties and responsibilities more inclusively."



Stronger Health Systems. Greater Health Impact

Our Work in Nigeria

MSH is a non-profit global health organization that works to save lives and improve health by strengthening health systems in over 74 countries, including Nigeria, since 1970. For over 20 years, MSH has had presence in Nigeria, and 10 years ago, it established an operational office. MSH has provided assistance in maternal and child health, reproductive health, TB, and HIV/AIDS through strengthening health systems and building synergies for better health outcomes, across the northern and southern part of the country. MSH has built the capacity of over 100 civil society organizations (CSOs) in Nigeria, and has assisted over 23 states to strengthen their health systems and improve access to quality health services through its projects.

With the support of the United States Agency for International Development (USAID) and the Global Fund, MSH is currently in 16 states implementing one USAID funded project, Care and Treatment for Sustained Support (CaTSS), and one Global Fund sponsored Malaria Grant.