

CARE AND TREATMENT FOR SUSTAINED SUPPORT (CaTSS)

FACT SHEET
DECEMBER 2018



Photo by Cwenn Dubourthoumle

CaTSS PROJECT OVERVIEW

Dates: November 2016 - December 2019

Goal: Strategically support the maintenance and uninterrupted delivery of quality and integrated HIV/AIDS and TB care and treatment services.

Objectives:

- 1) Sustain access and utilization of HIV & AIDS and TB care and treatment services in selected states;
- 2) Increase host government capacity to plan, manage, coordinate, and lead HIV/AIDS programs at state and local government levels; and
- 3) Improve capacity of health care facilities to provide quality, sustainable, and integrated HIV/AIDS and TB services.

Geographic coverage: Kebbi, Kwara, Niger, Sokoto, and Zamfara states.

The UNAIDS 90:90:90 goals seek to achieve the following by 2020: 90% of HIV infected persons know their status, 90% of HIV positive persons are placed on treatment, and 90% of those on treatment are virally suppressed.

Management Sciences for Health (MSH) implemented the USAID-funded Prevention Organization Systems - AIDS Care and Treatment (Pro-ACT) project from July 2009 to November 2016. CaTSS was awarded to sustain and build upon Pro-ACT's achievements. CaTSS applies Nigeria's test and treat approach to achieve the UNAIDS 90-90-90 goals.

CaTSS works in close collaboration with the Government of Nigeria at national, state, and local levels in five states (Kebbi, Kwara, Niger, Sokoto, and Zamfara), covering 51 President's Emergency Plan for AIDS Relief (PEPFAR) sustained response local government areas (LGAs) and 107 facilities (41 comprehensive sites and 66 prevention of mother-to-child transmission [PMTCT] sites).



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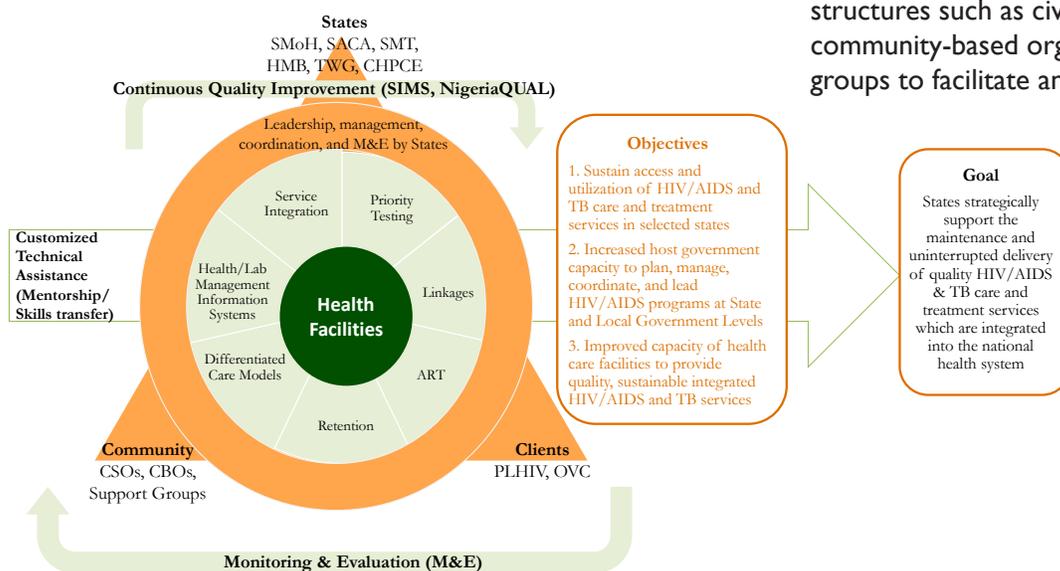
CaTSS routinely analyzes programmatic data to prioritize and guide interventions. For example, CaTSS data showed that Sokoto, Kwara, and Zamfara states had high peripartum HIV infection rates, so improving the quality of PMTCT and delivery services was prioritized there.

In Kebbi and Sokoto states, where antiretroviral therapy (ART) retention is lowest, strategies for improving client retention are being prioritized. In Zamfara and Kebbi states, where program data show that the Tuberculosis (TB) burden among HIV & AIDS patients is highest, CaTSS's collaborative HIV and TB activities are prioritized. In Zamfara and Niger states, where gaps exist between the numbers of identified HIV-infected clients and those enrolled into care, the project is focusing its efforts on improving linkage rates by strengthening counseling capacity, intensifying tracking activities, and broadening escort services.

Project Vision and Overarching Strategies

MSH envisions that upon successful implementation of CaTSS, dedicated and skilled staff at health facilities with strengthened systems will deliver quality, accessible, and integrated services that optimize health outcomes for the populations in the target states.

Figure 1. CaTSS Program Implementation Conceptual Model



CaTSS will achieve this vision through:

- 1) Partnership;
- 2) Differentiated care models;
- 3) Cost-effectiveness; and
- 4) Maintaining and expanding integrated services.

The CaTSS program implementation conceptual model demonstrates the linkages between program interventions and the overall project goal. From November 2016 to December 2018, the project reached 762,908 people with HIV testing and results, and enrolled 15,988 onto life-saving treatment. With strengthened health facilities at the core of the model, CaTSS provides technical assistance so that facilities can continue to improve linkage to care and deliver sustainable, quality services after the project ends.

At the state level, CaTSS works closely with relevant state structures such as the State Ministry of Health (SMoH), State Agency for the Control of AIDS (SACA), State Management Team (SMT), Health Management Board (HMB), Technical Working Groups (TWG), and Centers for Health Professional Continuing Education (CHPCE) to enhance the coordination, leadership, and management of state HIV responses. CaTSS provides technical assistance and mentorship to state structures to overcome gaps in coordination capacity, and mentors state government counterparts to provide quality technical assistance.

CaTSS also works closely with host communities and structures such as civil society organizations (CSOs), community-based organizations (CBOs), and support groups to facilitate and maintain quality care services to people living with HIV (PLHIV) and orphans and vulnerable children (OVC). CaTSS is applying this model in all five states and has developed action plans in partnership with key stakeholders. CaTSS continues to monitor implementation of these action plans jointly with key state stakeholders.

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This publication was made possible by the generous support of the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) under Cooperative Agreement No. AID-620-A-16-00001. The contents are the responsibility of the Care and Treatment for Sustained Support (CaTSS) Project and do not necessarily reflect the views of PEPFAR, USAID, or the United States Government.