

**E&F Management Consult/IHVN ACTION Plus Up Project (AIDS Relief Interventions with System Enhancements - ARISE)**

**Monthly Report: November 30<sup>th</sup> - December 29<sup>th</sup> 2013 (Q1M3)**

**1.0 Executive Summary**

In the reporting period, the project consolidated on all FY14 take off activities including recruitment process and orientation for interns and volunteers, finalization of budgets and LOAs for all partner facilities, regularizing supply chain of essential commodities, deepening PITC activities and strengthening sample batching in facilities that have had challenges in this area.

In line with plans to integrate ART services into normal daily clinics across all facilities, two GOPD doctors at General Hospital Bwari were mentored on the ART program and will commence reactive client consultations during the daily GOPD clinics. This will help immediate and timely enrollment of positive clients into care as PITC is intensified across all sites. Similar discussions at Maitama District Hospital (MDH) took place and will be finalized with the HoD of Family Medicine so that clients can be seen on a daily basis. MDH will also commence all eligible PLHIV on IPT immediately as agreed with the Project Coordinator.

A Social Welfare worker at GwarinpaGH has been fully incorporated into adherence counseling so as to reduce workload on the nurse presently offering these services.

There were regular TA visits to improve laboratory services to clients which helped in smoothening the process flow at the various facilities where gaps were identified. Commodities and reagents were provided to facilities, and the general laboratory activities were monitored. The facilities were mentored on CD4, ALT, CR analysis, documentation and other quality issues. Discussions are on-going with IHVN to overcome sample batching challenges especially encountered at Keffi GH and other sites.

Samples referral linkages were strengthened especially with the issue of stock out of Reflotron creatinine and GPT at the comprehensive facilities. This process was to help the affected facilities to analyse samples (especially baseline) and a good number placed on drugs.

EFMC participated in the MLSCN stakeholders meeting and sensitization workshop on MELTNA in Kaduna where laboratory accreditation processes and CQI were discussed. EFMC will work towards implementing some of the recommendations in its supported laboratories.

For sites management in FY14, discussions on funding levels, sites project management and strategies to meet prescribed target were intensified with all site managers and in-charge at the PMTCT sites. Implementations plans for most of the agreed strategies started within the month. Supportive supervision schedules have been developed while the NigeriaQual trainings will begin from the coming month.

The PMTCT unit carried out mentoring visits to PHCs and Comprehensive sites. A Community mobilisation/ outreach was conducted for improved ANC attendance and knowledge of PMTCT in Shere community in AMAC. Staff in comprehensive sites were mentored on rational use of suspension Nevirapine according to National guidelines and follow up of exposed babies.



EFMC also strengthened logistics of commodity flow from Gwarimpa General Hospital to spoke PHCs. The team worked with the medical logistics unit to project need and supply to PHCs to ensure no stock outs during the break.

The Community services unit continued with the intensive follow-up of reactive client’s home visits. Eligible individuals were provided with a minimum of one care service and these individuals were also given the PwP intervention.

The world AIDS day activities were held at different locations where 901 individuals were reached with HTC and they received their results. A total of 14 clients were reactive, they have since been referred to General Hospitals Gwarinpa, Kwali and Abaji for treatment. Two (2) of the clients were discovered to be on ART during their post-test counseling, and thus were given prevention messages. The unit also supported some high yielding facilities on PITC.

To end the first quarter of the FY14 Project Year, the annual VC Christmas Party was held with 101 children in attendance.

**2.0 DECEMBER Facts Sheet**

**Clinical Care**

- A total of CD4-845; Chemistry-628; Hematology-653; were carried out.
- 154 newly enrolled and 97 commenced on ART and 940 were screened for TB.
- Compiled TB/HIV data from DOTS clinics of supported facilities from October to December 2013 using the new IHVN template.
- Mentored two GOPD doctors at GH Bwari on various aspects of the ART program.
- Participation of a unit member in the National ART scale up plan meeting in Benin.
- Capacity of newly engaged M&E support staff at GH, Bwari built on clinic process flows as related to HIV programming with resultant delivery of timely weekly data.
- Discussions with a Social Welfare worker at GGH on her full involvement in adherence counseling.
- Provided technical assistance to GGH during ART clinic by way of patient consultations due to shortage of doctors.
- Continuous Technical assistance to all comprehensive facilities.
- Facilitated referral linkage for PHCs /PMTCT. To ensure the smooth running of the linkages created for facilities (Keffi GH linked to GH Garaku and ECWA linked to MHH for CD4 and baseline testing.).
- Supported the provision of ART services at comprehensive sites by ensuring that CD4 and other monitoring tests are done. A total of 8 comprehensive facilities were supported in this process by the provision of reagents and commodities, TAs, equipment maintenance services etc and provided referral linkages for PHCs to log in their



	<p>samples to the hubs.</p> <ul style="list-style-type: none"> <li>• Capacities of laboratory personnel at AGH, GGH, BGH, MHH built on CD4, ALT, CR analysis and documentation processes.</li> <li>• Attended MLSCN stakeholders meeting. Issues pertaining PT, accreditation and Lab. CQI in Nigeria were discussed.</li> </ul>
<p><b>Community Services</b></p>	<ul style="list-style-type: none"> <li>• 210 clients (M-76, F-134) were reached through phone calls and one-on-one discussions on ARV adherence by a Treatment Support Specialist (TSS).</li> <li>• As part of the follow-up actives, 53 (M-18, F-35) individuals tested positive during the community mobile HTC and were encouraged to enrol at comprehensive sites through phone calls, While 4 home visits were made.</li> <li>• 155 (M-52, F-103) positive individuals were reached with PwP services.</li> <li>• 101 (M-40, F-61) children were in attendance at the VC Christmas party held at Faith Complex Kubwa.</li> <li>• 158 (M-52, F-103, Pead-3) eligible clients received a minimum of one clinical service.</li> <li>• 206 (M- 60, F- 136, Pead-10) PLHIV attended Support Group meetings at ARISE facilities.</li> <li>• HTC activities were carried where 1,994 (M-931, F-1,063) individuals were tested at various facilities. 196 (M-55, F-141) of these clients were reactive; 169 of the reactive clients were referred, 5 of them rejected referrals and 22 others were already on ART. 107 of the reactive clients were enrolled into care and 28 couples were counselled, of which 7 of these couples were discordant.</li> <li>• 708 (M-348, F-360) clients were tested, counselled and given their results at various community outreaches. 12 (M-5, F-7) of the clients were reactive, 9 of them were referred while the other 3 were already on ART.</li> </ul>
<p><b>Commodity, Procurement &amp; Medical Logistics</b></p>	<ul style="list-style-type: none"> <li>• Cushioning the Stock out Of Nevirapine Suspension in facilities</li> <li>• Distribution of Medical equipment</li> <li>• Briefing meeting with the constituted facility-based teams on reporting requirements and their roles in ensuring commodities availability in the facilities and also good report.</li> <li>• Stock taking of expired commodities to facilitate waste drive.</li> </ul>
<p><b>Prevention of Mother to Child Transmission</b></p>	<ul style="list-style-type: none"> <li>• 3883 pregnant women with known HIV status (includes women who tested for HIV and received their results), 57 were tested positive.</li> <li>• Technical Support to sites on Quality improvement in implementation of PMTCT Program was carried out.</li> <li>• Conducted Shere Community outreach</li> <li>• Developed proposed PHC funding Matrix with HSS</li> </ul>



<p><b>Health Systems Strengthening</b></p>	<ul style="list-style-type: none"> <li>• Prepared a schedule for NigeriaQual trainings for 4 EFMC-supported sites and obtained Management approval.</li> <li>• Finalized the schedule for supportive supervision of EFMC-supported facilities in FCT and Nasarawa State and obtained Management approval.</li> <li>• Revision and communication of COP 14 budgets and LoAs to Comprehensive sites.</li> <li>• In collaboration with PMTCT and SI, developed and finalized on a funding matrix for PMTCT sites.</li> <li>• Continuous interface with GON, IHVN state offices and site PMT structures.</li> <li>• Continuous programmatic support to various thematic areas.</li> </ul>
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### 3.0 Next Steps

1. Follow up on the utilization of social welfare workers at GGH and Bwari GH for HTC and adherence counselling.
2. Follow up on integration of ART program into the daily GOPD clinics at GH Bwari and GGH.
3. Continued technical support and mentorship to improve on program in supported facilities.
4. Requisition and supply of reagents and commodities to facilities for the provision of services.
5. Contact relevant parties to leverage Nevirapine Suspension so as to cushion the effect of stock out.
6. Redistribution of ARVs that would no longer be in circulation
7. Facilitate supplies of Care and Support commodities.
8. Conduct NigeriaQual trainings.
9. Initiate signing of COP 14 LoAs and Budgets.
10. Commencement of Site supportive checklist administration.

### 4.0 Conclusion

EFMC in Conjunction with NACA joined the rest of the world to commemorate the 2013 World AIDS day at various environs of the FCT. We appreciate the Staff for a very successful outing and EFMC will do everything possible to aggressively follow up on reactive clients identified on the field to ensure they are enrolled at facilities for quality treatment.

We also enjoin you to stay healthy, get tested, and know your status as we all join hands to fight AIDS to finish.

**Courtesy:** Communication Team