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ED's Reflections: Lessons from APHPN 2014 Port Harcourt Rivers State

The 2014 Association of Public Health Physicians of Nigeria (Port Harcourt 2014) has come and gone, but the products are here with us and will be with us for a long time. For me, there was a sense of home coming – as PH is where my medical journey began several years ago.

Leaving Abuja, I was so excited knowing that I will be meeting a number of old friends and colleagues. Although at arrival at the airport, I had issues with planned pick-up, the conference ended up becoming one of the best I have attended in Nigeria. Thanks to Dr Promise NC Abuwa and his excellent LOC team. Anyway, what else will you expect from the man that made me directly and indirectly become a public health practitioner today by his excellent understanding of Biostatistics. I think, like his name, he has delivered as Promised.

Now that PH 2014 has come and gone, what are the lessons I am taking away from the four day program:

1. **Life is a lesson:** I listened to my seniors, colleagues and juniors and the first lessons I leaned was that life is a daily chapters of lessons. I saw many of my teachers – while some have changed, some had remained the same way I knew them several years ago. Even in old age, Dr Afiesamama is still community health minded.
2. **Life delivers to you what you request from it:** Qualifications are great and very desirable, but demand from life is what delivers the desires of men. Many are full of knowledge, very few are maximizing them. As I said to my friends in EFMC recently, knowledge is not power as we have always been told. It is the application of knowledge that is power. Applying the acquired knowledge is what delivers excellent rewards.
3. **Nigeria can do better:** In the meeting, I met several great Nigerians who can and should leave legacies in Nigeria for our children and generation yet unborn. Living just for the moment is most frustrating and self-limiting. However, that is how many of us are…living just for the moment.
4. **Leadership not funding is vital for excellent deliveries:** The results of some MDAs and the government of Rivers state in PHC and health indicators show that passion, not problems makes all the difference in leadership and results. I actually liked the Commissioner of Health. He spoke eloquently without notes…Nigeria is moving forward. Was he serious when he asked doctors to join politics?
5. **Professors are camera shy:** I thank Prof Wellington Oyibo and Ogbonnaya for their oral presentations. It is amazing to see that although there were so many professors and lecturers in the conference, only the above and residents made all the oral presentations (apart from the plenary). Is it that they are tired of presenting, are too big/too old for oral presentation or scared of questions/comments from the audience – including their residents? I strongly believe that these conferences should be a mix of presentation from the well acclaimed professors, residents and others. While the professors set the standards from which the residents will learn, the residents will learn as they overcome microphone shyness.
6. **Networking is a thing of the mind:** Several doctors are still living in their small cocoons where they believe that they do not need networks or management skills. Health care is a big business and only the business minded can maximize the opportunity. We need doctors with business sense and management expertise. Let us all go for a new level of skills – be management savvy.

Thank you our National Chairman, Prof T Akande, Secretary and the entire team for making PH 2014 a great experience. I sincerely look forward to Makurdi 2015 and hope and pray that is shall be a better and more enlightening outing. Well done Port Harcourt.

Now, follow us as we review our February 2014 activities.

E&F Management Consult (AIDS Relief Interventions with System Enhancements - ARISE)
Monthly Report: January 30th 2014-February 29th 2014 (Q2M2)

1.0 Executive Summary

In the reporting period, EFMC ARISE Project began with a monthly Program Review Meeting (PRM), where staff were informed of the new Monitoring, Evaluation and Reporting (MER) indicators and analysis of EFMC's performance with regards to set targets was shown. Letters of Agreement (LoA) for Fiscal Year (FY) 14 were signed by sites in Kwali Area council. Primary Health Centres (PHCs) in Kuje Area Council were assessed. Also EFMC conducted an orientation exercise for 103 members of staff of General Hospital, Kuje as part of activities for the facility's upgrade from a PMTCT site to a comprehensive ART site. All teams facilitated on various aspects of the ART program, thus, building facility staffs' capacity to provide comprehensive ART services. At the end of the training, the facility Program Management Team (PMT) was inaugurated.

Similarly, capacities of clinicians at Maitama District Hospital (MDH) were built on Isoniazid Preventive Therapy (IPT) implementation and they have since begun placing eligible PLHIV on INH prophylaxis. As part of the project routine activities, all supported facilities were provided with mentoring and technical assistance via telephone calls and visits in order to strengthen PITC, client enrolment into care and treatment and provision of quality ART services.

All supported facilities were provided with reagents and commodities based on the report of usage, quantification and forecasting submitted to EFMC. Among the commodities supplied were first aids box to all comprehensive facilities and a refrigerator to General Hospital Gwarinpa (GGH). Equipment was maintained on time to avoid service disruption and relevant laboratory activities were monitored. Some facilities during the monthly Technical Assistance (TA) visit were mentored on CD4 analysis, temperature charting and documentation and other quality issues.

As some comprehensive sites still do not have adequate laboratory support, sample referral linkages were strengthened. The current stock out of Reflotron GPT/ALT at the comprehensive facilities has made this referral network very vital. Samples for ALT were batched to Asokoro District Hospital (ADH) for analysis in order to prevent service interruption. The transportation of EID samples/ results was also facilitated resulting in the increase of pediatrics enrolled.

The month saw significant improvements in the HTC outputs compared to that of January 2014. This was due to the massive community outreaches held in Kuje in order to mobilize the community to use the recently supported comprehensive HIV/ART services General Hospital Kuje. In the same vein, TA was provided to all supported facilities to improve the PITC culture.

As a result of the follow-up activities there was an increase in the enrolment figures of reactive clients as compared to those recorded in January 2014. Enrolment of households into Household Economic Strengthening (HES) continued in the month of February 2014. Coordination of support group activities was done at all comprehensive sites with support groups.

With the aim of commonizing services, improving reach and affective more lives, there was a wide spread search for new feeder sites. This led to the activation of PHC Kuduru as a PMTCT site.

Supported sites were also visited to provide Technical Assistance and to supply commodities. In the same light, search for new feeder sites to engage in Toto axis was also intensified.

In the last week of February 2014, team members attended a symposium organized by NACA with the aim of addressing the Nigerian PMTCT Challenge where a presentation on the use of community structures titled: **PMTCT *using* Active Community Engagement (PACE)** was made by the Executive Director, Dr Obinna Oleribe.

2.0 Performance @ a GLANCE

Variable	Monthly Achievement	Cumulative Achievement	Annual Target	% Achievement (cumulative/annual target)
Patients in Care (clinical care - Adult)	2003	4686	4,767	98%
TB/HIV	7	35	150	23%
Adults on ART	1794	3587	4,145	87%
Children in care (clinical care)	85	232	443	52%
Children on ART	42	114	386	30%
HTC	13121	32788	138,544	24%
Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	3817	16050	40,299	40%
Vulnerable Children	2131	2358	4,000	59%

Note: MDH figures are included in this report.

3.0 FEBRUARY Facts Sheet

Clinical Care	• Conducted orientation exercise for staff of GH Kuje as part of activities for the upgrade of the facility to a comprehensive ART site. • Compiled TB/HIV data from DOTS clinics of supported facilities. • Participated in USG TB/HIV Partners' meeting where issues on the new MER indicators were discussed. • Built capacity of ART clinicians at MDH to commence

	IPT implementation. • Built capacity of new Medical Officer on the ART program at Modern Health Hospital (MHH). • Capacities of healthcare workers at supported sites built on strategies to meet ART targets and provide quality services. • CD4-461, Chemistry-359, Haematology-374, DBS-52 tests were carried out. • Provided mentoring to different cadres of personnel at all supported facilities during technical assistance visits on family-based approach to HIV testing, counselling, care and treatment and PITC. • Drafted a document on modalities to upgrade PHC Gidan Mangoro to an ARV pick-up site. • Facilitated referral linkages for all our supported facilities especially with the stock out of Reflotorn ALT 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.) and also the transfer of samples for ALT and EID to ADH. • Capacities of laboratory personnel at GGH, BGH, MDH ECWA, Keffi GH built on CD4, analysis, storage of reagents and the importance of temperature control in reagent storage and good documentation and record keeping. • Facilitated the delivery of EID results to the various facilities and followed up with the utilization of the results for patients' care. • Facilitated the maintenance service of Reflotron and Cyflow equipment at BGH. • Pulled chemistry samples from facilities for ALT analysis and retrieved results from the testing sites and then distributed to facilities for patients care.
Community Services	• Several advocacy visits were made to stakeholders in the Kuje Area Council before the commencement of the HTC outreaches. • At HTC and PITC levels a total of 11,287 (M-5,867, F-5,420) people tested, counselled and received their results. 434 (M-157, F-277) reactive cases; of which 374 were referred, 53 others were on ART and 10 rejected referral. • 45 couples were counselled with 2 found to be concordant positive. • 14 pregnant women were also tested at the field sites. • 295 (M-100, F-195) clients, who either missed their appointments or refill dates were reached through phone calls at MHH,GGH,MDH,AGH, GHK, ECWA and BGH. • 241 (M-71, F-170) positive individuals were provided with PwP intervention at MHH, GGH, AGH, GHB, ECWA and MDH. • 252 (M-71, F-170, PEAD-11) eligible individuals received

	a minimum of one clinical service at 6 ARISE Comprehensive sites. • Coordinated Support Group meetings at AGH, MHH, MDH, GGH, ECWA and BGH were105 (M25, F-80) people were in attendance. • Attended the Academic monitoring / school Management Board meeting at LEA Ijapi.
Commodity, Procurement & Medical Logistics	• Exchange and redistribution of ARVs to reduce expiries. • Stock taking of commodities to facilitate waste drive. • Hands-on training to MHH and Kuje facilities.
Prevention of Mother to Child Transmission	• Activation of PHC Kuduru. • Participated in activation of General Hospital Kuje. • Participation in Gwarimpa Project Management Meeting. • Attendance of NACA symposium on solving challenges of PMTCT. • A total of 3817 women were tested, counselled and given their results where 120 were tested positive.
Health Systems Strengthening	• Followed-up with supported sites yet to sign FY 14 LoA and budget. • Developed and signed LoAs for GH Kwali and PMTCT sites in Kwali Area Council for COP 14. • Continuous interface with GON, IHVN state offices and site PMT structures. • Commencement of Target GAP analysis of supported sites for Q1. • Visited NASACA and IHVN Nasarawa State in view of proposed activation of sites and take-over of Toto LGA. Report has been shared with Management. • Assessment of PHCs in Kuje Area Council, recommendation of some sites for immediate activation. • Meetings with Medical Director and Project Director of Kuje General Hospital.

4.0 Challenges faced and managed

1. Loss of 28 PMTCT sites with the handover of Kwali Area Council to Pro Health at end of January. Activation of sites in Kuje Area Council and newly opened facilities in AMAC to make up for figures lost from hand over of Kwali.
2. The breakdown of Mindray heamatology analyzer at MMH is a major challenge as full haematological analysis are no longer carried out for patient care. Maintenance services as at when due and quick response from the biotech engineer when broken down will go a long to reduce equipment downtime.
3. Low client turn out at some PHCs. Massive Mobile HTC will be conducted at all eight (8) Comprehensive site axes so as to meet the 50% of the target by the end of the month of March.

5.0 Next Steps

1. Provide hands-on mentoring to staff of GH Kuje on client enrolment, clinical evaluation with the reactive clients on ground.
2. Emphasize the need for Co-trimoxazole prophylaxis for all PLHIV, irrespective of CD4 count.
3. Continued engagement of feeder sites to improve on PMTCT HTC figures.
4. Technical visit to facilities to give them hands on training on LMIS to improve their reporting.
5. Assessment/identification of VC with the most critical needs and enrolment into care.
6. Mentoring/technical supports to all ARISE supported sites on care and support issues.
7. Support the activation trainings of PMTCT sites in Kuje Area Council.
8. Prepare and facilitate the signing of COP 14 LoAs for facilities in Kuje Area Council.

6.0 Conclusion

As the project year advances, EFMC will continue on her commonization campaign across all program states in Nigeria. It is our belief that everyone that need services should have access to services, stigma and discrimination should be erased and all health care workers should be empowered to provide services.

To achieve this, the need to continue community based programming, staff engagement while minimizing staff burnout cannot be over emphasized.

As the Semi Annual Progress Reporting period is round the corner, we strongly believe that achieving 50% across all program areas is possible is our partners will provide needed logistics and consumables to the level they are needed at the field sites.

Have a very fruitful month.

Courtesy: **Communication Team**