

**E&F Management Consult (AIDS Relief Interventions with System Enhancements - ARISE)  
Monthly Report: December 29<sup>th</sup> 2013-January 30<sup>th</sup> 2014 (Q2M1)**

**1.0 Executive Summary**

In the reporting period, EFMC-IHVN ACTION PLUS Up Project successfully signed LoAs for COP 14 in nearly all supported sites, conducted internal training on Sites Supportive supervisory Visits. The process of handing over all facilities in Kwali Area Council to Pro Health International was concluded and take-over of Kuje Area Council began.

The project focused on the intensive placement of clients on ART so as to meet set targets. There was reinforced collaboration with the various thematic units of EFMC viz; Community services (to improve PITC/HTC at the supported facilities), Care and support (client tracking and follow up), PMTCT (transition of post-partum reactivates into Adult care, EID and adoption of option B+) especially in improving PITC across all sites.

Health Care Workers (HCWs) at four comprehensive facilities were convinced to adopt and implement the recent WHO guidelines for eligibility to start adults on ART (CD4 count of  $\leq 500$  cells/mm<sup>3</sup>). The Clinical team also successfully engaged and integrated the GOPD doctors at Bwari GH in provision of care to ART clients; hands-on guidance was given to the GOPD doctors on the consultation processes of these clients.

The technical assistance/mentoring visits to all comprehensive facilities in the month under review were focused squarely on mentoring the facility staff on strategies that will enable them attain the FY 14 targets. These measures, however, have started to yield improvements in the attainment of FY 14 targets. Possibilities of running daily clinics at all comprehensive facilities were discussed, the discussions are still on-going. Teams also continued with the provision of PITC services at all EFMC-IHVN ACTION PLUS Up supported Comprehensive sites, PHCs and PMVs. To conduct PITC, team members were divided into groups and assigned to various facilities to monitor the HTC activities conducted by the staff. No community outreach was conducted this month by the team so as to strengthen PITC establishment in the facilities.

The Community services arm, under the Centre for Family Health Initiative (CFHI) had meetings with stakeholders at all EFMC -IHVN ACTION PLUS Up comprehensive sites and some PHCs to discuss the new paradigm shift and approach to VC programming. Skill Gap Analysis Tools (STAP) were developed and will be used in the subsequent support group meetings to identify what skill each care giver will be interested in. Various stakeholder meetings on the new VC programming were carried out at all supported comprehensive sites and 3 PHCs.

There was also a meeting between EFMC and seven CBOs; Community Life Advancement Project (CLAP), Elohim Foundation, Fatherless and Motherless Aids Organization (FACADO), Hope for the Hopeless Foundation (HHF), Community Based Initiative for Growth and Sustainability (C-BIGS), People of Hope Support Group (PHSG) and Women of Integrity Support Group (WII).

Likewise in Owerri, the team continued to strengthen their programming and are marching on to reap more achievements from activities in different thematic areas. The community team continued its intensive drive for PITC in all supported sites and expanding services to Private hospitals not supported previously with a view to support them to conduct HTC in their facilities. This is already



yielding figures for the team. The other teams continued on routine and ad hoc visits to sites to ensure that the National guidelines are adhered to across all the thematic areas. The team also reviewed the Q1 achievements and noted the poor results across most of thematic areas; with more funds available, the team will go out to do more and finish better by the end of Q2.

Other activities of the month include:

EFMC-FANAFI International: EFMC entered into partnership with FANAFI International to serve as an Indigenous partner for the take-off of FANAFI projects in Nigeria. FANAFI's project aims to create 2,200 jobs for Nigerians through practical entrepreneurship. She intends to do this through the distribution and sale of one of her products known as Splendora; a feminine maxi sanitary pad manufactured in USA and tested to have a total absorption superior to leading market brands by a factor of 200% as well as a rate of absorption that is ten times faster. The coming months would prove vital for the project as products have arrived in the country and distribution will begin on 1<sup>st</sup> of February.

### Target Performance

Variable	Monthly Achievement	Cumulative Achievement	Annual Target	% Achievement (cumulative/annual target)
Patients in Care (clinical care - Adult)	135	2683	4,767	56%
TB/HIV	17	28	150	18.6%
Adults on ART	174	1793	4,145	43.25%
Children in care (clinical care)	3	147	443	33%
Children on ART	8	72	386	18.65%
HTC	5718	19667	138,544	14%
Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	3953	12233	40,299	30.3%
Vulnerable Children	206	227	4,000	5.6%



**Clinical Care**

- Activities in FCT and Nasarawa states.
- A total of 296 tests (CD4-92, Chemistry-92, Haematology-92, DBS-20) were carried out.
- Health workers at all comprehensive facilities were re-sensitized about the ART program, the need to meet FY 14 targets using proposed strategies (intensified PITC, family-based approach to HTC, etc.).
- Compiled TB/HIV data from DOTS clinics of supported facilities.
- Ensured implementation of the 2013WHO criteria for starting ART in adult clients (CD4 count of  $\leq 500$  cells/mm<sup>3</sup>). Four supported facilities have agreed to implement (GH Abaji, GGH, ECWA, and GH Keffi).
- Provided trainings and ensured integration for unit interns and PA that built their capacities to effectively perform and deliver their job descriptions at the facility level.
- GOPD unit of Bwari GH has begun HIV clinic consultations; Maitama DH is looking into it already. Capacities of healthcare workers at supported sites built on strategies to meet ART targets and provide quality services.
- Participated in meetings between EFMC Care and Support unit and some staff of PHC Mpape and Maitama District Hospital on the need to economically empower PLHIV who attend Support Group meetings.
- Participated in a training on site supportive supervisory checklist implementation
- Participated in the assessment of the newly handed over PMTCT facilities (GH Kuje and GH Rubochi)
- Prepared the final schedule for Kuje GH ART site activation.
- Participated in the Programme Management meeting at Keffi GH.
- Activities for Imo State
- Facilitated ART clinic at Owerri Prisons where 29 patients were enrolled into care.
- In Owerri, there was continued support to SDF in routine laboratory investigations where 179 samples were analyzed across 4 comprehensive sites. 9 samples were referred, analyzed and results returned to PMTCT sites.
- Distributed New National CD4 registers, Quality manual and Procedural protocols for CD4 and Chemistry analysis to comprehensive sites.
- DBS materials supplied to 2 PMTCT sites in need. 2 DBS samples collected in PMTCT site.
- GH Ngor Okpala focal persons trained in DBS collection



	<ul style="list-style-type: none"> <li>• Followed up on supply of laboratory consumables.</li> <li>• Re-installation of Sysmex at GHAM.</li> </ul>
<p><b>Community Services</b></p>	<ul style="list-style-type: none"> <li>• 180 (M-54, F-126) clients were reached through phone calls and one-on-one discussions on ARV adherence.</li> <li>• 38 (M-17, F-21) LTFU individuals were re-enrolled into care.</li> <li>• 116 (M-21, F-95) positive individuals were reached with PwP services at 5 ARISE Comprehensive sites.</li> <li>• 117 (M-21, F-95, Pead-1) eligible clients received a minimum of one clinical service at 5 ARISE Comprehensive sites.</li> <li>• PITC Activities in all ARISE supported facilities across FCT and Nasarawa states.</li> <li>• 5,270 (M-2,292, F-2,978) individuals were tested, counselled and given their results.</li> <li>• 381 (M-119, F-262) individuals were reactive; of which 309 accepted referrals, 58 others were already on ART and 8 people rejected being referred.</li> <li>• 138 of the reactive clients were enrolled into treatment at various ARISE facilities.</li> <li>• 28 couples were counselled; 2 of which were positive concordant couples were identified among them.</li> <li>• 6 individuals were Lost to follow-up at ECWA due to the lack of phone numbers needed for tracking.</li> <li>• In Owerri, 13173 clients were tested, counselled and received their results.</li> </ul>
<p><b>Commodity, Procurement &amp; Medical Logistics</b></p>	<ul style="list-style-type: none"> <li>• Exchange and redistribution of ARVs. Quantities of ARVs that are soon-to-expire have been reduced tremendously.</li> <li>• Delivered hands-on training to facility staff on the Improvement of patient care by the health workers in the delivery sites.</li> <li>• Supply of ARVs and RTKs to facilities.</li> </ul>
<p><b>Prevention of Mother to Child Transmission</b></p>	<ul style="list-style-type: none"> <li>• 3163 pregnant women with known HIV status (includes women who tested for HIV and received their results), 81 were tested positive.</li> <li>• In Owerri 2,277 pregnant women counselled, tested and received results for HIV. 22 Positive pregnant clients commenced on prophylaxis in PMTCT sites.</li> <li>• 5 sites in Owerri were visited with quality of services assessed via a checklist</li> <li>• 2 DBS samples collected.</li> </ul>
<p><b>Health Systems Strengthening</b></p>	<ul style="list-style-type: none"> <li>• Project Review Meetings with PHC Coordinators of Abaji, AMAC and Bwari Area Council in FCT and Toto LGA in Nasarawa State was held at Hebron Complex.</li> <li>• Project Review Meetings with EFMC-supported PHCs in Abaji, AMAC and Bwari Area Council in FCT and Toto LGA in Nasarawa State was held at Faith Complex</li> <li>• Participated in FASCAP/IHVN/EFMC/PHI meeting at</li> </ul>



	<p>FASCAP office on hand-over of sites in Kwali Area Council to PHI and take-over of sites in Kuje Area Council by EFMC.</p> <ul style="list-style-type: none"> <li>• Take- over of Sites in Kuje area Council by EFMC.</li> <li>• Familiarization visits and assessment of General Hospital Kuje and General Hospital, Rubochi in view of activation.</li> <li>• Conducted training on Conducting Supportive Supervision and shared schedule for commencement.</li> <li>• Continuous interface with GON, IHVN state offices and site PMT structures.</li> <li>• Facilitated the signing of COP 14 LoA by all EFMC-supported Comprehensive sites except Gwarinpa General Hospital and Abaji General Hospital.</li> <li>• Facilitated a meeting with prospective PMTCT sites in Kuje Area Council.</li> <li>• Courtesy visits to PHC Coordinator and Assistant PHC Coordinator of Kuje area Council.</li> <li>• Continuous programmatic support to various thematic areas.</li> <li>• Identification of PMVs in Owerri Municipal for possibility of engaging them as sites or feeder sites. 15 feeder sites engaged so far, those willing to give ARVs would be activated.</li> </ul>
<p><b>Capacity Development Unit</b></p>	<ul style="list-style-type: none"> <li>• Enrolled 25 participants in a fresh batch of Basic Project Management Course(BPMC)</li> <li>• Rolled Out Annual Professional Course &amp; BPMC Calendar</li> <li>• Conducted Module 1 and Module 5 BPMC classes respectively.</li> </ul>
<p><b>EMFC-FANAFI Partnership</b></p>	<ul style="list-style-type: none"> <li>• Conducted sensitization seminars for diverse individuals on the FANAFI project and product.</li> <li>• Began registration of investor distributors</li> <li>• Took delivery of 5 40ft Containers of Splendor goods at the Nigeria Port for onward distribution by 1<sup>st</sup> of February 2014.</li> </ul>



### 3.0 Next Steps

1. Upgrade Kuje GH to provide full/comprehensive ART services.
2. Support the use/deployment of the supportive supervisory checklist at supported facilities.
3. Activation of PMTCT sites in Kuje Area Council.
4. Facilitate repairs and supply of equipment to facilities.
5. Continue with exchange and redistribution of ARVs (especially those with a short shelf life).
6. Massive HTC outreaches at communities in Kuje Area Council and other LGAs within ARISE supported facilities.
7. Assessment of Vulnerable Children (VC) caregivers for skills acquisition.
8. Finalize signing of COP 14 LoAs and Budgets by Gwarinpa General Hospital, Abaji General Hospital and Lugbe Maternity and Hospital.
9. Ongoing TA visits to support the provision of ART services at comprehensive sites by ensuring that CD4 and other monitoring tests are done.
10. Institution of HTC in all TB sites in Owerri zone.

### 4.0 Conclusion

The first month of the second quarter of FY14, witnessed a large scale up of activities from the various units of EFMC all geared towards achieving the FY14 set targets. With the conclusion of the signing of LOAs with all partner facilities, the project is on its way to deliver its set goals, through the full commitment of all relevant stakeholders.

In the coming month, the upgrade of Kuje GH to provide comprehensive ART services and accompanying community outreaches in the Area Council would bring hope to the communities in the council, while affording EFMC the opportunity to fulfill one of her missions of positively changing lives in and around Africa.

**Courtesy:** Communication Team