

**NEWS Power: An EFMC Monthly News Bulletin
July, 2014**

WORLD MOSQUITO DAY 2014

World Mosquito Day is celebrated annually on August 20th. It is a commemoration of British Scientist, Sir Ronald Ross' remarkable discovery on 20th August, 1897 that female mosquitoes transmit malaria between humans.

His discovery of the malarial parasite in the gastro-intestinal tract of the Anopheles mosquito led to the realization that malaria was transmitted by Anopheles and it birthed the measures for combating the disease. In 1902, He received the Nobel Prize for Medicine for this work on Malaria and this laid a foundation for scientists across the world for a better understanding of the deadly role of Mosquito.

Mosquitoes are carriers for some of humanity's most deadly illnesses, including Malaria, West Nile Virus, Yellow Fever, Dengue Fever and Encephalitis.

There are more than 3,000 species of mosquitoes but three are primarily responsible for the spread of human diseases:

- (1) Anopheles mosquitoes carry malaria and also transmit filariasis (also called elephantiasis) and encephalitis.
- (2) Culex mosquitoes carry encephalitis, filariasis, and the West Nile virus.
- (3) Aedes mosquitoes carry yellow fever, dengue, and encephalitis.

Mosquitoes use exhaled carbon dioxide, body odours and temperature, and movement to home in on their victims. All mosquitoes need water to breed, so eradication and population-control efforts usually involve removal or treatment of stagnated water sources. Insecticide spraying to kill adult mosquitoes is also widespread. However, global efforts are made every day to stop the spread of mosquitoes.

As we mark the World Mosquito Day, we remember the millions of people affected by malaria and the progress made in reducing transmission and providing treatment over the past decades. Despite this significant progress, malaria is still lurking especially in under-developed and developing countries, waiting to seize any opportunity to spring back, even in areas where control measures have been taken. Vector control remains one of the main points of attack in the war against malaria, and new technological breakthroughs are needed to advance the fight to reduce malaria deaths.

Excellence and Friends Management Consult (EFMC) joins the rest of the world to mark this day by creating public awareness about the deadly effects of Malaria and its possible preventive measures which can be achieved with the practice of **good personal hygiene by keeping the environment clean and mosquito free, elimination of stagnant water where mosquitoes can breed, use of Treated-Mosquito Nets and Protective clothing, install or repair window and door screens, support for Community-based Mosquito Control programs.**

There is need for the Federal Government of Nigeria to be more engaged in proper investment in the future and integrated strategies, support active malaria detection, prevention, and treatment interventions in both Health Facilities and Communities to ensure people are informed and empowered to live a malaria-free life.

**E& F Management Consult (AIDS Relief Interventions with System Enhancements - ARISE)
Monthly Report: June 30th 2014 – July 29th 2014 (Q)**

1.0 Executive Summary

In the reporting period, tremendous efforts were put into issues relating to Grant and Project Management for smooth running as some outstanding obligated funds to sites were liquidated and retirement of disbursed funds ensured.

Due to the nationwide strike by doctors, the activities in all treatment facilities were minimal, and to reduce patient waiting time at Modern Health Hospitals, Kubwa, staffs were seconded to support the existing human resources for health.

EFMC participated in the PMTCT Technical Working Group (TWG) meeting by FASCP with focus on EID and PMTCT demand creation in very remote areas of FCT. And a step-down orientation on new PMTCT WHO guideline for Agnes Maternity and PHC Dei-Dei staff was carried out within the period. To ensure zero new infections, EFMC continued the engagement of feeder sites and all supported sites were provided with Technical Assistance; and reactivates from feeder sites were properly referred and enrolled for prophylaxis.

Laboratory reagents and commodities including Dried Tube Specimen (DTS) HIV Controls were distributed to facilities based on the report of their usage and quantification. EFMC also facilitated the batching and transportation of CD4 samples from ECWA CHC to MHH and from Keffi GH to GH Garaku due to the absence of equipment platforms at those facilities, mentored Laboratory personnel on quality issues, amongst others. The EFMC Laboratory staff participated in the hands-on training organized by the Quality Assurance unit of IHVN for sub-grantees on the preparation of DTS HIV Controls. A refill request was also made from EFMC central store to IHVN. IHVN biotech Engineers were notified of Equipment that were due for maintenance (both corrective and preventive). Also, the Beckman Hematology analyzer belonging to MDH that was taken out for repairs has still not been repaired. IHVN and EFMC are both working towards getting the machine back to the facility.

Furthermore, a costing matrix was developed for patients in care and treatment from EFMC supported facilities as requested by FCTA HSS. This will be finalized and submitted to FCTA HSS in the coming months.

To reduce loss to follow up, follow-up calls were made to reactive clients enrolled at EFMC/ACTION Plus Up supported facilities who missed their scheduled appointments, as well as other reactive clients who were yet to be enrolled, so as to encourage their enrollment into care and treatment. Visits were made to schools (LEA Azhayapi, Kubwa, LEA Byazhin Kubwa, LEA Kubwa II, JSS Chikapere, Aso Academy Mararaba, and School for the physically challenged persons Karamajiji) for academic performance monitoring and counseling of OVC supported by the organization. Advocacy visits were made to some community heads in view of assessment and enrolment of OVC from the communities, while enrolment of OVC was also carried out in some communities.

2.0 Performance @ a GLANCE (ACTION PLUS UP)

Variable	Monthly Achievement	Cumulative Achievement	Annual Target	% Achievement (cumulative/annual target)
Patients in Care (clinical care - Adult)	251	5741	4,767	120%
TB/HIV	1	78	150	52%
Adults on ART	47	4444	4,145	107%
Children in care (clinical care)	17	333	443	75%
Children on ART	0	203	386	53%
HTC	2878	87809	138,544	63%
Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	3304	32012	40,299	79%
Vulnerable Children	499	3715	4,000	93%

3.0 July Facts Sheet

Clinical Care	<ul style="list-style-type: none"> Participated in PMTCT/Paediatric ART TWG Meeting organized by FASCP. Provided off-site mentoring to clinicians at supported sites due to nationwide strike by doctors. Participated in providing free medical services to patients at MHH. Paid a mentoring visit to ECWA CHC towards kick-starting CQI activities. Updated the TB outcome templates for TB/HIV co-infected clients across all facilities.
Community Services	<ul style="list-style-type: none"> 2387 people were tested, counseled and received their results out of whom 152 were reactive. 124 clients who either missed their appointments or refill

	<p>dates were reached through phone calls at MHH, GGH, MDH, AGH, ECWA and BGH.</p> <ul style="list-style-type: none"> • 53 clients were in attendance at 4 Support Group meetings at AGH, MHH, GGH and BGH. • 499 (M-226, F-273) Vulnerable Children were enrolled into care. • 403 OVC (171 males and 232 females) were visited in 7 different schools within AMAC for academic performance assessment. • Advocacy visits were also carried to 2 more community heads in Kuje Area Council, in view of enrolment of more OVC into care.
Commodity, Procurement & Medical Logistics	<ul style="list-style-type: none"> • Exchange and redistribution of ARVs to reduce expiries. • Acquisition and redistribution of RTKs between facilities. • Supplied consumables to facilities. • Stock taking.
Health Systems Strengthening	<ul style="list-style-type: none"> • Completion of payment of PMTCT sites the monthly obligated funds for the month of April, 2014. • Payment of Abaji General Hospital, ECWA Comprehensive Medical Centre, Maitama District Hospital, Gwarinpa General Hospital their obligated funds for Q2 of FY14.
Laboratory Services	<ul style="list-style-type: none"> • Facilitated referral linkages for all our supported facilities. To ensure 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 EID samples to ADH. • Facilitated the supply of Laboratory reagents and commodities to sites for provision of services. • Supported the provision of ART services at the comprehensive sites by ensuring that CD4 and other monitoring tests are done. • Requisition of Reagents and commodities from IHVN warehouse. • Participated in the preparation of DTS HIV Controls for our sites at ALTC Asokoro. • Mentoring/TA to supported sites. • Facilitated the servicing and maintenance of CD4 Cyflow analyzer at AGH and ERMA Hematology analyzer at AGH. • Followed up on the Returning of Beckman Hematology analyzer to MDH. • Distributed DTS HIV Controls to facilities. • Collated and submitted the Laboratory bimonthly CRRIRF • Report for the May-June reporting period.
Prevention of Mother to Child Transmission	<ul style="list-style-type: none"> • Provided Technical Support to sites. • Conducted step-down training for 2 well-structured feeder sites and 2 EFMC supported sites. • Participated in PMTCT TWG meeting. • Developed a feeder site database.

4.0 Next Steps

1. Participate in TB training organized by National Tuberculosis and Leprosy Control Programme (NTBLCP).
2. Follow up with comprehensive sites to ensure constitution of site-based CQI committees as soon as doctors' strike is over.
3. Participate in World Breastfeeding Week (WBW) Sensitization workshop for stakeholders by FMOH.
4. Continue engagement of supported sites to improve on PMTCT HTC figures.
5. Continue technical support and mentorship to improve on program in supported facilities and feeder sites.
6. On-going TA visits to support the provision of ART services at comprehensive sites by ensuring that CD4 and other monitoring tests are done.
7. Requisition and supply of reagents and commodities to facilities for the provision of services.
8. Follow up with IHVN/Darlez concerning the returning of Beckman Hematology analyzer to MDH.
9. Supervision of Support Group meetings at ARISE facilities.
10. Initiate the process that would lead to payment of obligated funds to relevant eligible comprehensive sites.

5.0 Conclusion

As we are in the tenth month of our programming, despite all the hurdles that have faced us this programming year, we have successfully placed over 5,741 patients on clinical care, counseled and tested about 87,809 people for HIV in FCT and Nasarawa states and are providing care to over 3,715 vulnerable children.

As the program approaches the end of its second year, EFMC would ensure that efforts are intensified within provided budget, to meet unmet targets and to maintain all the gains recorded so far within the program year.

EFMC is humbled by this opportunity to commonize HIV/AIDS in Nigeria and to bring help and succor to her people. We appreciate all our principal partners, health facilities, health care workers and the staff for their unending effort and commitment to this cause.

Courtesy: Communication Team