

NEWS Power: An EFMC Monthly News Bulletin
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Building a Nation that Makes Sense: The need for a Unique Identity for each Nigerian

Chaos is a system but it is a bad system. A few may profit from it, but the masses will always suffer. It is amazing that Nigeria as rich and prominent as she is has made little or no progress since 1960 when she peacefully obtained her independence from the British. Before you say I am wrong, please hear me out.

We have governed ourselves for 54 years, fought a war in which there was neither a victor nor a vanquish, allowed ourselves to be derailed by policies that institutionalize mediocrity and dependency, and lived primarily as a consumer nation exporting raw materials rather than an exporter of finished products.

Despite being the 'largest economy in Africa' all human development indices are negative as Nigeria is said to have some of the worst health indicators globally – life expectancy, under-5 mortality rate, maternal mortality ratio, disease burdens (malaria, polio and HIV), road traffic injuries, gender abuse, etc. Also unemployment rate, school drop outs rates, fake drugs, and several social vices are all on the increase. Today we have the GSM but we have lost or are losing most native languages. Today we have better roads but more road traffic deaths and injuries. Today we have better houses, but majority of Nigerians are homeless and helpless; we have more universities, but less skills and capacities; we also have more banks, airlines, networks and hotels, but less real services to Nigerians. Nigeria can and should do better.

One wonders why we have not made any meaningful difference in the lives of Nigerians despite several constitution review meetings, sovereign national conferences, town hall meetings and campaign manifestos.

I have been thinking. For instance, since the early 19th century, malaria has been and has remained a major cause of death and hospital attendance in Nigeria. There have been more than 10 national malaria control strategies with similar objectives – to half the incidence of malaria by 50% and with these strategies billions of Naira have been spent on malaria control strategies. However, the disease still remains a major cause of death, loss of man hours, and handicap of persons especially the under-5 and pregnant women. Why?

I have come to believe that it is difficult to plan for a people that we cannot see, nor for a population that we do not know. For instance, who is a Nigerian? Do we truly know how many we are in this country? How many persons carrying a current Nigerian passport are truly Nigerians? How many schools do we need to meet the educational needs of Nigerian children at all levels? How many health workers do we need to produce to meet the global acceptable standards? How many new housing projects will be able to provide enough accommodation for the homeless Nigerians? How many new jobs do we need to create annually to mitigate unemployment? How many new cities do we need to create to prevent the emergence of new slums in the next 20, 50 or 100 years? How much food do we need to produce to prevent hunger, avoid famine and ensure food security?

For 54 years, we have merely '*gestimated*' (not even estimated) our population, our needs and our successes. Our census' figures are all fraud. Our INEC voting lists are either incomplete or full of ghost voters. Our birth registration services are limited and incomplete. The sad thing is that no one truly cares.

How can you plan for a people you do not know? I think it is time for us to go back to the very foundation of planning – counting and counting accurately. We can triangulate available data from various units in the Ministries of International Affairs, Health, Finance and Education, but this will not give us good data for futuristic plans. We need to count ourselves.

This we can do by simply giving every Nigerian a UNIQUE identity number – call it social security number, or national ID number or whatever; but every Nigerian needs an identity card with traceable number. The technology for this is already in place. We only need to pay for it and adapt it to meet our needs.

As all previous national ID projects were programmed to fail from the very beginning, if we MUST succeed, we MUST change the way we do things. We must use the right skills and competences, we must allow the process to evolve through a proper structured pattern and we must make the process self-funding and self-sustaining. This we can start and conclude within 24 months and thereafter update the list with birth and death registration and certificates, in-migration and ex-migration of registered Nigerians as well as other national data systems.

To start this process, we need to identify the right skill sets. For once, let us bury nepotism and quota system and move Nigeria forward. Let me end this reflection by saying that it is not impossible to know who a Nigerian is; it is not impossible to have a street address in every nook and cranny of Nigeria leading to traceable addresses for all Nigerians; it is not impossible to have functional postal codes for every address in Nigeria making tracking simpler; It is NOT impossible. Doing this will not only make Nigeria a better nation, it will create hundreds and thousands of reliable and self-sustaining jobs and generate real data for planning and decision making.

Nigeria has been chaotic for too long. The time has come for us to begin to put shape and structures in place. We must begin to take responsibility for a new Nigeria. This does not require rocket science as the technology is already in existence; it has been tried in several other nations with excellent results and can easily be adapted and domesticated to make Nigeria's project work. But the question is "*do we have the WILL?*"

Obinna Oleribe

E& F Management Consult (AIDS Relief Interventions with System Enhancements - ARISE)
Monthly Report: April 30th 2014 – May 29th 2014 (Q3M2)

1.0 Executive Summary

With recent PEPFAR restructuring events, the activities for the project in the month of May 2014 were very minimal to help understand the strategic direction of the project and implement activities accordingly. Despite the programmatic setbacks, teams participated in a 2-day Continuous Quality Improvement (CQI) training that was organized by the Institute of Human Virology Nigeria (IHVN) from 1st – 2nd May, 2014 at Cosy Rest Hotel, Gwagwalada – FCT.

In the light of the ongoing reforms, letters of notification were dispatched at partner Area Councils (AMAC, Abaji, Bwari and Kuje) and Toto LGA in Nasarawa state informing them of current challenges going on in the PEPFAR program and how it affects EFMC's partnership with Area Councils and the facilities she supports. The same letters were also distributed to EFMC-supported PMVs.

The Federal Ministry of Finance posted 10 SURE-P interns to EFMC in the on-going job creation effort to support the transformation agenda of the Federal Government. These interns will support delivery of project objectives at various levels while gaining valuable experience that will make them well placed in the job market after the internship period. EFMC conducted an intensive orientation exercise for the SURE-P interns who were subsequently posted to various units. Two of EFMC sites (General Hospitals Gwarimpa and Maitama) were subjects of an impromptu CDC Visits as part of their site monitoring systems (SMS) with IHVN FCT region in attendance. They seemed pleased with what they met on ground; EFMC awaits an official report as an outcome of the visit.

Team activities continued but at a slower pace in light of directives from management in view of uncertainties about funds. Service delivery continued at all activated sites with regular mentoring and Technical Assistance (TA) to all supported comprehensive sites mostly through phone communications to solve challenges when physical travel was not feasible.

The community services team supported a number of facilities on PITC and follow-up of reactive clients to ensure enrolment into care. Most other facilities were not covered because of suspension of activities of interns working with the project on financial grounds. The unit supervised the monthly based support group meetings which were held in different comprehensive sites and she also distributed the Home Base Care Kits to all comprehensive sites except Kuje General Hospital where the support group is yet to be formed. The community unit also trained 7 of the local CSOs and 117 OVC caregivers on Household Economic Strengthening (HES) within the month. 40 of them were trained as caregivers in Nasarawa state while 77 were in FCT (24 in AMAC, 25 in Gwagwalada and 28 in Bwari Area Councils). This is meant to support the on-going family-based OVC programming.

The Laboratory team actively supported the facilities in the provision of laboratory services to clients. Facilities were supplied with reagents and commodities based on the report of usage, quantification and forecasting submitted. The bimonthly CRRIRF form was also collated from the various comprehensive sites and submitted to IHVN.

Equipment due for servicing were serviced when notice of due date was reported by the users. The facilities were mentored on CD4 analysis, quantification and forecasting of commodities, equipment maintenance, documentation and other quality issues. The Beckman Haematology analyzer that was malfunctioned at Maitama District Hospital was retrieved by IHVN technicians for repair and is yet to be returned. Since the machine belongs to the hospital and not supplied by the project, they are demanding that it should be returned if repair is not possible.

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)	122	5321	4,767	112%
TB/HIV	12	75	150	50%
Adults on ART	263	4262	4,145	103%
Paediatric in Care (clinical care)*	48	Data Audit ongoing	443	
Paediatric on ART	69	209	386	54%
HTC	4096	78916	138,544	56%
Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	2873	24625	40,299	61%
Vulnerable Children**	96	3159	4,000	79%

3.0 May Facts Sheet

Clinical Care	<ul style="list-style-type: none"> Participated in assessment visits to GGH and MDH led by teams from CDC Nigeria and Atlanta, in conjunction with IHVN. Compiled TB/HIV data from DOTS clinics of supported facilities for the month of May. Developed EFMC Quality Management Plan. Mentored new SURE-P intern posted to GH Kuje on clinic process flows and other activities of the ART program. Facilitated batching of CD4 samples from ECWA CHC to MHH. Mentored staff across all supported facilities in continuous improvement of service delivery, completion of care cards, etc.
Community Services	<ul style="list-style-type: none"> PITC was carried out in all ARISE supported sites. Clients who either missed their appointments or refill dates were reached through phone calls at 6 ARISE comprehensive sites. Some individuals who were tested positive during community outreaches were follow-up through phone calls and encouraged for enrolment into care. Positive individuals were provided with PwP intervention

	<p>at MHH, GGH, AGH, GHB, ECWA and MDH.</p> <ul style="list-style-type: none"> • Eligible individuals received a minimum of one clinical service at 6 supported Comprehensive sites. • Coordination of Support Group meetings at AGH, MHH, MDH, GGH, ECWA and BGH. • Vulnerable Children were enrolled into care. • The unit provided Technical Assistance to MDH and GGH. • Home Base Care Kits were distributed to all Comprehensive sites except Kuje General Hospital. • OVC care-givers were trained on Household Economic Strengthening skills.
Commodity, Procurement & Medical Logistics	<ul style="list-style-type: none"> • Exchange and redistribution of ARVs to reduce expiries. • Resupply of ARVs AND RTKs to facilities. • Stock taking. • Distribution of home base care commodities in collaboration with community services unit. • Compilation and sending of bimonthly reports.
Health Systems Strengthening	<ul style="list-style-type: none"> • Adapted (from IHVN) and Modified (in collaboration with Clinical Unit), the Quality Management Plan for EFMC-ACTION PLUS Up project. • Dispatched 'Restructuring Notification' letter to AMAC, Abaji, Bwari and Kuje Area Councils.
Laboratory Services	<ul style="list-style-type: none"> • 630-CD4, 469 Chemistry, 439 Haematology and 49 DBS tests were carried out. • Facilitated referral linkages for all our supported facilities. • Facilitated the supply of reagents, commodities to facilities for provision of services. • Supported the provision of ART services at comprehensive sites by ensuring that CD4 and other monitoring tests are done. • Facilitated the servicing and maintenance of Cyflow CD4 analyser at MHH and GGH following notification by the facility staff. • Collated and submitted LMIS bimonthly report to IHVN. • Participated in the successful orientation of the Sure-P interns. They were trained on laboratory facilities, safety and also on other activities carried out by the laboratory unit.
Prevention of Mother to Child Transmission	<ul style="list-style-type: none"> • Technical Support to sites especially PHCs to ensure that all pregnant women attending ANC are tested. Also ensured referral of all positive clients. • Participated in the CDC visit to General Hospitals Maitama and Gwarimpa. • Participated Capacity building for SURE – P interns

4.0 Next Steps

1. Step down CQI to EFMC staff and at EFMC-supported facilities.
2. Plan towards conducting a refresher course on the ART program for clinicians at Maitama District Hospital.
3. Constitute EFMC CQI committee and in-house CQI training.
4. Ongoing TA visits to support the provision of ART services at comprehensive sites by ensuring that CD4 and other monitoring tests are done.
5. Requisition and supply of reagents and commodities to facilities for the provision of services.

5.0 Conclusion

The month of May yielded tremendous success even amidst the restructuring programme in EFMC as focused strategies have been implemented to help strengthen and improve the quality of services delivered. Greater successes are expected in the upcoming months as we look forward to meeting and exceeding our targets.

Courtesy: [Communication Team](#)