



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

**Monthly Report: August 29<sup>th</sup> – September 30<sup>th</sup> 2014 (Q4M3)**

### **1.0 Executive Summary**

The month of September 2014 marked the last month in the FY14 project year and it was characterized by activities aimed at finalizing all key outstanding issues, and ensuring the project ended on a strong note, paving way for a good head start in the new project year. EFMC worked with partners to ensure essential consumables were available for the sites as well as emphasized a culture of ownership and less dependence on US Government and donor funds. The reporting period saw all units gathering and preparing their end of project year reports. All units gave support to one another in achieving successful year end activities.

Due to the ongoing program reform by funders, the Board of Directors instructed that all funded public health programs be completely transferred to the organization's Non-Governmental Organization – Excellence & Friends Management Care Centre beginning from the next project year. In line with this instruction, activities were also closed-out from Excellence & Friends Management Consult, and the process of empowering Excellence & Friends Management Care Centre began with the identification of relevant positions, and advertisement for the positions. Qualified candidates were shortlisted and interviewed. Successful candidates were enlisted for the project years 2014/2015 (ACTION PLUS UP YEAR 3) as new Excellence & Friends Management Care Centre Staff.

The SURE-P Interns working with the project were appraised, and recommendations made to EFMC management. All those with above average and excellent performances were rewarded with various degrees of prizes. The capacity of doctors at GH Kuje and Gwarinpa were enhanced through on-site mentoring. Health workers were trained to ensure compliance with the new WHO eligibility criteria for ART. Also, a number of evaluations were carried out at Maitama District Hospital and MHH.

As part of the end of project year activities, data from all PMTCT feeder sites were accurately collected, cleaned and transferred to National tools at their supported hub sites. New strategies on how to meet and exceed project targets were developed and implemented, current deficits were analyzed and all sites were mobilized to improve reach and maintain proper documentation of services provided. Advocacy visit was paid to CHC Dei-Dei community stake holders and ANC mobilization was also successfully carried out.

To ensure seamless laboratory services in all supported sites, consumables and reagents were supplied to facility laboratories. Dried Tube Specimen (DTS) HIV Controls and commodities were supplied based on their monthly submitted report of usage, quantification and forecasting. EFMC also facilitated the batching and transportation of CD4 samples from facilities without relevant equipment to another with required equipment platforms. The team also mentored all laboratory personnel on quality assurance and control, among others. A refill request was made to IHVN during the course of the month. IHVN biotech Engineers serviced laboratory equipment that was due for maintenance (both corrective and preventive) and returned same to MDH.

Facilities were supported to follow-up and track reactive patients. Provider Initiated Testing and Counseling (PITC) went on in all EFMC-ACTION Plus Up supported facilities across both states. The team also continued mentorship and assessment for the staff of PHC Aleyita and collated reports.



Advocacy visits were also made to stakeholder in Kugbobokun Community and HTC outreach was organized for Igu Community, in Bwari.

The month of September 2014 also saw significant improvements in Care and Support activities with enrolment of clients. New OVCs were enrolled into care; households were also visited within the month. Assessment of the levels of utilization of skills gained from HES training and services was conducted on already enrolled children and their households. Some OVCs household received financial grants from EFMC.

## 2.0 SEPTMEBER Facts Sheet

<p><b>Clinical Care</b></p>	<ul style="list-style-type: none"> <li>• 252 individuals were newly enrolled, 417 commenced on ART and 252 were clinically screened for TB.</li> <li>• 4 Men and 2 Women were identified to be co-infected with TB and HIV and started on TB treatment and ART at Maitama District Hospital, GH Bwari and GH Keffi.</li> <li>• Participated in CDC assessment visit to Maitama District Hospital for pilot of a TB/HIV assessment study tool.</li> <li>• Provided mentoring to doctors at GGH and GH Kuje on new WHO eligibility criteria for initiating ART in children.</li> <li>• Updated the TB outcome templates for TB/HIV co-infected clients across all facilities.</li> <li>• Conducted NigeriaQual evaluation exercise at Maitama District Hospital and Modern Health Hospitals.</li> <li>• Conducted audit of pre-ART and ART registers at GGH to identify the number of children in care and those on treatment.</li> <li>• Conducted appraisal exercise for SURE-P intern at Kuje.</li> <li>• Continuous Technical assistance was delivered to all comprehensive facilities.</li> <li>• Facilitated referral linkage for PHCs /PMTCT to ensure the smooth running of the linkages created for facilities.</li> <li>• Facilitated the supply of reagents and commodities to facilities for provision of services.</li> <li>• Supported the provision of ART services at comprehensive sites by ensuring that CD4 and other monitoring tests are done.</li> <li>• Capacities of laboratory personnel at all supported sites improved.</li> </ul>
<p><b>Community Services</b></p>	<ul style="list-style-type: none"> <li>• 5,060 clients were reached through phone calls and one-on-one discussions on ARV adherence.</li> <li>• 48 individuals Lost-to-follow-up were re-enrolled into treatment</li> <li>• 214 individuals who tested positive were referred to comprehensive sites for ART services.</li> <li>• 2 home visits were made.</li> <li>• Calls were made to PHC Aleyita for continuous mentorship and assessment of members of staff for PITC services and collection of results.</li> </ul>



AIDS Related Interventions with Systems Enhancement

	<ul style="list-style-type: none"> <li>• Advocacy visits were made to stakeholder in Kugbobokun Community.</li> <li>• HTC outreach was organized for Igu Community, in Bwari.</li> <li>• Provided preventive health care, nutritional and psychosocial support to 3,617 VC enrolled at different EFMC VC clusters across FCT and Nasarawa state.</li> <li>• 21 Households received financial grants from EFMC.</li> <li>• Coordination of Support Group activities at GGH, MDH, AGH, Keffi GH, BGH, ECWA CHC and MHH.</li> <li>• Provided Mentoring and Technical support to ARISE supported sites on Care and Support issues.</li> <li>• Participated in the CDC assessment visits to some ARISE facilities in FCT.</li> </ul>
<p><b>Commodity, Procurement &amp; Medical Logistics</b></p>	<ul style="list-style-type: none"> <li>• Exchange and Redistribution of ARVs to reduce stock out.</li> <li>• Technical Support to sites was carried out. Capacity of pharmacy and logistics staff improved in the area of LMIS and pharmaceutical care in HIV/AIDS.</li> <li>• Acquisition of Aluvia 250mg for redistribution to facilities that are in need of them.</li> <li>• Replenished RTK stock of facilities.</li> <li>• Acquisition of RTKs from IHVN</li> </ul>
<p><b>Prevention of Mother to Child Transmission</b></p>	<ul style="list-style-type: none"> <li>• 3,513 pregnant women were tested for HIV and received their results), those that were tested positive was referred for treatment</li> <li>• Participated in NigQual audit at Maitama District Hospital.</li> <li>• Quality improvement in implementation of PMTCT Program, towards provision of qualitative HIV services and meeting set targets.</li> <li>• Documented monitoring and supervisory visits to supported sites and new feeder sites.</li> <li>• Advocacy visit to CHC Dei-Dei community stakeholders for ANC mobilization.</li> <li>• Capacity building for team members</li> </ul>
<p><b>Health Systems Strengthening</b></p>	<ul style="list-style-type: none"> <li>• Prepared a schedule for the distribution of Medical supplies obtained from IHVN with support from other thematic areas.</li> <li>• Facilitated IHVN/EFMC pre-CDC supervisory visit to EFMC-supported facilities in FCT and Nasarawa.</li> <li>• Supported CDC visit to pilot a TB/HIV assessment tool.</li> <li>• Continuous interface with GON, IHVN state offices and site PMT structures.</li> <li>• Continuous programmatic support to various thematic areas.</li> </ul>
<p><b>Applied Management (Program Management)</b></p>	<ul style="list-style-type: none"> <li>• Quarterly obligated funds for <b>Q4</b> disbursed to Community Life Advancement Project (CLAP) and ELOHIM Foundation.</li> <li>• Retrieved retirement of obligated funds for <b>Q3</b> paid to ECWA Comprehensive Medical Centre.</li> </ul>



### 3.0 Next Steps

1. Finalize budget with IHVN
2. Collate and submit TB/HIV data for the month of October 2014
3. All units convene meeting to develop strategies for FY15.
4. Participate in EFMC team visits to all comprehensive ART sites to discuss changes in program support in FY15.
5. Provision of Laboratory SOP, quality and safety manuals to comprehensive sites.
6. On-site mentoring of new staff of supported facilities. There is need for orientation and mentoring of new staff at facilities to ensure quality service delivery and attainment of targets.
7. Ensure availability of relevant work tools, job aids and SOPs at the sites for use of the staff.
8. Technical Assistant visits to EFMC ARISE supported sites.
9. Receive and distribute DTS HIV controls to facilities as quality indicators in the laboratory.
10. Facilitation of Support Group meetings at ARISE comprehensive sites.

### 4.0 Conclusion

We give God praise for a very successful year, despite challenges on the way. Lives were touched positively, health was restored, families were reunited, orphans were supported, families were empowered through the HES project and facilities were trained and helped to execute their work.

We look forward to the months and years ahead when we will consolidate on the gains of year 2, build sustainable system, support government of Nigeria fund and support HIV services as well as put ore people on treatment, care and support services.

We believe that the time has come for all hands to be on deck towards ensuring that the gains of the past five years are not lost due to US government strategic shifts. GON should be encouraged to provide more funding for HIV program in Nigeria. HIV services should be completely communized and seen by all health workers as normal services. HIV patients should be encouraged to bear part of the cost of their treatment, especially in areas where the US government has withdrawn support.

Kicking HIV out of Nigeria is a task for us all. Support EFMC make this happen. As the new project year begins, we look forward to your goodwill, prayers, supports, and more importantly partnership towards the realization of the goal of a HIV free Nigeria.

Remember, everyone has a role to play.

We appreciation our funders, partners, health care workers, and the entire staff of EFMC for their tireless effort in this fight towards an AIDS-free generation.

**Courtesy:** Communication Team