

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

Monthly Report: April 30th - May 29th 2013 (Q3M2)

1.0 Executive Summary

The activities carried out by teams in the reporting period were mainly geared towards achieving the set targets and building structures that will ensure that all the targets are met at the end of the COP year. Noteworthy in the activities were the May 2013 edition of the monthly project review meeting with IHVN represented by two (2) members of the Applied Health Unit and handing over of General Hospital, Kwali to EFMC. Formal handover of the remaining two sites (General Hospital, Bwari and Maitama District Hospital) were still being awaited within the reporting period.

To meet with the CDC tier 2 PMTCT site activation deadline, EFMC leveraged on the IHVN (FCT Region) PHC orientation workshop where 22 staff members from 11 PHCs in Abaji, Bwari and Kwali Area Councils participated. In the coming month, these PHCs will be activated as full PMTCT sites to add to the existing number of PHCs under EFMC's support.

There was successful coordination of simultaneous activation of two comprehensive sites in the FCT (ECWA Comprehensive Health Center) and Nassarawa state (General Hospital, Keffi) where the personnel of both facilities were given on-site orientation in different thematic program areas by the different units in EFMC. This orientation was given to enable the facilities provide comprehensive ART services as soon as possible. This was followed with on-site mentoring and supervision with on the job training of Health Care Workers (HCWs) at GH Keffi on client enrollment. It is expected that these facilities will benefit from specific trainings in their various program areas in the near future.

EFMC joined CDC for an impromptu visit to General Hospital, Abaji to conduct an assessment for the development of a TB data capturing tool and awaits the assessment report to determine what needs to be improved in the facility for effective service delivery. Throughout the month, continuous technical assistance was provided to the comprehensive facilities while reactive clients from outreaches who were yet to access care were actively tracked to ensure their enrolment into care. EFMC also actively participated in the national EID stakeholders' meeting, IHVN-organized CQI step-down training and National ART scale up plan meeting convened by the Federal Ministry of Health in Abuja, and is currently working towards a step-down of these trainings to EFMC staff and EFMC supported facilities.

The laboratory unit collated and synthesized the lab bimonthly GON LMIS reports from the facilities, supplied facilities with reagents and commodities based on the report of usage, quantification and forecasting submitted by facilities, installed Reflotron Plus chemistry analyzer supplied to General Hospital Abaji, and ensured that all the necessary facilities, skills and consumables required for the smooth

running of the process were in place. Similarly, in other supported facilities commodities and reagents were provided, equipment maintained and the general laboratory activities monitored. The comprehensive facilities were also trained on the use of L-J charts for QC analysis. Documents such as sample rejection criteria, quality control logs were developed in the course of the Technical Assistance visits. The laboratory unit members also participated in the Quality Assessment review meeting held in Abuja and the National EID stakeholders' meeting held within the month.

In the community services unit, significant improvements were recorded within the month compared to that of April 2013; the follow up figures from community HTC reactive clients rose from 948 to 1,548, enrolment of VC rose from 122 to 141, home visits rose from 54 to 104, enrolment of PABA into care also rose from 623 to 683. Another success recorded in the month was the inauguration of the long awaited GHG Support Group.

There was also a re-orientation on injection safety and quality control organized by the unit for the Project Assistants, interns and volunteers. There were also several advocacy and sensitization visits made to community leaders, brothels, police stations, prisons, IDUs and motor parks to explore testing and prevention activities with MARPS. Advocacy visits were followed by several HTC outreaches and other prevention activities.

However, the **insufficient** supply of RTKs adversely affected the results in **all** program areas. HTC recorded only a quarter of April 2013's results (7, 765). The Follow up and one-on-one counseling of clients already enrolled at ARISE partner facilities also dropped from 343 to 270.

Likewise in the Owerri office, various planning meetings were held in the month towards the activation of three comprehensive centres at GH Ogwa, Mbieri and NgorO kpala. Key officers were also trained on Grant Management. Nine (9) patients have so far been enrolled at GH Mbieri, one of the yet to be formally activated comprehensive sites, through skeletal operation supported by EFMC staff while awaiting funding of the sites.

As the focus of ARISE in Imo State was on expanding the PMTCT testing coverage, the unit had an additional Intern recruited, one of the Project Assistants seconded to the Unit and received more TA from the HQ. This resulted in a lot more pregnant women tested especially through feeder sites (Maternity homes and TBAs) and house-to house/ Market outreaches in the communities; thus reaching pregnant women where they live and receive services.

2.0 MAY Facts Sheet

Clinical Care	<ul style="list-style-type: none"> • Successful activation of General Hospital, Keffi and ECWACHC, Karu as comprehensive ART sites with orientation of personnel. • Successful enrolment of 11 clients into care at General Hospital, Keffi the week after activation of facility as an ART site.
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	<ul style="list-style-type: none"> • Built capacities of team members on CQI, HAP-MSC. • Formal handover of General Hospital Kwali to EFMC by IHVN. • Installed Reflotronplus Chemistry analyzer at General Hospital Abaji. • Successfully compiled and submitted the GONLMIS report. • Skeletal enrolment of patients started at the 3 new comprehensive sites, 9 patients enrolled at GH Mbieri. • Weekly Monitoring and supervisory visit to GHAM to strengthen clinical and adherence activities. • ART clinic has been instituted at GH Mbieri. • Involved in planning and preparation of sites for installation of equipment. • GHAM has now commenced Chemistry analysis, the first time in many years. • 107 placed patients on ART, 7 children on ART
Community Services	<ul style="list-style-type: none"> • Successful inauguration of the Support Group at General Hospital Gwarinpa • Supply of C&S Commodities to Modern Health Hospital and General Hospital Keffi. • 109 advocacies were paid to brothels, paramilitary and motor packs. • 1,601 MARPs were reached with 139 reactive. • School club visitation resumed in the month of May 2013. • 7,765(M-4362, F-3,403) people tested, counseled and received their result. • 259(M-59, F-200) reactive cases. 193 referred, 59 were already on ART and 8 rejected referral. • 270 (M-82, F-188) clients were reached through phone calls and with individual counseling. • 683 (M-366, F-317) PABA were enrolled into care. • 141 (M-60, F-81) VC from Karamajiji colony of the disabled were enrolled into care. • Community HTC outreaches are taking place in 2 more LGAs around 3 comprehensive sites in Imo State. • Follow up calls to encourage enrolment of patients seen at HTC outreaches.
Commodity, Procurement & Medical Logistics	<ul style="list-style-type: none"> • Site activation orientation on LMIS tools and commodities management for General Hospital Keffi and ECWA Comprehensive Medical Centre Karu. • Produced a forecast of commodities needs (ARV, RTKs and Consumables) of PMTCT sites activated in April. • Coordinate the last mile distribution of commodities to all EFMC managed sites. • Provided onsite technical assistance/guidance to

	<p>facility staff.</p> <ul style="list-style-type: none"> • Acquired care and support commodities (Action Meal, ITN, condoms, water safe) and deliver same to EFMC supported comprehensive sites. • Initiated efforts to acquire Isoniazid 300MG tablets from National TB and leprosy control programme.
Prevention of Mother to Child Transmission	<ul style="list-style-type: none"> • Activation of 11 EFMC supported PHCs as PMTCT service delivery points. • Quality improvement in implementation of PMTCT program and Mentoring of Interns enhanced. • Logistics were also put in place for the activation of Tier 2 PHC facilities in the month of June. • 4,050 pregnant women with known HIV status (includes women who tested for HIV and received their results) with 105 tested positive were seen in Abuja and Nassarawa State. • In Imo State, a total of 2,475 pregnant women with known HIV status were tested and received results. • 389 additional pregnant women reached with HTC via community outreaches and door-to-door testing. Maternity homes/TBAs identified for testing pregnant women. • Total of 28 Monitoring and Supervisory Visits conducted to SDFs. PHC staff mentored to improve HTC skills and DCT use • TA rendered to 3 SDFs to resolve specific technical issues (ANC HTC uptake and choice of drugs for ARV and CPX prophylaxis).
Health Systems Strengthening	<ul style="list-style-type: none"> • Attended the IHVN step down training on CQI and the NigQUAL performance indicators. • Designed a CQI project on achieving high complete referral rates from community outreaches to the comprehensive sites. • Development of site supportive supervision checklist • Embedded CQI training in all site activation processes • Institution of the performance based financing model for newly activated sites. • Joint assessment of PHCs in FCT and Nassarawa with IHVN and Solina for the 100% saturation of all PHCs with PMTCT services, and activation orientation for these PHCs planned for June, 2013. • PMT constituted at the 3 new comprehensive sites, a brief orientation meeting held in 2 of them. They received funding from CCCRN towards tail-end of the month.
Human Resources	<ul style="list-style-type: none"> • 2 new Interns joined the team in the PMTCT and Lab unit. One more Intern to be recruited for PMTCT unit to

	be resident in Ngor Okpala and cover the SDFs and feeder sites in the area.
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3.0 Next Steps

- Step down CQI training to relevant project staff
- Embark on more CQI projects, work with MGICCCQI team to establish CQI in all our Comprehensive sites.
- Set up program management systems at the newly upgraded ART sites and take over erstwhile FHI 360 sites.
- Finalize MOUs/LOAs with all the supported facilities.
- Assessment and installation of equipment at General Hospital Bwari.
- Assessment of comprehensive facilities soon as it is handed over.
- Reactivation of all outstanding school based clubs and training of the school based club facilitators.
- Enroll reactive clients tested at the community mobile HTC for C&S intervention.
- Activation of new facilities in FCT and Nassarawa states delineated to be supported by EFMC for implementation of PMTCT program.
- Followup on supply of reagents for Chemistry analysis at GHAM.
- Intense follow up and home visits to ensure LTFU patients are tracked back to care.

4.0 Conclusion

May 2013 was a great month to EFMC. God helped us meet and surpass some targets while due to scarcity of RTKs several others were not. However, programming has moved on both in Imo, Nassarawa and FCT Abuja.

We look forward to the full handover of the remaining sites and their activation in June 2013. We also look forward to a very active month as we secure more RTKs and effectively re-strategize our facility and community programming.

Finally, we are glad to announce the remodeling of EFMC portfolios with full establishment of a non-profit version of EFMC – Excellence & Friends Management Care Centre (CAC/IT/No 49653) to fully be in line with global best practices.

Courtesy: Communication Unit