NEWS *Power*: An EFMC Monthly News Bulletin
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Policy Gaps and Public Health Practitioners

Health is everyone's right. However this right cannot be delivered without the right systems and processes thus the need for policy, frameworks, guidelines, standard operating procedures, etc. I hear people say that the issue with Nigerian Health System is not absence of policies, but the absence of the implementation of relevant policies.

Let me begin this reflection by asking this simple question.
"How many of us have ever read a health Policy, Bill or Act from the beginning to the end?"
I can imagine what the answer will be. How can the available policies be implemented if none of the health care workers know about them, their content or possible gaps in them?

More importantly, I have come to understand new developments in the policy environment. Medical doctors and several health workers are very busy and thus do not have time for policy issues. But there are other healthcare workers who have enough time and are exploiting the time they have to read all health policies, not to gain knowledge to implement, but to identify exploitable gaps. Once identified, these gaps are maximized and used to fuel inter-professional conflicts.

I heard a legislator said; "Doctors are hardly ever seen in the National Assembly. They claim to be busy while other groups are there lobbying for several bills and legislations". But to move the public health issues forward, we need to be more politically conscious – this the Commissioner of Health, Rivers State also said in his speech in a meeting I recently attended.

What is the way forward? Every professional body (including the Public Health Physicians) MUST:

1. Assemble all relevant policies and master their contents
2. Identify possible gaps
3. Develop policies, guidelines and frameworks to mitigate identified gaps
4. Gazette these new policies, frameworks and guidelines as national documents
5. Market the new documents through professional trainings, meetings, conferences and seminars

Not every professional can secure time for this process. Thus, every professional body should set up a group charged with this process and given the mandate to review all current policies, identify gaps and work with other stakeholders to develop and market relevant policies, frameworks and guidelines for a better health system.

I sincerely believe that a word is enough for the wise.

Obinna

E& F Management Consult (AIDS Relief Interventions with System Enhancements - ARISE)
Monthly Report: February 29th 2014 - March 29th 2014 (Q2M3)

1.0 Executive Summary

This report presents a summary of activities conducted in March 2014 by EFMC-ACTION Plus Up Project. Major achievements within the reporting period includes signing of Fiscal Year (FY)14 Memorandum of Understanding (MoU) with 2 CSO partners (Community Life Advancement Project (CLAP) and Elohim Foundation), payment of second quarter funds to supported PMTCT sites and successful signing of Letter of Agreements with facilities in Kuje Area Council.

In addition, as this was the sixth month of the program year, the teams were faced with the task of reaching 50% of their target by Semi Annual Progress Report (SAPR). With this in mind, the community services team embarked on massive community outreaches within FCT and Nasarawa State. Five teams were formed (Bwari, Kubwa, Abaji, Maitama/ Gwarinpa and Keffi/ Karu), which worked tirelessly to meet this target. However, limited RTK supply affected the goal and thus reduced the number of clients tested for the month of March 2014. To achieve PMTCT targets, there was also widespread search for new feeder sites where pregnant women were accessing services. To ensure quality of care, Interns and Project Assistants were trained in various aspects of programming during the weekly team meetings.

To enable commencement of comprehensive HIV/AIDS services at General Hospital Kuje (GHK), installation of equipment needed was carried out. This was followed by hands-on training and mentoring of the facility laboratorians to ensure proficiency. Also at Maitama District Hospital (MDH), a Sysmex haematology was installed in an exchange to the previous Beckman haematology analyzer that was present at the facility as at the time of hand-over. Dry Tube Samples (DTS) were distributed to facilities to ensure quality of the HIV screening being carried out at the facilities. Eighteen (18) facilities staff from different PHCs in Kuje Area Council were trained on CD4 and DBS samples collection and transportation.

Hands-on mentoring was also provided to staff of General Hospital, Kuje as a follow-up to the activation orientation exercise conducted in February 2014. Many visits were made to the facility where staff was given technical assistance and mentoring on adult and paediatric client management for ART, CPT, TB/HIV, adherence counselling, etc. As a result, clients have been enrolled into care and treatment. All the comprehensive sites were visited and stations were supplied with commodities and provided with various levels of mentoring and Technical Assistance (TA's). Client data at Maitama District Hospital was successfully migrated from LAMIS to OpenMRS to complete data cleaning and validation exercise that was started in the previous month. Data update in OpenMRS is on-going while new clients' data will be entered in OpenMRS from the month of April 2014. Provider Initiated Testing and Counselling (PITC) simultaneously went on in all EFMC-ACTION Plus Up supported facilities across both states. The teams also participated in the PMTCT site activation at Rubochi in Kuje Area Council and the Primary Health Centers (PHC's) assessed and selected in Kuje Area Council were activated following a 4 day orientation programme.

In our Imo state office, one of the main highlights of the month was the activation training carried out for 14 new PHCs offering PMTCT services with a bid to saturate Owerri town where there were only a few PMVs offering PMTCT services in the past project year.

A review meeting was also held with all the Officers-in-charge of PHCs, the 9 LG PHC Coordinators and LG M&E Officers, with a view to encourage them to do more to reach all pregnant women and others with HIV services through evidence-based strategies. The review meeting gave instant success as there was a recorded 28% increment in PMTCT HTC compared to previous month. A

senior management team from CCCRN conducted site monitoring visit to 4 supported sites in the month. Generally, Site mentoring activities were stepped up in the month towards ensuring quality services were rendered in all supported sites.

Feeder sites were also identified in the month who are linked to the project's activated sites for testing and placing positive pregnant women on ARV prophylaxis and referring non-pregnant positive clients to comprehensive sites. Community HTC outreach through the CBO reached a peak in the month with about 33,000 people tested and counselled in the month. Patients who tested positive are being intensively followed up to ensure they access services as soon as possible.

Events in the new month would be focused on instituting measures to optimise all target areas at SDFs, reviewing effectiveness of strategies employed in the past 6 months and results.

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)	263	4949	4,767	104%
TB/HIV	14	49	150	33%
Adults on ART	181	3768	4,145	91%
Children in care (clinical care)	27	259	443	59%
Children on ART	15	129	386	33%
HTC	38025	70813	138,544	51%
Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	3835	19885	40,299	49%
Vulnerable Children	149	2507	4,000	63%

3.0 March Facts Sheet

Clinical Care	
	• Provided hands-on mentoring to doctors and nurses at GH Kuje on client process flows, adult and pediatric patient management, TB/HIV management cascade. • Compiled TB/HIV data from DOTS clinics of supported facilities for the month of March and updated outcomes of co-infected clients. • Generated lists of clients eligible for starting ARVs (based on WHO new recommendations of CD4 count ≤

	500 cells/mm^3) for immediate tracking to reinstate them into care and treatment at ECWA CHC and GH Abaji. • Participated in IHVN supervisory visits to six EFMC-supported comprehensive ART sites. • Provided mentoring to different cadres of personnel at all supported facilities during technical assistance visits on various aspects of the ART program. • Participated in 2014 APHPN (Association of Public Health Physicians of Nigeria) conference. In Imo, • Conducted mentoring and supportive visits to Sites for quality ART services. **Involvement of 2 more Doctors at GHAM on ART** • Strengthening Partner and family testing at Comprehensive sites towards reaching more people.
Community Services	• Several advocacy visits were made to stakeholders within FCT and Nasarawa states the HTC outreaches. • 36,345 (M-21,538 F-14,807) people tested, counselled and received their results. With 720 (M-252, F-488) reactive cases; of which 595 were referred, 185 others were on ART and 27 rejected referral. • 32 couples were counselled with 1 of the concordant positive couple. • 30 pregnant women were also tested with one reactive. • 404 (M-132, F-272) clients, who either missed their appointments or refill dates were reached through phone calls at MHH,GGH,MDH,AGH,ECWA and BGH. • 274 (M-90, F-184) positive individuals were provided with PwP intervention at MHH, GGH, AGH, GHB, ECWA and MDH. • 281 (M-90, F-184, PEAD-7) eligible individuals received a minimum of one clinical service at 6 ARISE Comprehensive sites. • Coordination of Support Group meetings at AGH, MHH, MDH, GGH, ECWA and BGH with 132 (M32, F-100) people were in attendance. • The unit participated in the CDC/IHVN sites visitation and assessment. In Imo, • 104 reactive PMTCT clients tracked with adherence assessed. • Intensified Community HTC outreaches in Owerri city where 33,262 people were counselled and tested for HIV. • Continued follow-up on non-pregnant patients aimed at forestalling pre- & post-enrolment LTFU.
Commodity, Procurement & Medical Logistics	• Exchanged and redistributed of ARVs to reduce expiries. • Carried out Hands-on training to Keffi General Hospital. • Supplied ARVs and RTKs to facilities. • Retrieved expired commodities from facilities. • Stock taking of commodities to facilitate waste drive.

Laboratory Services	• CD4-337, Chemistry-338, Haematology-345, DBS-25 tests were carried out. • To ensure the 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 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. • Capacities of laboratory personnel at KJGH, GGH, BGH, MDH ECWA, built on CD4, analysis, storage of reagents and the importance of temperature control in reagent storage and good documentation and record keeping. • Facilitated the installation of all the relevant equipment for comprehensive ART program at KJGH and the replacement of Beckman haematology analyzer at MDH with Sysmex. • Coordinated the Hands on training of Lab. Personnel at KJGH on the use of the various equipment supplied to the facility. • Participated in the CDC and IHVN visit to our various facilities. • Facilitated the servicing of Cyflow equipment at BGH, MDH, sysmex at BGH, and Mindray at MHH following breakdown notification from the various facilities. • Facilitated the Leveraging of ALT and CR from NACA and EFMC Owerri. • Collated and submitted LMIS bimonthly report to IHVN. • Facilitated the enlisting and supported the training of facilities personnel In the just ended TB microscopy training held in Zaria. 3 Laboratory personnel from 3 EFMS supported facilities were trained on TB microscopy. • Received and distributed DTS to facilities and retrieval of results for the previous provision. DTS for HIV serology controls were distributed to 14 facilities within the FCT for pilot studies. • The capacity of 18 staff of the different PHCs in Kuje area council was built on the collection and transportation of CD4 samples and also DBS for EID. In Imo, • Referral of samples for baseline analysis using the state sample referral system • Conducted TA visits to Comprehensive Labs for adequate documentation and quality of service • Coordinated the batching of DBS samples to Nnewi through CCCRN Owerri Office. • Strengthened Injection safety and waste management across Comprehensive sites.

	• Participated in the 1 week CCCRN Laboratory Document Review Meeting.
Prevention of Mother to Child Transmission	• Conducted Technical Support to sites • Carried out weekly team meetings • Activation of PHCs in Kuje Area council. • Participated in IHVN visit to comprehensive sites. • Participated in CDC visit to selected supported sites. • 3,446 women were tested, counselled and received their results where 71 were positive. In Imo, • 3,441 pregnant women counselled, tested and received results for HIV. • Commence all reactive pregnant women on prophylaxis. 37 clients commenced on ARV prophylaxis (32 new, 5 known positives). • Conducted TA to SDFs to support PMTCT services. Structured TA visits to 8 sites. Observed issues addressed. • Collected samples for DBS from due infants. 10 DBS samples collected with 14 staff mentored hands-on during collection.
Health Systems Strengthening	• Paid supported PMTCT sites in Abaji, AMAC and Bwari Area Council their obligated funds for January 2014. • Facilitated signing of COP 14 LoA with General Hospital Kuje. • Developed and facilitated signing of COP 14 LoAs with General Hospital Rubochi and PHCs in Kuje Area Council. • Continuous interface with GON, IHVN state offices and site PMT structures. • Continuous programmatic support to various thematic areas. • Target GAP analysis of supported sites for Q1 and Q2. • Developed and signed MoU with CLAP and ELOHIM Foundation. In Imo, • Conducted activation orientation for 14 new sites at Owerri North, West and Municipal LGAs. 14 new sites activated with staff oriented in PMTCT best practices • Review meeting with all PHC heads/ PHC Coordinators. Challenges addressed, strategies shared. PMTCT- HTC increased by 28% after review meeting. • Site monitoring visit to 4 sites by CCCRN Senior Management • Participated in PMT meetings at sites.

4.0 Challenges faced and managed

1. Number of pregnant women tested in a week capped at General Hospital Kuje despite attempts at discussions with the HOD Lab.
    a. Solution: We understand that there are challenges with personnel in the hospital and will work with the authorities to define a way forward. Hold a meeting with management at Kuje GH to resolve the issue of capping of testing for pregnant women.
2. Limited funds affected site activities and QIP issues.
    a. Solution: Make funds available for site activities
3. With increase in feeder sites, distance to ARV sites is increasing making it increasingly difficult to successfully refer reactive pregnant women to activated PMTCT sites for drugs.
    a. Trouble shoot to improve linkages to ensure reactive women from feeder sites get placed on ARVs.

5.0 Next Step

1. In Imo state, commence a structured switch of patients from AZT-based regimen to TDF/FTC/EFV regimen.
2. Follow-up on exposed babies for EID
3. Review of DQA and patient line listing and give feedback to sites
4. Continued mentoring and Technical Assistance (TA) to supported facilities.
5. Continued engagement of supported sites to improve on PMTCT HTC figures and placement of reactives on ARVs.
6. Stabilize RTK and Nevirapine syrup supplies in our facilities.
7. Supervision of Support Group meetings at EFMC-Action Plus Up Supported facilities.

6.0 Conclusion

With the significant improvements and successes recorded in this fruitful month, we look forward to the next month as we embark on continuous improvement in making meaningful impact in the lives of people.

Courtesy: Communication Team