



E&F Management Consult Limited

E&F Management Consult Abuja Nigeria: Reaching All with Care and Support Services in HIV/AIDS (REACH)

REACH Fourth Quarter Report: July 30th – September 29th (Q4M1-Q4M4)

1.0 Executive Summary

As REACH draws to an end, the fourth quarter was significant as it marked the month of decisions: Staff were informed of the close out processes and were served a two months termination letter, partners were informed of the possibility of not having funds in October 2012 for programming, and CDC was given a close out schedule and updated on EFMC close out processes. In addition, EFMC hosted on August 10, 2012 the CDC Deputy Director who came on a familiarization visit, new CDC OVC focal person, Ms Heather Rothenbuescher in the company of Ms Anthonia Aina and Dr Solomon Odafe (August 30, 2012) and Dr Kene Terfa and Dr Marrisa Courey from CDC Atlanta who visited one of REACH supported site on September 13, 2012 on a feasibility study for a proposed PMTCT cascade study. Ms Rothenbuescher and her team also visited two of REACH's OVC communities at Mabushi and Byazhin Kubwa.

In the fourth and final quarter of the REACH project target review/gap analysis meeting was held to re strategize and review the past three quarters of the REACH project. Decision points at the meeting were centered on the need to be more aggressive about facility based HTC, decentralization of testing points from the laboratories and active tracking of patients lost to follow up in all supported sites. A follow up meeting was thereafter held with the concerned management staff in supported comprehensive sites. The proposed CDC-TB REACH partnership for the door to door TB intensified case finding and HTC was kick started with several activities in Katampe 1&2, Dawaki and Dei Dei communities. To boost the HIV/TB component of the program, the National Tuberculosis and Leprosy control program coordinator was contacted and Rifambutin was obtained for five of REACH clients. Quantification for INH for IPT was made alongside the CLP unit and stocks of the medication were received within the quarter.

In the quest to continue to improve the community knowledge of healthy living and acceptable health seeking behaviours which translates to sustainable behaviour change for HIV/AIDS transmission, advocacy visits were carried out leading to an outreach in 56 communities during this quarter. Places where outreaches were held include churches, villages, and brothels where a total of **15,987 (M=9870; F=6117)**

individuals were tested and counselled and all received their results with **445 (M=131; F=314)** were found to be reactive and they were all referred to the facilities near them for management.

With all proposed sites already activated, the fourth and last quarter of the REACH project was a time of consolidation and sustainability planning on previous activities carried out in the preceding months. The ART/TB-HIV team focused on bridging the ART/TB-HIV gap. The unit harnessed efforts towards aggressive Provider Initiated Testing and Counseling (PITC) and multiple HTC testing points in close conjunction with the HTC unit in all of the supported comprehensive sites. Abaji General Hospital, Excellence and Friends Management Care Centre (EFMCC) which are the newest activated sites were successfully mentored into delivery of quality HIV/AIDS services.

All thematic units continued to ensure continuity of qualitative service delivery in all of its sites by routine technical, supportive assistance visits and adequate responses to issues raised by the facilities in all of their units. The laboratory unit worked exceptionally hard to ensure all the comprehensive laboratories had all the technical support to achieve and maintain internationally acceptable standards of care for all clients, provision of support services to appendage facilities especially as it concerns Early Infant Diagnosis and CD4 count for these sites.

Isoniazide Preventive therapy (IPT) was inculcated into the management of Tuberculosis for all comprehensive sites to complete the triad of approach to comprehensive TB management according to World Health Organization (WHO) standard of the 3 I's of TB management. It was indeed a product based deliverable focused 90 days for the treatment unit.

The PMTCT team was also represented at the USG, National and FCT IP's TWG meetings.

2.0 Goals and Objectives

1. Provide comprehensive HIV services in Abuja FCT and Nasarawa State
2. Take over two (2) comprehensive sites from closing out CRS AIDSRelief project in Abuja and Nasarawa State
3. Activate at least three new Comprehensive sites for HIV services
4. Empower at least 10 local organizations in HIV programming.
5. Provide Highly Active Anti Retroviral Treatment (HAART) to 8,894 HIV positive individuals, Prevention of Mother to Child Transmission (PMTCT) to 20,469 pregnant women, HIV testing and counseling (HTC) services to 69,184 people of which at least 68,000 will collect their results within the first year of this project.

3.0 Vision

To *commonize* HIV/AIDS services in Nigeria

4.0 Facts Sheet

Program Area	July – September 2012
Appropriate, Behavioural, Change Messaging (ABCM)	<ul style="list-style-type: none"> • EFMC partnered with NYSC (HIV/AIDS CDS) Bwari to provide prevention messages to serving corp-members alongside other interventions. • 668 (M=488, F=180) individuals of target population reached with individual and/or small group level prevention intervention that are based on evidence and/or meet the minimum standards required, demanded and received condoms. • 952 (M=581; F=952) individuals of target population reached with individual and/or small group prevention intervention that are primarily focused on abstinence and/or being faithful and/or meets the minimum standards required. • 458(M=125,F=333)MARPs(CSW;F=310; LDTD;M=24;USM;M=68,F=12;IDU;M=33,F=11) reached with individual and/or small group preventive intervention that are primarily focused on correct and consistent use of condom. • 180 students (Male: = 28; Female = 152) were reached with prevention message that is primarily based on abstinence only.
ART/Treatment	<ul style="list-style-type: none"> • 1120 HIV positive individuals (M = 374, F = 746) were enrolled into care. • 917 (M = 294, F = 623) HIV positive individuals were clinically Screened- for TB. • 538 (M = 169, F = 369) commenced on ART. • 52 (M = 25, F = 27) clients in ART care started on TB treatment. • 119 (M = 35, F = 85) PLHIV clients were placed on IPT.

Basic Care and Support/Orphans and Vulnerable Children (BCS/OVC)	<ul style="list-style-type: none"> • 585 (M = 306, F = 279)OVC were enrolled into care.
Community and Prevention	<ul style="list-style-type: none"> • 25,506 individuals were counseled and tested and received their results with 1542 reactive. • 56 communities reached with HTC • 1,678 (M=578, F=1,100) reactive clients were followed up through phone calls and home visits.
Commodities, Logistics and Procurement	<ul style="list-style-type: none"> • The comprehensive reports for all facilities supplied with commodities were collected using the GON tools and sent to SCMS. • Conducted training for the lab personnel across our comprehensive sites. • Facilitated the redistribution of ARVs with shelf life to high volume sites to facilitate their prompt dispensing. • Facilitated Inter-IP distribution of commodities. • The Laboratory bi-monthly Supply, Report, On Job Training (OJT) as required has been strengthened significantly for all commodities pertaining to laboratory Logistics.
Prevention of Mother to Child Transmission (PMTCT)	<ul style="list-style-type: none"> • 8782 pregnant clients tested and counseled with 298 clients reactive. • 160 placed on drugs. • Participated in National EID stakeholders meeting. • Participated in the CDC facility visits. • Facilities supported technically. • TWG meetings attended.

5.0 Technical Assistance

The REACH project hosted CDC Implementing Partners Admin quarterly meeting on July 11, 2012 where the newly assigned Project Officer, Subrat Das was introduced and familiarized with the REACH project. EFMC also hosted Development Support Services Group (DSSG) meeting on August 30, 2012 at the EFMC headquarters in Kubwa Abuja.

CDC visited all EFMC REACH supported facilities and from informal reports was told that one of her site – General Hospital Gwarinpa was the best site visited.

6.0 Challenges and Constraints

There was a delay in INH for IPT from NTBLCP which hindered the kick off of the roll out implementation as planned.

Also because of the near close out of REACH there were apprehensions both within EFMC and supported sites on what next.

7.0 Conclusion

All projects are finite with a known start and end date. The REACH project has come, made meaningful impact and closed out. We write to thank all those who made it possible. Particularly, we want to thank Dr Okey Nwanyanwu – US CDC Country Director; Mr Subroto Barneji – US CDC Country Deputy Director who intelligently guided us through the entire process; Dr Kene Terfa – CDC REACH Lead Activity Manager – who went out of his way to help us succeed, Mr Subrat Das – REACH Project Officer, CDC Nigeria – who came in and resolved quickly our restriction problems; CDC Nigerian EFMC Cooperative Agreement (COAG) Management Team including Mrs Anthonia Aina, Obinna Nnadozie, Mr Raphael Akpan and Abiola Tubi – who visited our sites and office a number of times to ensure that we complied with the rules and regulations of the COAG.

We also thank Dr Doug Franke of SustainAbility Solutions South Africa – who trained the REACH team on grant management and financial compliance as well as provided technical support to REACH all through the process; Dr Sunny Ochigbo for his technical support during the initial site activations and health care workers trainings; Dr Alozie Ananaba for the Quality Improvement training and supports; Dr Momoh (Gwarinpa General Hospital), Sr Susan Tonguve (Sisters of Nativity Jikwoyi), Sr Mary Bulus (Our Lady of Apostles Akwnaga), Sr Mary Okoro (Daughter of Charity Kubwa Abuja) and Dr Kazaah (General Hospital Abaji), Sr Cecilia Azuh (Health Coordinator, Archdiocese of Abuja) for believing in us and working with us to implement the REACH project.

We cannot but express our utmost gratitude to the GON, particularly NACA, NASCP the FCT Health Secretariat, FACA, Nasarawa State Ministry of Health, NASACA, Area Council Secretariats and other Government department and agencies that have been supportive throughout the life of the project ensuring legal frameworks were put in place for a smooth running.

In addition, we also want to thank our friends across all the PHCs that worked with us on this project, the traditional birth attendants, the maternity homes and all the CBOs for your tireless efforts on the front lines of our fight against HIV/AIDS. Mention has to be made of individuals and families in the communities where we work, for facing HIV with courage and being the champions of our mission. To all our staff, we thank you for your unbelievable performances, without you all; we could not have achieved all we did. Thank you so much.

In 12 months, REACH activated 41 new sites, had two sites transitioned from CRS AIDSRelief project, trained more than 700 health care workers, tested 86,232 individuals (without pregnant women and EID) out of which 4,301 were positive, supported 10 NGOs/FBOs to provide various HIV services and empowered and certified 31 interns to provide HIV care. Also REACH identified and supported 1155 orphans and vulnerable children with care, tested 20,742 pregnant women, out of which 433 received ARV prophylaxis, provided preventive messages to 13,242 individuals out of which 7,814 received only abstinence and being faithful messaging and trained 50 health care workers in blood safety and 78 in injection safety and medical waste management.

In the light of our astounding achievements, the Institute of Human Virology Nigeria (IHVN) and Center for Clinical Care and Research Nigeria (CCCRN) are willing to partner with EFMC and fund her to continue the laudable work REACH has started in our partner sites. For this reason we look forward to re-establishing our working relationship with all our partner facilities to reach more people, restore dignity to individuals in precarious situations and give hope to the hopeless. Our pledge remains the same: To keep our words and ensure the provision of quality HIV/AIDS services, care and support to all those in need.

Courtesy: Communication Unit