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| **Narrative Report of Activity of Gombe State Agency for the Control of AIDs (GomSACA) New Funding Model Extension Project** |
| **February 2019** |
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| **05/03/2019** |

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 **Executive Summary**

Sufabel Community Development Intiative (SCDI) Gombe is one of the organizations selected and awarded for sub recipient of Gombe State Agency for the Control of AIDs (GomSACA) NFM Extension Project to be implemented in Bauchi and Gombe State. The project is aimed at improving the health of Nigerians by reducing the prevalence of HIV among the most at risk and vulnerable to HIV/AIDS by working toward achieving the *UNAID 90:90:90* targets in Nigeria. The component of this project is aimed to promote integrated HIV service delivery across the cascade of care in line with the UNAIDS 90:90:90 target among KPs and intensify efforts to address stigma and discrimination in healthcare settings, and social and legal barriers which inhibit achieving program targets. SCDI is mandated to work with Hope Sisters Initiatives (KP Led CBO) as the implementing entity to achieve the goal of the project in Gombe State. The target for the 2nd quarter of the project is to reach 864 with MPPI (389 for HTS) Brothel Based Female Sex Workers (BBFSW) with Minimum Prevention Package of Intervention as the National Strategy for HIV/AIDS prevention.

 In the month of February 2019, **39** more peer educators and 2 outreach workers were trained to complement the required number of peer educators and outreach workers for the quarter. SCDI project staffs monitored and supervised peer education sessions conducted by Hope Sisters Initiatives (HIS), where **81** peer educators carried out at least one peer education session to **808** peers in the reporting month. Total of 138, 684 male condoms, 13, 335 Lubricants and 8, 001 female condoms were distributed across the 15 intervention sites. Total of 540 FSWs were tested for HIV, 20 were found positive and referred to health facilities for enrolment to treatment and care. 18 FSWs have completed their referrals while 2 uncompleted referrals are being followed up by the adherence counselors. 16 FSWs were referred for STI treatment services and 13 have completed their referrals, while 3 others are still being followed up.

**Activities carried out during the reporting month**

**BEHAVIORAL INTERVENTIONS;**

1. **Peer Educators Training**

Total of **39** Peer educators were selected and trained in the reporting month. The Peer educators training was conducted in batches of 24 P.Es and 15 P.Es. First batch of 24 P.Es were trained on 6th to 8th February 2019 at Wadata office Bajoga, while the second batch of 15 P.Es were trained on 11th to 13th February at Hope Sisters office Gombe by Hope Sisters Initiative staffs and supported by SCDI program and M&E officers. The Peer Educators were trained on the use of Peer Education Plus manual and MIS tools.

1. **Training of Outreach Workers**

Two (2) more Outreach workers were selected and trained for 2 days. The Outreach workers were trained to complement the number required to supervise the number of peer educators currently on the field. The Outreach workers were trained on the use of Peer Education Plus manual, MIS tools and monitoring tools.

1. **Monitoring and Supervision of Peer Education Sessions**

Maximum of three (3) sessions were conducted by **81** peer educators at the 15 intervention sites/ brothels. Total of **808** BBFSWs attended at least 1 session. **378** Peers were newly enrolled into the program in the reporting month, while **430** other peers were already enrolled in the month of January. 22 peer educators conducted Inter-personal communication (IPC) sessions to 82 peers in order to reach them with the required 3 sessions. Topics in the PEP manual that addresses behavioral issues and enhance positive behavior change were discussed at each brothel during every session.We rendered supervision support and mentoring to the peer educators to ensure sessions were conducted successfully and objectives are achieved.

**Table 1: Tabular Presentation Peers attended HIV Education Sessions segregated by age**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age Range** | **15-19** | **20-24** | **25-29** | **30-34** | **35-39** | **40-44** | **45-49** | **50-54** | **Total** |
| **No. Peers Attended at least 1 session** | **58** | **260** | **202** | **134** | **92** | **43** | **14** | **5** | **808** |

**Commodity Supplies**

**Table 2: Monthly Commodity Distribution Summary Table for the reporting month**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Commodity Name** | **Commodity Received by SCDI** | **Commodity Given out to KP CBO** | **SCDI Stock Balance** | **Commodity Distributed by KP CBO** | **KP CBO Stock Balance** |
| 1 | **Male Condom** |  |  | **4320** pieces |  | **22, 512** pieces |
|  | **Male Condom** | **151, 200** pieces | **155, 520** pieces |  **0** pieces | **138,684** pieces | **39, 348 pieces** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2 | **Lubricant** |  |  | **0** sachets |  | **10, 224** Sachets |
|  | **Lubricant** | **22, 500** sachets | **22, 500** sachets | **0** sachets | **13, 335 Sachets** | **19, 389** Sachets |
|  |  |  |  |  |  |  |
| 3 | **Female Condom** |  |  | **1844** pieces |  | **0 Pieces** |
|  | **Female Condom** | **10, 000** pieces | **10, 000** pieces | **1844** pieces | **8,001**  pieces | **1,999**  pieces |
|  |  |  |  |  |  |  |

**Commodity Distribution**

1. **Condom / Lubricant Distribution**

Male condoms were distributed and demonstrated during HIV education sessions. This was done to increase knowledge and usage of condom and clear misconceptions around the use of condom. Total of **138, 684** pieces of Male condom(Including Peer Educators), **8001** pieces of Female condoms and **13, 335** sachets of Lubricants were distributed, demonstrated and promoted during HIV Education sessions in the reporting month.

**Table 2: Tabular Presentation of Commodity Distribution for the month segregated by age**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age Range** | **15-19** | **20-24** | **25-29** | **30-34** | **35-39** | **40-44** | **45-49** | **50-54** | **Total** |
| **No. Peers Attended at least 1 session** | **58** | **260** | **202** | **134** | **92** | **43** | **14** | **5** | **808** |
| **No. Male condoms dist.** | **9048** | **40560** | **31512** | **20904** | **14352** | **6708** | **2184** | **780** | **126, 048** |
| **No. Female condoms dist.** | **522** | **2340** | **1818** | **1206** | **828** | **387** | **126** | **45** | **7, 272** |
| **Sachet of Lubricant dist.** | **870** | **3900** | **3030** | **2010** | **1380** | **645** | **210** | **75** | **12, 120** |

***Note: The above value does not include 12636 pieces male condom, 729 pieces female condom and 1215 sachets lubricant distributed to peer educators during peer sessions***.

**BIOMEDICAL INTERVENTIONS;**

1. **HIV Testing Services (HTS)**

Total of **540** BBFSWs in the intervention sites accessed HIV counseling and testing services within the reporting month. **20** BBFSWs were found positive and referred to health facilities for enrolment, treatment and care. **18** referrals were completed while the 2 uncompleted referrals were being followed up by the adherence counselors.

**Table 3: CBO-Based HTS Counselor Tester summary of services**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **KPs under BCC** | **KPs not Enrolled** | **Total** |
| **Number of HTS Services Provided** | **540** | **0** | **540** |
| **HTS Reactive**  | **20** | **0** | **20** |
| **HTS Referral** | **20** | **0** | **20** |
| **Completed Referral (HTS)** | **18** | **0** | **18** |
| **Uncompleted Referral (HTS)** | **2** | **0** | **2** |

1. **STI Treatments Services**

Total of **16** FSWs were referred for STI Syndromic management services at health facilities approved for the project. **13** have completed their referrals and while **3** others were still being followed up by the adherence counselors. Below is the tabular representation of the data retrieved;

**Table 4: CBO-Based STI Referrals summary of services**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **KPs under BCC** | **KPs not Enrolled** | **Total** |
| **STI Referral** | **16** | **0** | **16** |
| **Completed Referral (STI)** | **13** | **0** | **13** |
| **Uncompleted Referral (STI)** | **3** | **0** | **3** |

1. **Condom Forecasting and Quantification**

Condom forecasting and quantification was conducted by the CBO project staffs and outreach workers during peer education sessions with the peers. This was done after the PEs discussed with their peers the amount of condom each peer used per day and agreed on an estimated number of condoms required by each peer per month.

1. **Supportive Supervisory Visit to Bauchi office**

The purpose of the exercise is to work on the various areas identified during the DQA reports to the two organizations (SCDI Gombe office & PACOWWEI) as well as identify gaps and proffer mitigating solutions to gaps and challenges.

For the purpose of this Supportive Supervision Visits, some of the key areas addressed are;

* Irregular signatures of peers
* Unsigned forms by supervisor including attendance, peer tracking sheet and HTS registers
* Low referrals for STI and TB
* Correct Condom quantification & forecasting/distribution
* Timely submission of reports
* 6 Outreach Workers were trained, but currently working with 5

## Scope

For the Supportive Supervision Visits, the exercise covered components of programme, adherence to programme design/standard (documentation, health commodity/management etc.)

# Objectives

Specifically, the objectives of the Supportive Supervision Visits were:

* To identify gaps in data quality as well as proffer solutions for corrective measures
* To review programme implementation generally looking at all service delivery (MPPI) for FSW & referrals
* To follow up on action points during supportive supervision visit for semester 7.
* To provide onsite technical support and mentoring to SCDI & PACOWWEI staff;
* To document findings of the visits and develop action point.

## Methodology

The process of conducting the SSV involved the following;

* Entrance meeting: was conducted with SCDI Bauchi Office and PACOWWEI, on the modalities of program implementation based on the work plan; address identified challenges and gaps. Also discussed the outcome of the DQA report sent from PR (GomSACA HQ DQA team)
* Random site visits to PE sessions and data entry on the field using all relevant tools
* Debrief meeting with the SCDI Staff on the outcome of the meeting and what needs to be improved going forward.

The meeting was held in order to get feedback from the completed Quarter 1 DQA, discuss on how to work on the observations noted and to avoid it re occurring in the next DQA and also ensure there are no challenges during the implementation of this quarter’s activities. The total numbers of people in the meeting were 10; the participants are both the staffs of SCDI Bauchi, Gombe and PACOWWEI staff. SCDI Executive Director (Mr. Usman Shuaibu) appreciate the team for the work well done, he said despite the poor beginning everything turns out to be a success, he urged everyone to continue the good work and team spirit in order to achieve the same good result this quarter.

###  DQA/Finance Meeting Observations

* More of condom forecasting and quantification needs to be done not just condom distribution
* We need to take a look at the angle of training more outreach workers and working with less

In last quarter

* Changes made during the finance meeting at Owerri concerning peers refreshment needs to be worked on.
* Activity report format for case managers and field staff needs to be shared and discussed

### Action Plans

* The internal data verification date should be communicated, so that both CBO and SR staff will be available to check the data collected at field each week to avoid variance and also ensure the data collection tools are used properly.
* Condom forecasting and quantification tool will be design to capture and ensure proper condom distribution
* The weekly internal DQA will ensure retirement is done on time and fund disbursed as at when request is made
* Supervision report should be done weekly to ease the stress of compiling monthly report
* Mail should be sent as regards the additional or new counselor tester with all the necessary documents attached to SCDI and then SCDI will forward to SFH

In conclusion, SCDI ED urged everyone to continue working as a team which has really helped in achieving good result in the first Quarter and also the way this quarter is going, he is very sure it will be successful. He again appreciated all the staff for a job well done.

1. **Supportive Supervision to Hope Sisters Initiatives Gombe**

SCDI Gombe conducted 2 supportive supervisory visits to Hope Sisters Initiative Gombe on 13th and 27th February 2019. The activity was done to identify gaps, provide mentoring and suggestions to the identified gaps in the organization. At the end of each visit, SCDI came out with action points and also followed up for feedback through sight checking, phone calls and emails. Some of the items checked during the exercise are;

* Reports of trainings and attendance list
* Reports and minutes of review meetings and attendance list
* Inventory and bin cards
* Monthly reports and MIS
* Filling and documentation etc
1. **Weekly Data Verification Exercise**

Weekly data verification exercise was initiated by SCDI to help in improving the performance of the KP Led CBO in data collation and verification. One day is assigned every week to use for the data verification exercise.

1. **Review meeting with Adherence Counselors (Case Managers)**

The review meeting with Adherence counselors (Case Managers) was conducted on 27th February 2019 at SCDI office Gombe. 5 adherence counselors, 2 HTS officer, SR M&E/Program officer and CBO M&E/Program Officer were all attendance of review meeting. The adherence counselors reported that they carried out tracking of clients, follow up of referrals and clients on treatment care and also followed up and facilitated the enrolment of new positives clients they got in the reporting month. The case managers received total of 20 (new case) positive clients and facilitated the enrolment of 18 into treatment and care services in their choice facilities. These are some challenges mentioned by the case managers;

* Client sometimes do request money from the case managers.
* Some clients refused to go to the hospital until they are given transport fair
* Some refused to go for their follow up as at when due.

The SR program officer recommended that the case managers should stop giving the client transport money because it’s unsustainable, rather they should counsel them and show them the importance of adhering to the treatment. If they know the importance, they will not wait for anybody to give them money before they go the hospital.

1. **End of Month Review Meeting with KP CBO**

SCDI conducted review meeting with Hope Sisters Initiative 27th February 2019. SCDI Executive Director, SR Program/M&E officers, CBO Program/M&E officers, CBO finance officer and 2 HTS officer were all in attendance of the review meeting. During the review meeting, the KP CBO provided the overview of the previous month activities, their challenge. The CBO reported the increased of condom uptake and use by their clients, reduction of drug abuse and increased demand for HIV counseling and testing services. SCDI used that opportunity to receive feedback from the recent action points set for the CBO.

1. **Challenges**
* Month of February being election period, some date for sessions has to be changed because of the tension in the town.
* Some FSWs travelled for the election, making them missed some number of peer sessions.
* Late submission of report by the KP CBO.
1. **Recommendations/way forward**
* Those peers that travelled had to be reached with IPC.
* Despite the distraction by elections, KP CBO should please ensure adherence to reporting dateline.