Towards Achieving Health Equity outcomes for Orphans and Vulnerable children through the embedding of case managers in USAID supported facilities in Lagos State, Nigeria. ARFH Experience

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HEALTH SYSTEMS STRENGTHENING ACCELERATOR

Context

Nigeria has an increasing burden of Orphans and vulnerable children from all sources including HIV and AIDS. The NAIIS report 2018 showed that the HIV prevalence in Nigeria was 1.4% and this varies variously from State to State. Incidentally, Lagos state shared the same prevalence rate with the nation with the unmet need of 65,420 (>50% of the burden)
Interaction with some of the OVC beneficiaries showed that the urge to either keep their appointment or visit the facility when the need arises is not there as a result of their experiences within the facility. This in turn has affected their health-seeking behavior due to their perceived vulnerability as their disadvantage of being attended to in the facility. With this situation unchecked, the vision of achieving epidemic control of AIDS by 2030 as proposed by UNAIDS will be jeopardized.

To mitigate this situation, the ICHSSA 2 project being implemented by ARFH in Lagos State with support from USAID embedded case managers who have been trained on service provision and community-facility bi-directional referrals for Orphans and vulnerable children. They also act as navigators within the facility system for these beneficiaries to facilitate seamless access to health services. In addition, the case managers help to remind caregivers of OVC of their appointments and track continuity on treatments using a project-designed Excel-based combined monthly template that mirrors both the sociodemographic and clinical information of these beneficiaries aimed at monitoring the progress of their service provisions for enrolled OVC beneficiaries and if there be any deviation, prompt interventions are instituted.

Activity Description

An advocacy visit was done by the management of the ICHSSA 2 project to the state ministry of health, the facility heads, and community-based organizations to share this concept of case manager integration into the service flow within the facility's daily routine schedule with the aim of assisting the GoN staff in bridging the systemic clinical gap in the course of accessing services by the OVC beneficiaries.

The ARFH-ICHSSA 2 project executed memorandum of understanding with the ministry of health through the Lagos state health management Agency (LASHMA) to ensure that vulnerable children enrolled on the project and their households received prompt and dignified services in facilities onboarded by LASHMA: with support from the case managers embedded in the facilities. The case managers were also trained to provide facility-lite services to OVC from contiguous and wrap around LGAs. In addition, the project provided a bounding orientation for case managers and health officials to ensure regular access to treatment and referrals across the facility units. The project also provided assisted referrals through the community-based organizations and follow-up to ensure complete referral and service uptake. The referral form is designed in a triplicate fashion. The green copy is retained in the Household folder as evidence of referral while the white and pink copies are takin to the facility. The facility received the white copy and keep this while the pink copy is returned back to the CBO to be filed and this shows completion of referral process for ease of reference.

Synopsis of the theory of change is mitigating the gap created by the absence of facility case managers. This has been addressed through the embedding of case managers that will interface with CBO staff from the community providing assisted referrals for the OVC to the facility so that the bi-directional referral is driven by the CBO staff from the community and embedded case managers in the facilities that help to work around OVC and their caregivers across various health delivery health service points in the facility. In addition to mitigate those gaps, the project provides facility-lite services through the embedded case managers to OVC and their HHs who may not want to access services in their LGA or near facility due to HIV related stigma and discrimination. These categories of beneficiaries are providing with FSL with increased opportunities of accessing other comprehensive health services at the facility with support of case managers.

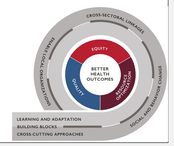
The theory of change as actually increase access to services with no further disruption thereby promoting the much-desired equity irrespective of status.

Activity Impact

The onboarding of trained and experienced OVC case managers within the facility health system with the cooperation of the stakeholders has significantly improved the initial sub-optimal clinical outcomes seen among these beneficiaries in terms viral load coverage and suppression.

There has been an appreciable improvement in the indices stated above through the involvement of case managers within the supported health system. In addition, this intervention has gradually and progressively established the ownership role of GoN staff in OVC programming by seeing these beneficiaries as part of their routine daily activities of patients that do visit their health facility for clinical services with the view that their vulnerable status should by no means affect their quality of care and attention needed in the course of their health-seeking behavior.

The case managers are provided with call cards by the ICHSSA 2 project to facilitate prompt and routine reminder notices of OVC and their caregivers on ART of their appointment dates. They also provide remote counselling and supports on adherence to regimen and management of mild drug-related side effects. This approach has contributed immensely in the achievement of OTZ principles- zero missed appointment, zero missed medications and zero viral load value thereby achieving U=U (undetectable=untransmissible).
As evidence in fig 1 below, there is appreciable improvement in viral coverage from 64% to 97% while the Viral load suppression increase from 84% to 92%



Evidence

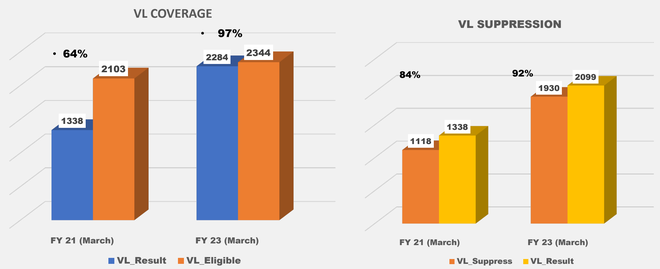


Figure 1: pre and post embedding of case mangers in the facility in March 2021 and March 2023

Facilitators

- Government of Nigeria
  - Lagos State Health Management Agencies (LASHMA)
  - (Facility heads, ART coordinator, ART Nurse, Pharmacist and phlebotomist)
- Civil Society Organization
- ARFH- ICHSSA 2 project staff
- FHi360 as the treatment consortium partner on ICHSSA 2 project and Heartland Alliance (treatment partner) have existing working relationship across the USAID supported facilities in Lagos State

ICHSSA 2 project supported regular facility-based referral coordination and case conference meetings which enabled efficient coordination among stakeholders. In addition, the facility staff provided line-list of interruption in treatment clients for follow-up actions by the embedded case mangers.

Challenges

The under-listed challenges were anticipated based on the preliminary engagement that showed increase workload and lack of motivation for the GoN staff.

CHALLENGES	RESPONSES
Shortage of government of Nigeria Staff despite increase workload	Embedding of case managers to compliment efforts of facility staff in provision of services to OVC and their care givers including tracking of service utilization and adherence to ART
Sustainability of the model (currently donor driven)	Need to increase budgetary allocations through continuous advocacy visit and engagement of the government and various relevant stakeholders including medical directors of health facilities across the various USAID supported facilities in Lagos State.

Absence of the facility case managers made need based health services (adherence counselling, tracking for drug pick-up and VL sampling) difficult to achieve health equity goals.

Lessons Learned

The involvement of case managers in case facility-based case management activities is very key to achieving the overall UNAIDS goal of ending the HIV epidemic by 2030.

Managing OVC beneficiaries could be challenging in the hospital setting due to some peculiarities associated with their social needs. Nevertheless, ensuring equity in the course of their clinical journey among other populations being attended to by all the actors in the facility is very crucial through the case managers serving as the mediators. In addition, the provision of FSL by CMs with support of health officials has promoted un-interrupted services and equity irrespective of status and location of the vulnerable children and their care-giver leaving no one behind.

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