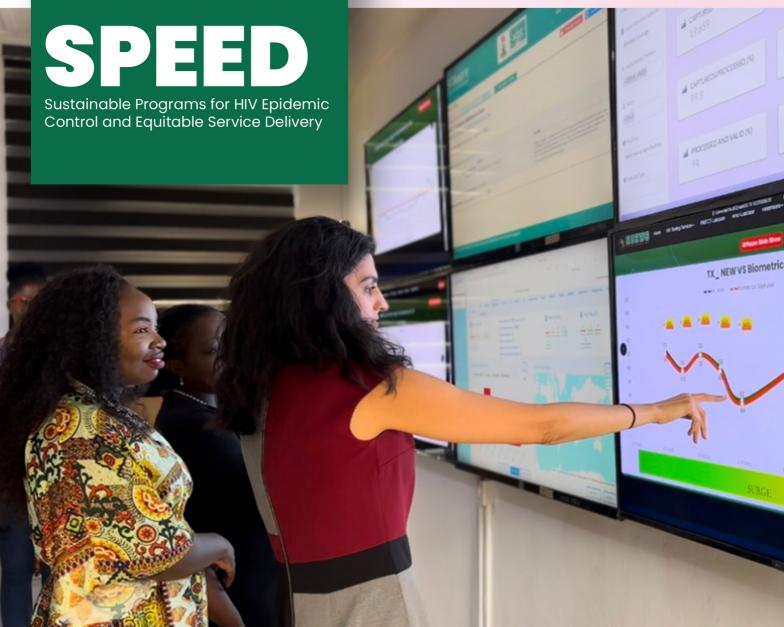
# **ECEWS**











# OVERVIEW

Cooperative Agreement

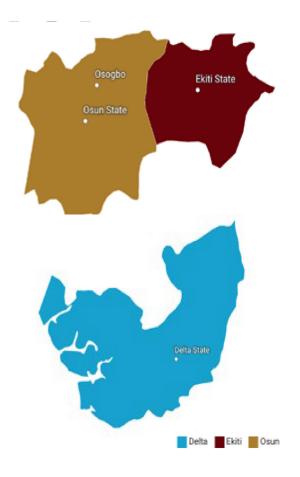
Project Period: October 2022- September 2027

(5 Years)

Implementing Partner: Excellence Community

Education Welfare Scheme (ECEWS)

Project States: Delta, Ekiti, Osun States



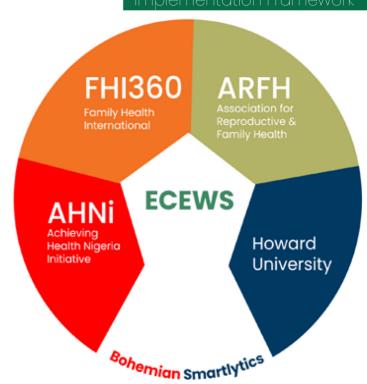


#### Implementation Framework

## ECEWS SPEED 5-Year Vision

## Sustained HIV Epidemic Control

- » Quality Improvement
- » Ownership & Sustainability
- » Domestic Resource Mobilization
- » Technology in public health
- » Equity
- » Program Integration



### **OBJECTIVES**



#### Short Term Objectives

To improve effective linkage and enrolment in care of high-risk, underserved newly diagnosed and returned

To ensure PLHIV across all ages, sexes, and geographic locations have optimized treatment continuity and durable viral suppression among adult and pediatric clients.

To increase access to effective HIV prevention services for at-risk populations

To increase skilled workforce conducting timely and quality diagnostic services for clinical care at health facility and community levels

To improve availability and reliability of patient data for monitoring, planning, and implementation

To Increase capacity to coordinate with civil



#### Intermediate Objectives

To increase uptake of HIV testing, diagnosis and linkage for high- risk persons and underserved populations across all ages, sexes, and geographic locations

To increase coverage of ART among PLHIV

To increase uptake of evidence-based HIV prevention services for at-risk populations

To improve clinical management of HIV through utilization of diagnostic services to optimize patient care

To improved utilization of patient-level HIV service delivery data for continuous quality improvement (CQI)

To increase financial and programmatic ownership by the state government and Civil Society Organizations (CSOs) to lead and manage comprehensive HIV programs



#### Long Term Objectives

To reduce HIV- related morbidity and mortality

To achieve sustainable epidemic control for HIV across sub-populations and sub-national geographies including

To reduce HIV incidence for at-risk populations

To sustain ability of state governments and CSOs to lead and manage comprehensive HIV programs

#### SPEED Project Supported States Treatment Coverage Status

State	Population	PLHIV Estimate	TX_CURR Q1	Treatment coverage(%) Q1	TX_CURR Q2	Treatment coverage(%) Q2
Delta	15 years and above	57,863	73,535	128%	74,445	130%
Delta	014	6,998	1,479	20%	1,481	20%
Delta	Total	64,861	75,014	116%	75,926	117%
Osun	L5 years and above	28,612	15,792	58%	19,662	69%
Osun	014	2,417	569	21%	598	21%
Osun	Total	31,029	16,361	53%	20,260	65%
Ekiti	L5 years and above	11,362	8,424	77%	9,251	85%
Ekiti	014	868	240	27%	233	27%
Ekiti	Total	12,230	8,664	71%	9,484	78%

## CREATIVE SOLUTIONS

#### Solution 01

Significantly reducing HIV-related morbidity and mortality using locally innovated strategies and best practices that are globally acceptable

#### Solution 02

Integrated multisectoral response to HIV epidemics

#### Solution 03

Optimizing and maximizing the potential of technology in public health response

#### Solution 04

Active involvement of local actors as a tool for equity and sustainability





#### **Cross learning**

The SPEED project would leverage other ECEWS projects across the various donor for peer-to-peer learning



#### **Innovation**

ECEWS's historical experiences working with GON, communities and KP would enhance the role out of the SPEED project surge and other objectives.



#### **Project's synergy**

ECEWS's historical experiences working with GON, communities and KP would enhance the role out of the SPEED project surge and other objectives



#### **Efficiency and Effectiveness**

The ECEWS integrated program learning model facilitates seamless transition and implication as it promotes shared vision, and shared learning which seeks to enhance the ECEWS brand as a center for Excellence.



#### Integrated program for epidemic Control & Sustainability



## Innovation and learning

Build on learning & innovations from various HIV grants(CDC,USAID,GF, GON) to produce desired results



#### E-clinic agenda

Achieve 80% paperless documentation and reporting within the life of the project



#### **Disease Integration**

TB, COVID-19 and other infectious disease.
Hypertension, Diabetes, mental health etc



#### **Quality Improvement**

Institute quality management systems at all levels in collaboration with the State, LGA and supported facilities.



#### Health Systems Strengthening

Contributory health insurance, Progressive increase in Government contribution to care



## Implementation Science

TB, COVID-19 and other infectious disease.
Hypertension, Diabetes, mental health etc

Ownership & Sustainability

### SMART HIV SOLUTIONS



#### Smart HIV Clinician

Supports clinicians
to provide the best
possible treatment
outcomes with all
disease related
complications for their
patients i.e treatment
strategies personalized
and made precise for
their patient



#### B Smart Chart App

Supports clinicians to provideHIV patient's day-to-day management of their disease e.g., adherence, nutrition, cognitive, emotional support, medication management, social discussions and the ability to connect with their clinicians in real time



#### Smart HIV Manager

Supports HIV service managers in better planning of services and public health programs and identifying patient needs. Policy makers can establish needs at local, regional and national level



#### HIV Smartlytics

Supports HIV practitioners by streaming the process of collecting and analysing massive amounts of data via an LMR integrated advanced analytics and visualization platform

#### GoN Capacity Strengthened to Manage HIV Programs

01

Inclusive, contextspecific & clientcentred prevention and treatmentA services 02

TQLA approach to strengthen the capacy of local leaders and HRH

ACHIEVING
HIV EPIDEMIC
CONTROL

03

Learning from small wins & taking successful (effective & efficient) interventions to scale 04

Data use for decisionmaking and scale-up of interventions

05

Leverage existing investments, resources and results

06

Empower State and local actors to accelerate sustainability and strengthen health systems

Evidence-Based Interventions Responsive TA Data use for Decision Making

Total Quality Leadership & Accountability



## **COORDINATING TEAM**





