

*ROLE OF NEPWHAN IN OPTIMIZING ENGAGEMENT
FROM LINKAGE TO RETENTION ON HIV CARE*

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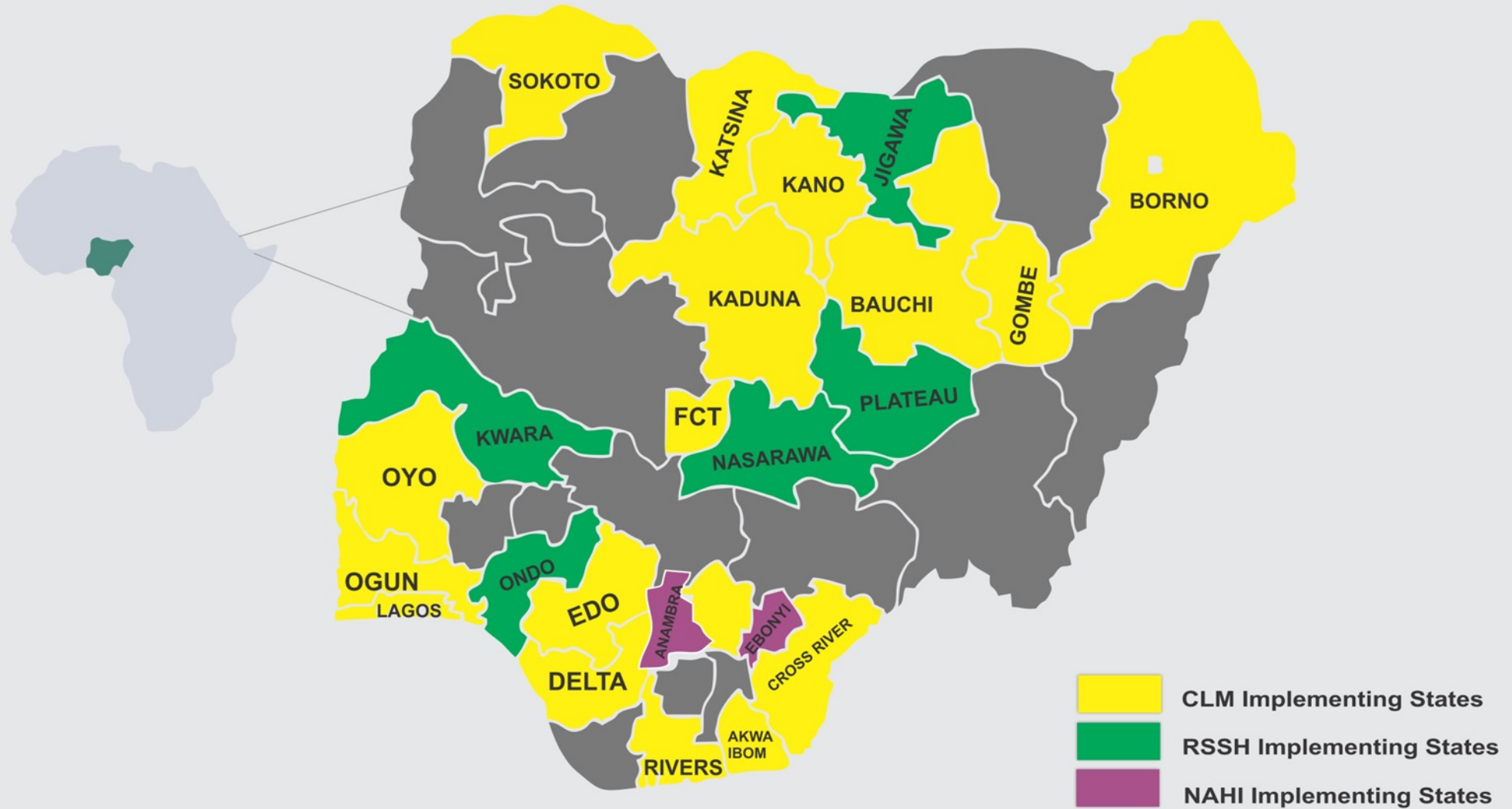
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BACKGROUND INFORMATION ON NEPWHAN (1)

- Network of People Living with HIV in Nigeria (NEPWHAN): the national umbrella body that coordinates and administers all Support Groups, constituencies, associations and organizations of persons living with HIV/AIDS in Nigeria. NEPWHAN is community based and use community led approach to implement her activities.
- State Chapters in all the 36 States in Nigeria with Membership of over 1,030 Support Groups across 36 States of Nigeria and the Federal Capital Territory, Abuja.
- NEPWHAN has 3 sub-networks: Association of Positive Youth in Nigeria (APYIN) Association of Women Living with HIV/AIDS in Nigeria (ASWHAN) & Association of Religious Leaders Living with HIV/AIDS.
- Our mission is to empower, strengthen and coordinate all support groups, State networks, constituencies, associations and organizations of PLHIV in Nigeria to contribute meaningfully to the national response on HIV/AIDS.
- Core activities of NEPWHAN include coordination and advocacy, community-led interventions (treatment adherence/retention on treatment - Second 95), monitoring and evidence gathering, resource mobilization, and sustainability.
- Guiding framework is the Corporate Affairs Commission (CAC) registration, NEPWHAN Constitution, operational manuals, 5-year strategic plan, and internal policies/procedure documents.

BACKGROUND INFORMATION ON NEPWHAN (2)

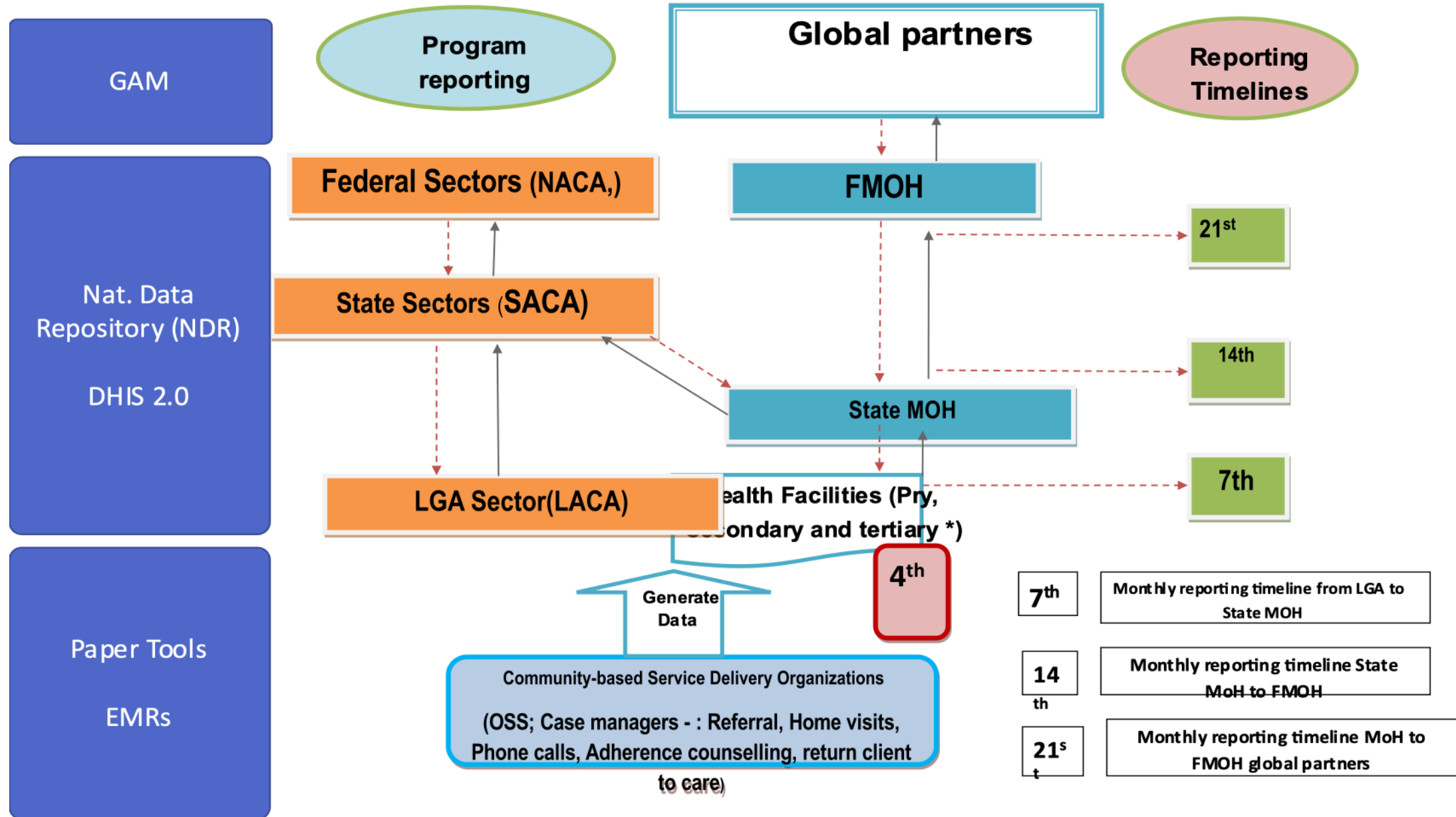


Roles of Recipients of Care

NEPWHAN supports recipients of care to play key roles in linkage, retention, and re-engagement

- Coordination of case management systems: Peers based at health facilities: (through the case managers who are mostly NEPWHAN members):
 - Support linkages between health facilities and communities
 - Track clients to ensure ART refills and viral load sample collection
 - Track pregnant recipients of care to ensure retention after exiting PMTCT services
 - Track their infants, especially the ~60% of HEI who are delivered outside the health facility
- Community-based support groups (these are PLHIVs who also connect with the facilities to);
 - Complete referral and linkage to HIV care
 - Support retention and re-engagement for clients who default / interrupt treatment
- **DSD tracking and performance monitoring at both community and facility level** (the focus of this presentation)

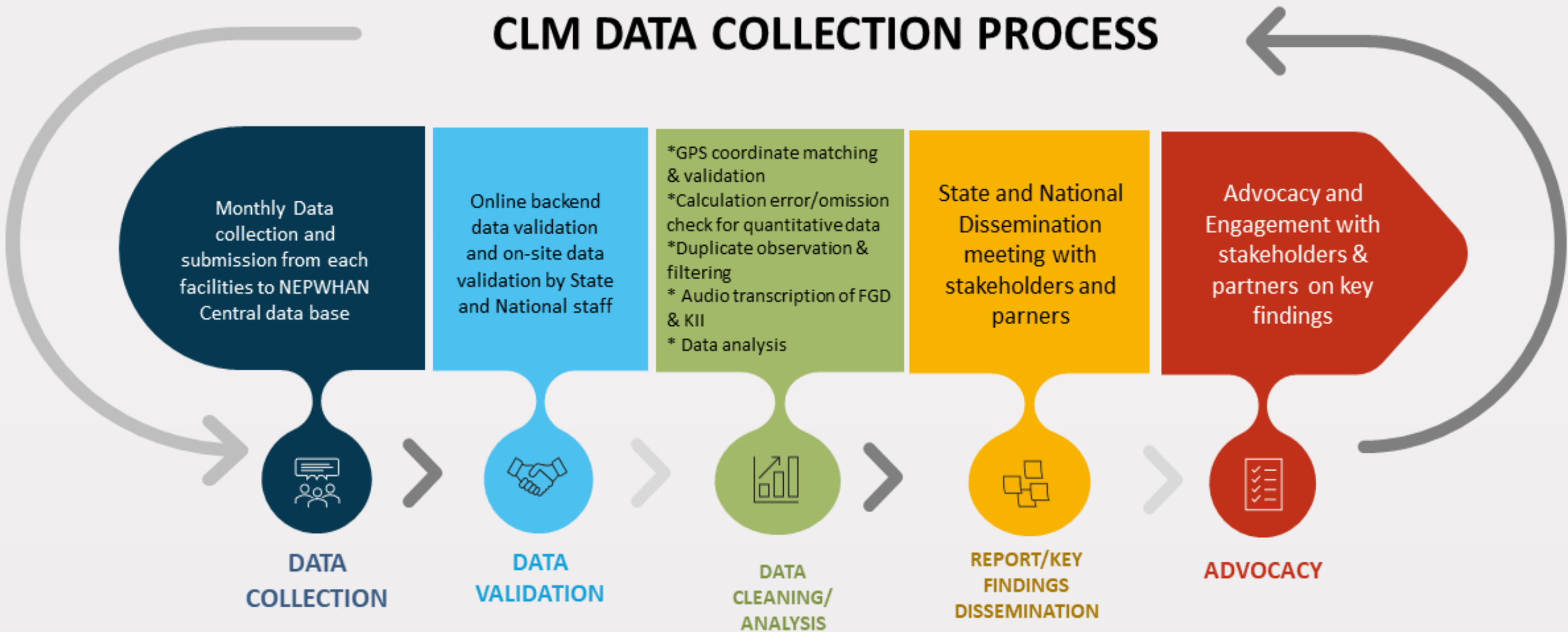
NEPWHAN ALIGNS WITH NATIONAL M&E SYSTEM FOR DATA TRANSMISSION



ESSENTIALS OF RoC TO NATIONAL M&E STRATEGY

- Recipients of care are critical in utilizing the M&E strategies to conduct and coordinate surveys/assessments that involves PLHIV and KPLHIV. Some of these efforts include:
 - ✓ PLHIV Stigma Index Survey which was conducted in 2021 with support from FHI360/ GF/ NAHI Grant – eg, the survey was for NEPWHAN and by NEPWHAN
 - ✓ Nutritional assessments for provision micronutrient support to PLHIV in care in our supported facilities - with support from FHI360/GF/NAHI Grant.
 - ✓ Ongoing cross cutting Stigma Assessment on three disease areas (AIDS/TB/Malaria) on C19RM Grant with support from GF through NACA.
- Use of CLM to get feedback from the recipients of care on strategies that are working and those that need changes – this is funded by UNAIDS, Nigeria.
- Patient Education and Empowerment of network members through PEEP Project – funded by PEPFAR Nigeria and NASCAP. Opportunity of PEEP is aimed at empowering the PLHIVs to know their right and seek regress for violation of such right.

CLM DATA COLLECTION PROCESS



M&E GAPS

Some of the gaps that limits NEPWHAN's role are as follows:

- **Limited Coverage:** NEPWHAN provide services especially using the health sector structure only where there are on-going projects. At the moment, projects that allow NEPWHAN track clients back and ensure retention in care are implemented only in two States – funded by FHI360. This opportunity can also be leveraged on to track DSD performance.
- **Poor use of Data for decision making:** Data is mostly collected for reporting and hardly used to inform reprogramming. Technical support would be required to put available data to scientific use.
- Poor data visibility.
- Need for strengthened reporting channels.
- **Lack of capacity building/technical assistance** to the key players at the community level on required skill set:
 - ✓ Qualitative data collection & transcription for CLM and other projects of NEPWHAN
 - ✓ Data capturing and reporting – e.tools

STRATEGY FOR SCALING UP NEPWHAN'S COMMUNITY INTERVENTION

- **Harmonization of Community Interventions:** Best approach for community intervention is Community Led. If IPs must implement community activities using NEPWHAN members, there should be synergy between the efforts of all the stakeholders (SMoH, SACA, SASCP, IP, NEPWHAN) implementing community interventions.
- **Involvement of PLHIV Networks in service provision,** like in training of the community pharmacists on counselling, improving documentation practice for community DSD (especially community pharmacy); coordination of data collection at different points of service, monitoring DSD service provision/quality of service.
- **Sector coordination of the community interventions:** Community interventions for HIV care should be community led and best implemented by RoC. NEPWHAN should be the focal point for implementation, coordination and data collection of community interventions across 36 + 1 States in Nigeria.
- **Capacity strengthening especially on use of e.tool** for Data capturing and reporting for real time data collection and reporting. This is currently affecting community data transmission and visibility for public use.

ACKNOWLEDGEMENT

Government of Nigerian

✓ NASCAP

✓ Ministry of Health

✓ NACA

✓ CCM Nigeria

PEPFAR Nigeria

UNAIDS Nigeria

FHI360

Thank you!

