



Mobilizing for Community HTS: A Case Study From Nigeria

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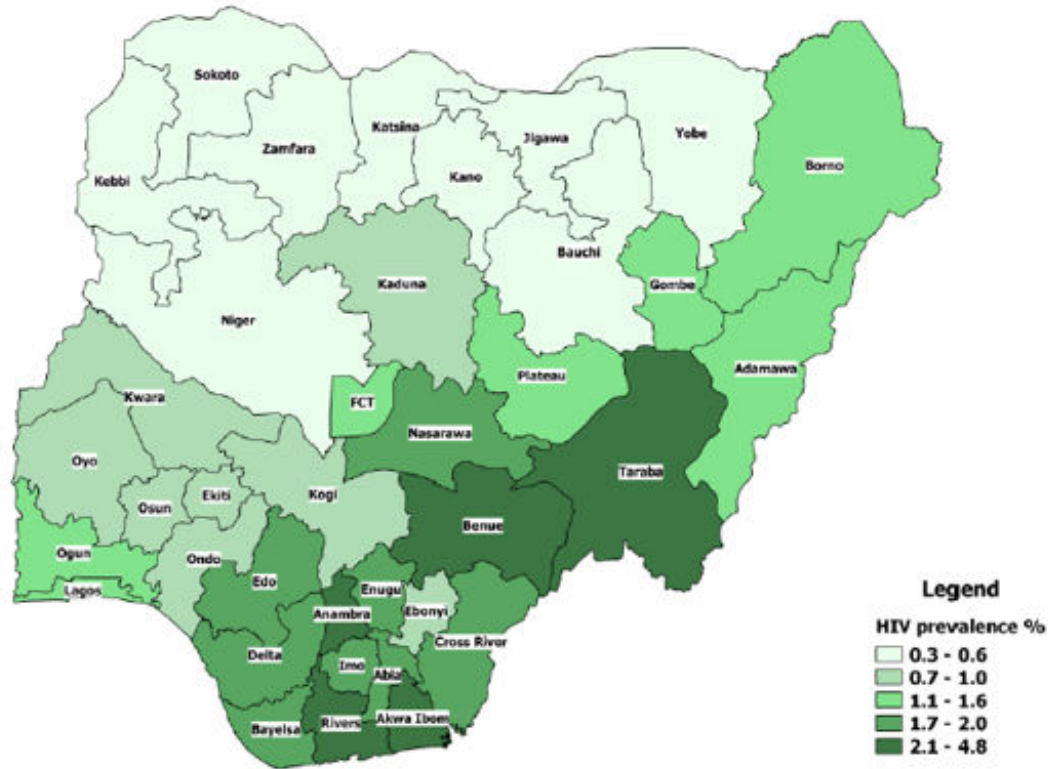
Outline

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Background and Country Context

- Nigeria has an estimated population of over 200m people with a HIV prevalence of 1.4%.
- The HIV epidemic remains a mixed epidemic partly driven by key populations, particularly FSW, MSM, and PWID.
- In Nigeria specific populations for HIV Testing Services (HTS) is targeted for effective intervention and control of the HIV epidemic.
- Mobilizing community for HTS is targeted on specific populations based on high risk of infection.
- Strategic planning and implementation of various activities is put in place to ensure widespread awareness, acceptance, and participation in HIV testing.

HIV Epidemiology



PLHIV Estimate (2022) – 2,000,000

- **Fourth largest HIV epidemic globally**



National HIV Prevalence

- 15–49 years - **1.4%**
- Women aged 15–49 years were almost twice as likely to be living with HIV than men (1.8% versus 1%).
- Women aged 20–24 years more than three times as likely to be living with HIV as young men in the same age group.



HIV Prevalence in Children

- 0-14 years is 0.1% & is responsible for 10% of global HIV+ children



KP Prevalence

- FSW:15.5%, MSM:25%, PWID:10.9%, TG:29%



Incidence

- 15- 49 years - **0.08%**



PMTCT Coverage

- 34% while the global coverage stands at 81%

Community mobilization for HIV testing services is essential for creating an environment where individuals feel informed, supported, and motivated to get tested for HIV.

Empowering, and working with communities to increase awareness, reduce stigma, and encourage people to get tested for HIV

Rationale for Community Mobilization for HTS

- **Increases awareness and knowledge:** When communities understand the benefits of a service, they are more likely to take up the service
- **Increase case findings:** Rapidly ramp up active case finding towards achieving epidemic control across the target populations
- **Reducing Stigma and Discrimination:** Involving everyone in the community helps in creating a more supportive environment for those affected by HIV.
- **Creating Sustainable Change:** When communities are involved, they are more likely to sustain efforts and advocate for continued support and resources.
- **Addressing Specific Needs of Different Groups :** Community mobilization allows for tailored approaches that consider diverse populations ensuring that HTS are relevant and effective.

Mobilization efforts can significantly enhance the uptake of HIV testing services and contribute to the overall goal of reducing the incidence and impact of HIV/AIDS

Rationale for Community Mobilization for HTS

- **Leveraging Existing Community Networks:** Can amplify outreach efforts and ensure messages about HIV testing reach a broader audience.
- **Empowering Communities:** Empowers individuals and groups by involving them in decision-making processes related to HIV services.
- **Encouraging Peer Support:** Community mobilization often include peer education and support groups, which are effective in encouraging HIV testing.
- **Integrating HIV Testing with Other Services:** Community mobilization can facilitate the integration of HIV testing with other health and social services, such as SRH, substance abuse programs, and mental health support.
- **Proven to improve testing yield:** as people at higher risk for infection are targeted for testing



Steps in Community Mobilization

1. Needs assessment and Planning
2. Stakeholder engagement/
building partnerships
3. Develop and implement a
communication strategy
4. Capacity building
5. Implement community activities
6. Provide support services –
counseling and linkage to care
7. Monitoring and evaluation
8. Sustain interventions

Strategies for Community Mobilization

- Mobilization Target hotspots and communities.
- Use of virtual space, special events and recreational facilities for networking and mobilization of Key Populations (KPs) and Adolescents and Young Persons (AYPs).
- Mobilization at AYP hubs.
- Use of Local AIDS control Agency (LACA) and Health Educators.
- Mobilization by Tradition birth attendants (TBAs)/ Mentor Mothers at the community to reach pregnant women and children.
- Mobilization at Faith based settings.

Case Study APIN PUBLIC HEALTH INITIATIVES(APIN): Use of AYP incubation Hubs to mobilize for HTS

APIN worked in partnership with existing youth-led organizations to set up 5 AYP incubation hubs across Benue, Ogun, Oyo, Ondo and Plateau. These hubs serve as a safe space for AYPs to visit and receive confidential nondiscriminatory services.

Services provided at the Hub :

Skills acquisition

Recreational activities

HIV prevention and SRH services

HIV Testing Services

PrEP & PEP

Life building skills

Psychosocial support (PSS) & Career counseling

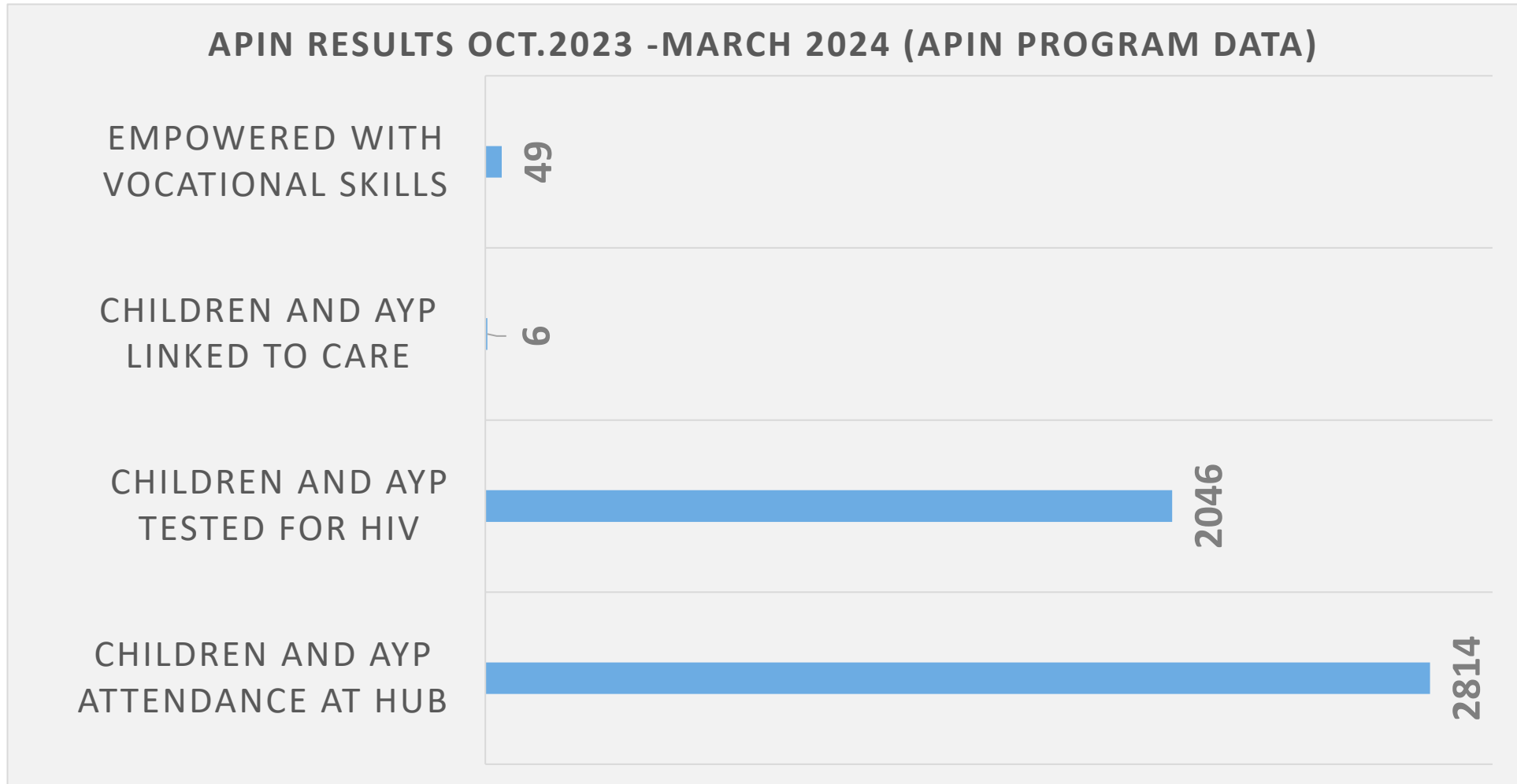
GBV screening & referrals Tech training



Mobilization for community HTS: AYP

Elements	Description
WHEN	Weekly (2-3 times)
WHERE	Film festivals, Testing parties, sport activities, AYP hubs
WHO	Youth Influencers, Youth Peer Educators,
WHAT	Health Education, SRH services, HTS, HIVST distribution, PrEP & Prevention services, Career and skills counselling, GBV services, vocational skill building, HIV preventive services, Recreational activities
Comments	More adolescents come to the AYP hub through referrals from friends, asking for information on SRH and HIV testing services

Results: Children Adolescents and Young People (CAYP)



Case Study .Society for Family Health (SFH): Lafiyan Yara Project



SFH's Lafiyan Yara project in Taraba state works in partnership with Patent Medicine Vendors (PPMV), Village Health Workers (VHW), Traditional Birth Attendants (TBA), Mentor Mothers to mobilize, sensitize and refer children, adolescents and pregnant Women to facilities for HTS.

Services provided :

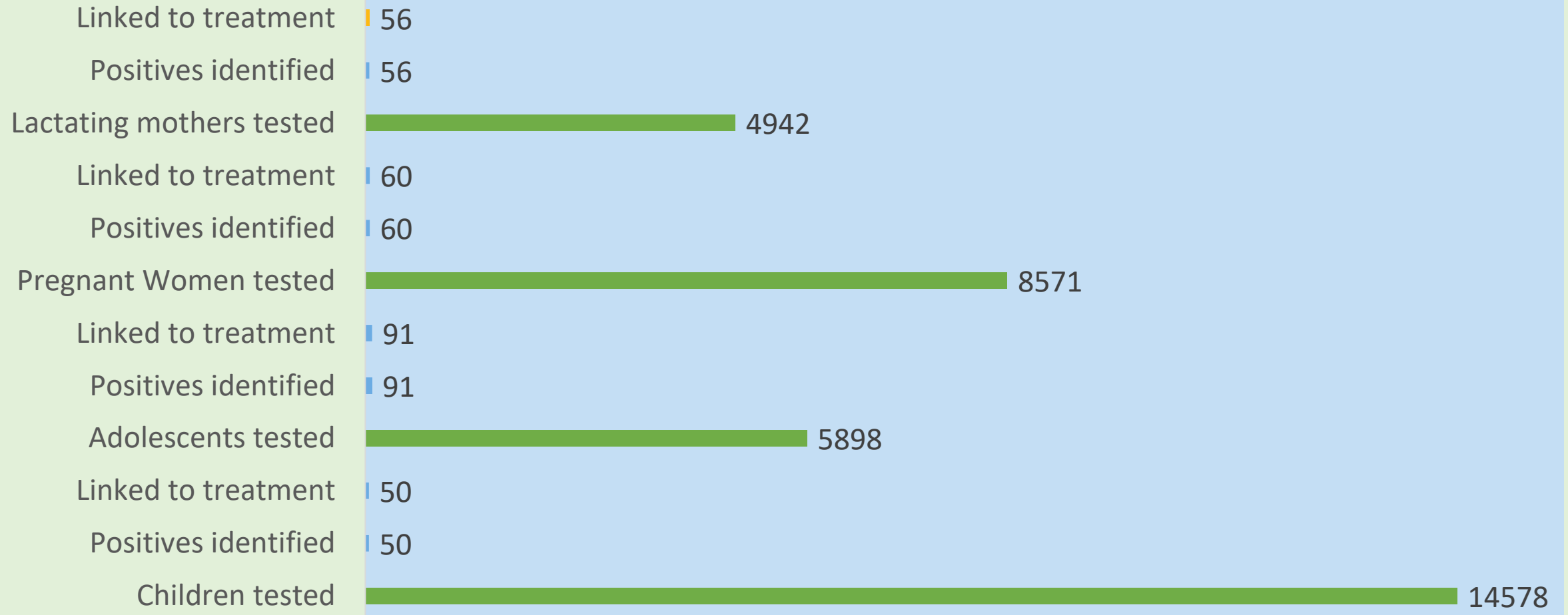
- 11 Village savings and Loans Association (VSLAs) groups Formed to provide income for parents/caregivers of CALHIV. This helps support quality nutrition for children to improve adherence as well as financial support in accessing ART service.
- Kids clubs formed in 6 Facilities in the state for peer support and child-friendly disclosure services.

Mobilization for community HTS: Pregnant and breastfeeding women

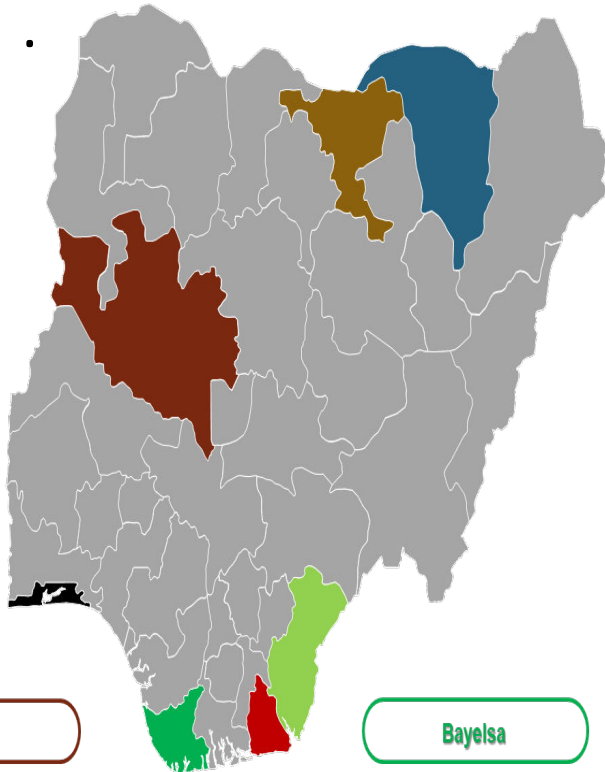
Elements	Description
WHEN	Twice a month
WHERE	Community support groups, Community Kids clubs, Mother's love party, Faith based/religious premises, TBA homes,
WHO	Patent Medicine Vendors (PPMV), Village Health Workers (VHW), Traditional Birth Attendants (TBA), Mentor Mothers
WHAT	Health Education, VSLAs, training, referral for HTS and other health services
Comments	The programme is working, improved identification, treatment initiation, retention and viral suppression

Results: (Children, Adolescent, Pregnant Women, Lactating Mothers)

August 2023 to May, 2024. 1st 95-HTS_TST. – (Lafian Yara Project data)



Case study-Heartland Alliance LTD/GTE (KP Care1 Project)



Niger

Jigawa

Yobe

Lagos

Bayelsa

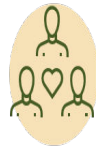
Akwa Ibom

Cross River



19 One Stop Shops || 7 States
8 Zones

Regional Offices in Uyo. Head Office in Abuja



33+
Community Based organization supported

Invested in Capacity building using *Greenhousing 3.0* beginning with 4 CBO in 2009 to over 25 currently being green-housed



95k
Placed on Sustained Anti Retroviral

Over 98% durable viral suppression achieved across program with about 99% client retention in Care



150+
Full time staff

More than 2,000 trained volunteers across the mechanisms providing care using HALG differentiated model of care

The project was designed to reach KPs and sexual partners with appropriate HIV prevention and treatment interventions and developing service outlets.

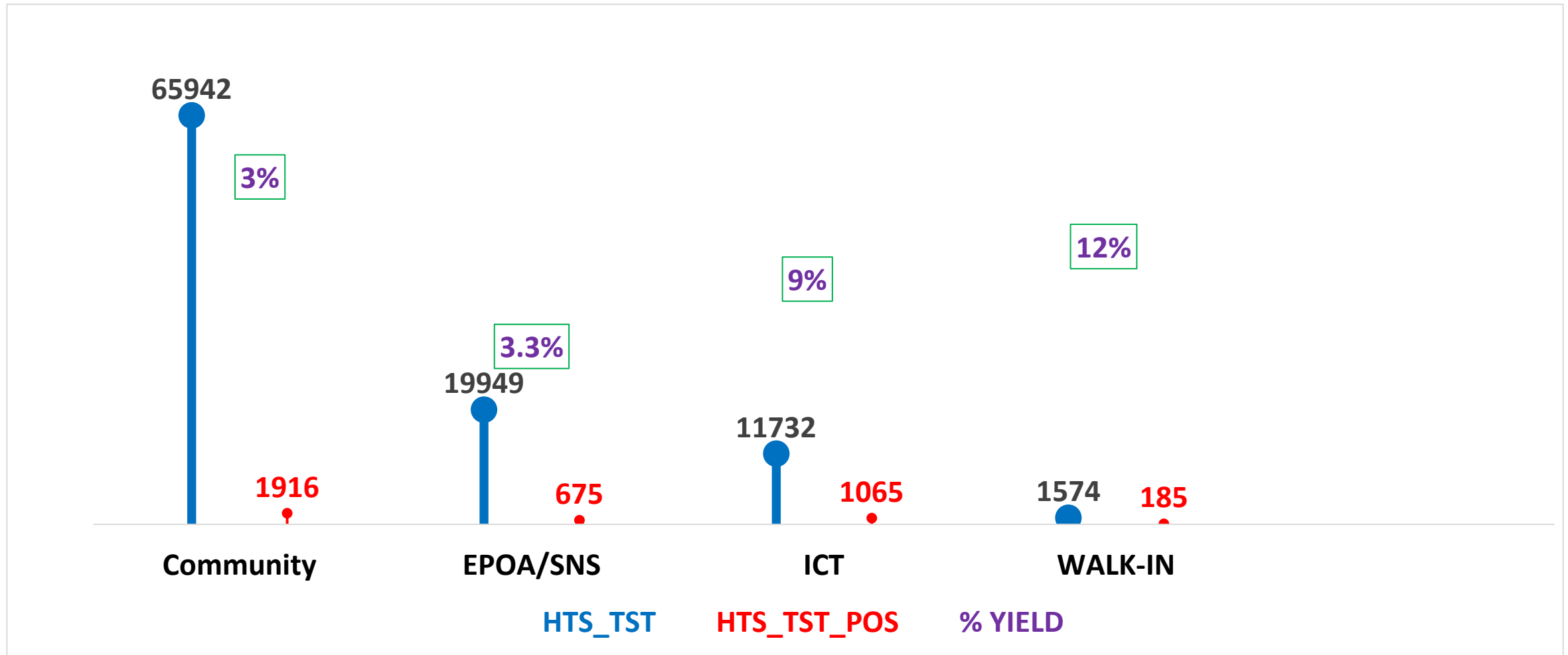
Services Provided

- SRH commodities including Condoms and Lubricants.
- Distribution of HIV Self test kits to help with ICT.
- Prevention and PrEP Services
- Xray for TB diagnosis,
- Cervical Cancer Screening for FSWs and Female PWIDs
- Hepatitis and Syphilis Diagnosis
- Post-GBV service
- Treatment for minor health issues

Mobilization for community HTS: Key Populations

Elements	Description
WHEN	Everyday
WHERE	Hot spots, bunks, brothels, One Stop Shop
WHO	Peer educators, case managers, outreach workers
WHAT	Index Client Testing, Enhanced Peer Outreach Approach (EPOA)/ Social Network Strategy (SNS), Moonlight Testing, PrEP and Prevention services, Xray for TB diagnosis, Cervical Cancer Screening for FSWs and Female PWIDs, Condoms, Lubricant, Hepatitis and Syphilis Diagnosis, Post-GBV services, treatment for minor health issues
Comments	Increased case findings, improved identification, treatment initiation, retention and viral suppression

FY24 1st 95 – HTS_TST by Modalities (Program data- RADAT 1st October -31st May 2024)



Lessons Learnt

- Community mobilization and sensitization motivates community members to advocate for services.
- Use of ancillary services for enhanced KP reach e.g., Human rights services, Cervical Cancer v Screen.
- Involvement of targeted beneficiaries in decision making concerning interventions that affects them
- Periodic feedback from Community Members to identify areas of improvement and ensure that services remain relevant and responsive to their needs.

Lessons Learnt. 2

- Continuous advocacy visits to community gate keepers and stakeholders for necessary supports/buy in.
- Projecting other services (Tech, skill acquisition,) and reducing emphasis on HIV & HTS made the Incubation hubs more attractive to AYPs
- Using the community members in providing information and education about the HIV and other health related issues helps local ownership and sustainability of the project
- Continuous training, mentoring and monitoring is essential to improve service delivery standards

Challenges

- Security issues- Frequent communal/cult clashes, and kidnapping, are experienced
- Frequent arrest and detention of community members by law enforcement agencies due to restrictive laws and policies on KPs.
- Some parents/caregivers do not give consent to their wards who desire to be part of the program.
- Some Local Government Areas (LGAs) are riverine and very hard to reach making accessibility to these areas difficult
- Insufficient commodities/consumables.
- Conflicts of interest

Best Practices

- Partnership and community collaboration is key in mobilization for community HIV testing services.
- Engagement of key stakeholders, developing clear and compelling messages, building relationships and trust
- Evaluating and adjusting mobilization strategies help the community to voluntarily mobilize for change.
- Confidentiality is paramount.
- Availability of commodities/consumables that meet demand.
- Trained staff/volunteers.

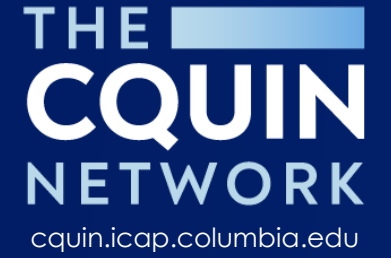
Recommendations



- 1 Leverage on the strengths and identification of winning strategies to help close the gaps which challenges may cause.
- 2 Community mobilization and sensitization intervention should be given top priority in HIV case identification. It encourages free HTS.
- 3 Engagement of Law enforcement agents in the Key population programme.
- 4 Ensure active commitment of community members in all project implementation for the intervention.
- 5 Use simple and clear language, possibly use local dialect for better understanding of the messages.
- 6 Continue to network and leverage on partnerships to provide other services not funded.

Acknowledgements





Thank You!

