# The Nigeria CAB Storyboard

**Presentation at the Stakeholders' Dissemination Meetings in Target States of the CHAI/UNITAID/AFROCAB Treatment Optimization and Advanced HIV Disease Projects in Nigeria. July – August, 2022**

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# ABOUT AFROCAB

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Afro-CAB is a network for community HIV treatment advocates across over 13 African countries, including Nigeria, Kenya, Malawi, Uganda, Zimbabwe, Senegal, Benin Republic, Cameroon, Zambia, Eswatini, Rwanda, South Africa. Afro-CAB partners with CHAI, HIV iBase and UNITAID to support community advocacy on treatment access.

Its main objectives are to:

- Build leadership and advocacy capacity in Africa among PLHIV and advocates on drug development and access issues, particularly around access to essential medicines, including originator and quality generic antiretroviral formulations.

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- Promote and strengthen Africa-focused research through patient and community participation.
- Support development of country-specific strategies and action plans and facilitate sharing and learning among African PLHIV leaders and advocates around access to ART and the wider treatment issues.
- Promote evidence-based drug safety practices and support the development of updated treatment guidelines.

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# OVERVIEW OF PROGRAMS IMPLEMENTED IN NIGERIA SINCE 2017

- In the past 5 years AFROCAB has worked on Optimal ARV (DTG, pDTG,) and Advance HIV Diseases.
- The Objectives are to support demand generation and uptake of adult and pediatric DTG in Nigeria.
- Engage with National and State community networks, and other Partners for improved visibility and impact of AFROCAB activities and generate evidence on community contributions towards uptake of optimal ARVs and AHD services and commodities.

- The Community Engagement on Treatment Optimization Project was implemented in 12 States which include, Sokoto, Niger, Plateau, Nasarawa, Benue, and FCT in the North with Akwa Ibom, Rivers, Cross River, Oyo, Ogun, and Lagos States in the South.
- The AHD project was implemented in 4 states, namely Lagos, Anambra, Akwa Ibom and Rivers states.
- AFROCAB is represented in Nigeria by 3 CAB members.

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# NIGERIA CAB OPTIMAL ARV PROJECT

- The project commenced in 2017
- Operational Research and TLD Rollout
- We initially worked with 3 facilities in 3 states
- LUTH; FMC, Makurdi and JUTH
- Now working in 68 facilities across 12 states
- Our present focus is on paediatric DTG
- Oyo, Ogun, Lagos, Cross River, Rivers, Akwa Ibom, Niger, Nasarawa, Benue, Sokoto and Plateau States and the FCT
- We engage PLHIV support groups, Mentor Mothers and Adherence Counselors in the target Treatment Facilities across the country.

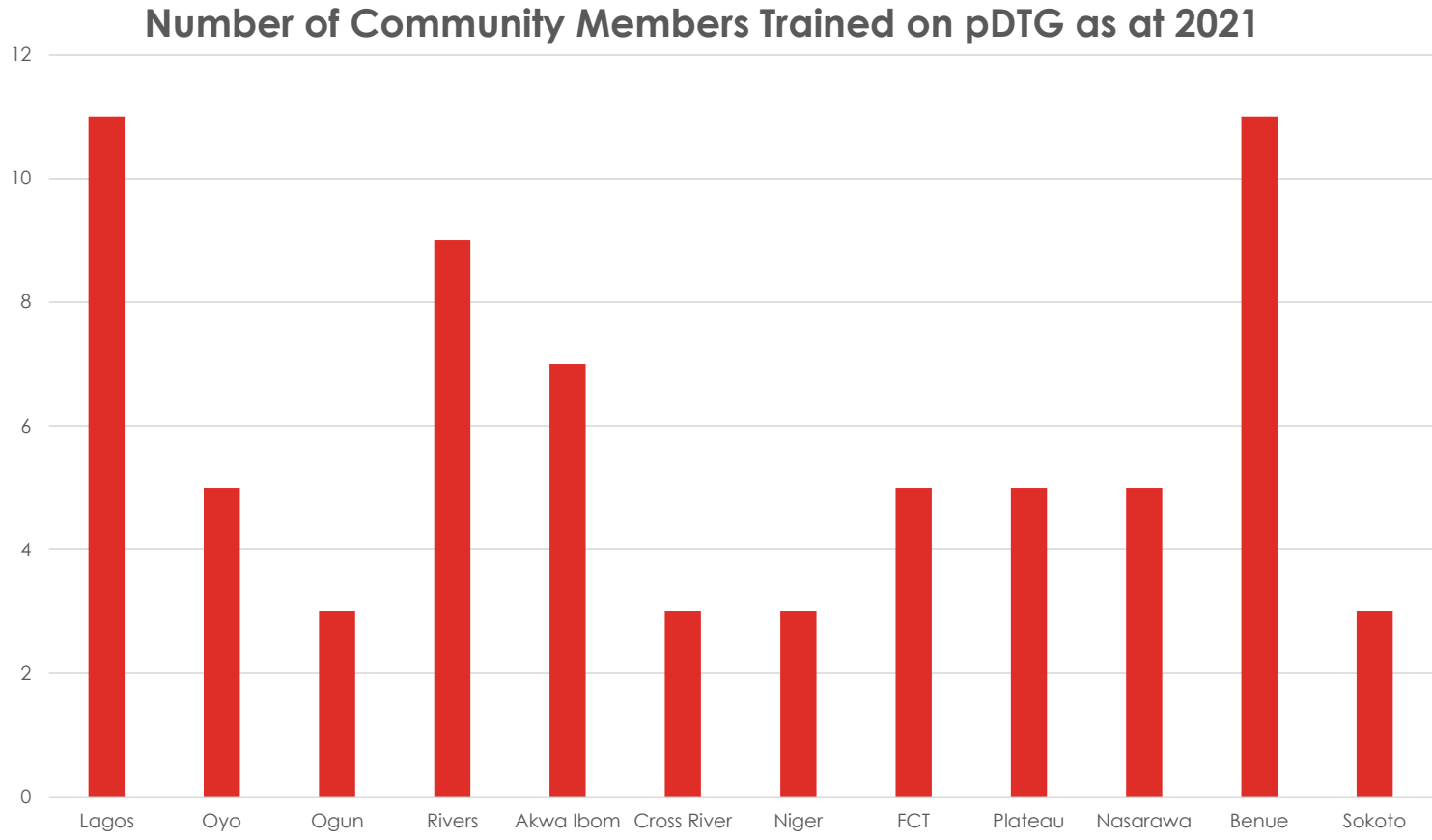
## OBJECTIVES OF THE OPTIMAL ARV PROJECT

- 1: Support demand generation and uptake of adult and pediatric DTG in 28 ART facilities in Nigeria
- 2: Engagement with National and State community networks, and other Partners for improved visibility and impact of the CAB activities
- 3: Generate evidence on community contributions to facilitate uptake of adult and pediatric DTG in the 28 facilities

## STRATEGIES FOR ENGAGEMENT

- Building capacities of 136 Mentor Mothers and 12 State CAB members to provide information and education in health facilities through mentor mothers and support group leadership
- Development and distribution of literacy materials (Audio, video, print, virtual)
- Capacity building through training
- Mentoring visits
- Virtual engagement (Phone/WhatsApp groups)
- Monthly Stipends support for communication and documentation.

# TRAINING OF CAREGIVERS AND PLHIV COMMUNITY ON PAEDIATRIC DTG



# PROJECT ACTIVITIES

- Monthly engagement of caregivers, support group members, facility patients by mentor mothers:

The Mentor Mothers facilitate information sessions on pDTG during meetings of PLHIV support groups including groups of caregivers of positive children and positive mothers in the facilities.

- Biannual engagement visits to Mentor Mothers by State CAB representatives:

The State CAB representatives carried out visits to the Mentor Mothers in all the facilities in each respective state in order to monitor and support their work.

# PROJECT ACTIVITIES

- Bi-annual mentoring visits to States by CABs:

The CAB members carried out mentoring, monitoring and supervisory visits to each of all the target states twice this year.

- Sensitization meeting with National community networks to outline the CAB activities
- Organize sensitization and information sessions through the PLHIV Pre-Conferences at the Annual CSO Accountability Forum, Abuja since 2019.
- Participants drawn from among PLHIV, Youths, Women and Key Affected Populations.

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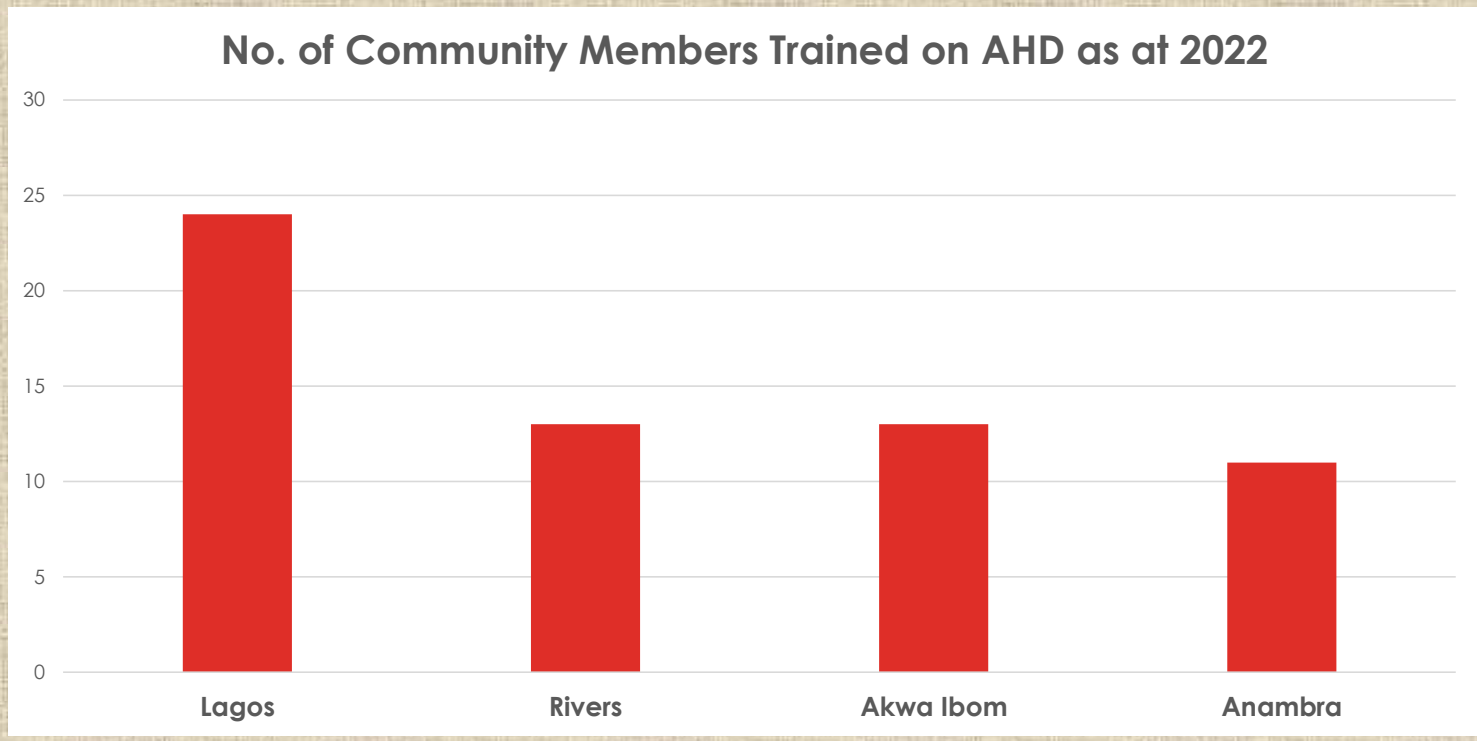
# ADVANCED HIV DISEASE PROJECT

- The community engagement for AHD is implemented in 4 states, Lagos, Anambra, Rivers and Akwa Ibom States in 28 facilities with 4 States CABs and 56 Adherence Counselors.
- Objective 1: To build the capacities of communities and PLHIV leaderships to support the demand for and uptake of AHD products and services in 28 AHD implementation facilities in Nigeria
- Objective 2: To generate demand for AHD products and services in 28 AHD implementation facilities in Nigeria

**Project activities include:**

- Monthly engagement of support group members, facility patients by Adherence Counselors
- Adherence Counselors facilitate information sessions on AHD during meetings of PLHIV support groups and adherence sessions with clients in the facilities.
- Biannual engagement visits to Adherence Counselors by State CAB representatives:
- The State CAB representatives carried out visits to the Adherence Counselors in all the facilities in each respective state in order to monitor and support their work.
- Bi-annual mentoring visits to States by CABs

# TRAINING OF ADHERENCE COUNSELIORS AND STATE CAB ON ADVANCED HIV DISEASE



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# IMPACT OF CAB ACTIVITIES IN NIGERIA

- Since the start of the Optimal grant, CABs have had significant and meaningful impact on treatment access for both ARVs and AHD commodities.
- Capacity of communities and support group leadership built on optimal ARV and AHD
- CABs have played pivotal roles in the adoption and scale-up for DTG-based regimens, including pDTG, as well as in elevating the community voice in national and subnational policy discussions.

- Great and timely feedback and inputs from the clients and the community to shape national and global policies.
- Clients better informed about their treatment through treatment literacy education has helped to increase demand generation for optimal ARVs and AHD services.
- Our CAB Members and MMs along with other stakeholders worked to ensure access to ARVs during COVID-19 and also supported project facilities with PPE to ensure continuity of services.

- Allows for continuous provision of information and education to patients at the facility by the MM and counselors at the facility.
- The introduction of WhatsApp groups with the MMs and counselors allows for real time exchange of information and feedback from facilities. It also promotes learning exchange between MM and Adherence Counselors from different facilities.

- We have been able to highlight some side effects that impact patient's quality of life in order to address them
- We have been able to interpret global policies to communities at levels and in ways that they can understand and appreciate.
- We helped to dispel wrong information on DTG use in women through engagement with patients and community support groups.

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# BEST PRACTICES OBSERVED DURING IMPLEMENTATION

- Our work is mainly patients focused, active patient's empowerment and engagement.
- We keep community members, CABs, Mentor Mothers, Adherence Counselors and clients up to date and current on new treatment policies and developments
- We work with key influencers at the state/national community networks

- Our mode of engagement allows for immediate feedback and response through the interaction with MM and counselors on WhatsApp.
- Our IEC materials are generated from community assessment and are community targeted.

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# LESSONS LEARNED AND NOTABLE FEEDBACK FROM THE COMMUNITY

- A lot of side effect of ARVs go unreported
- Many OIs go undetected
- Patients open up more to their peers, co-PLHIV counselors and support group members than to their healthcare providers.
- Misinformation and lack of access to treatment literacy hinders adherence and treatment access.

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# CHALLENGES

- Introduction of user fees or consultation fees prevents access to ARVs
- The insecurity in some parts of the country negatively impacts ARV treatment access.
- In the course of project implementation in the facilities, some of our Mentor Mothers and Adherence Counselors were laid off, some were transferred thus negatively impacting on provision of information and education to communities. We therefore have to re-train other new Mentor Mothers and Adherence Counselors.

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# RECOMMENDATIONS (INCLUDING SUSTAINABILITY PLAN)

- Government, partners and other stakeholder working on HIV treatment need to have a community model to receive feedback from communities especially when new treatment or procedures are introduced.
- Communities play vital roles in promoting adherence and enduring retention in care, community's members should therefore be involved in community-led treatment monitoring, support and adherence.

- Communities through the various networks in the country should be meaningfully involved at every level of new treatment roll out.
- Patient community support groups should be supported and encouraged.
- There is need for improved employment and welfare packages for Mentor Mothers, Adherence Counselors and other community members engaged in treatment in consideration of the fact that they are ‘experts’ due to their comparative advantage in the provision of ARV treatment services.

# SOME MATERIALS DEVELOPED UNDER THE PROJECT

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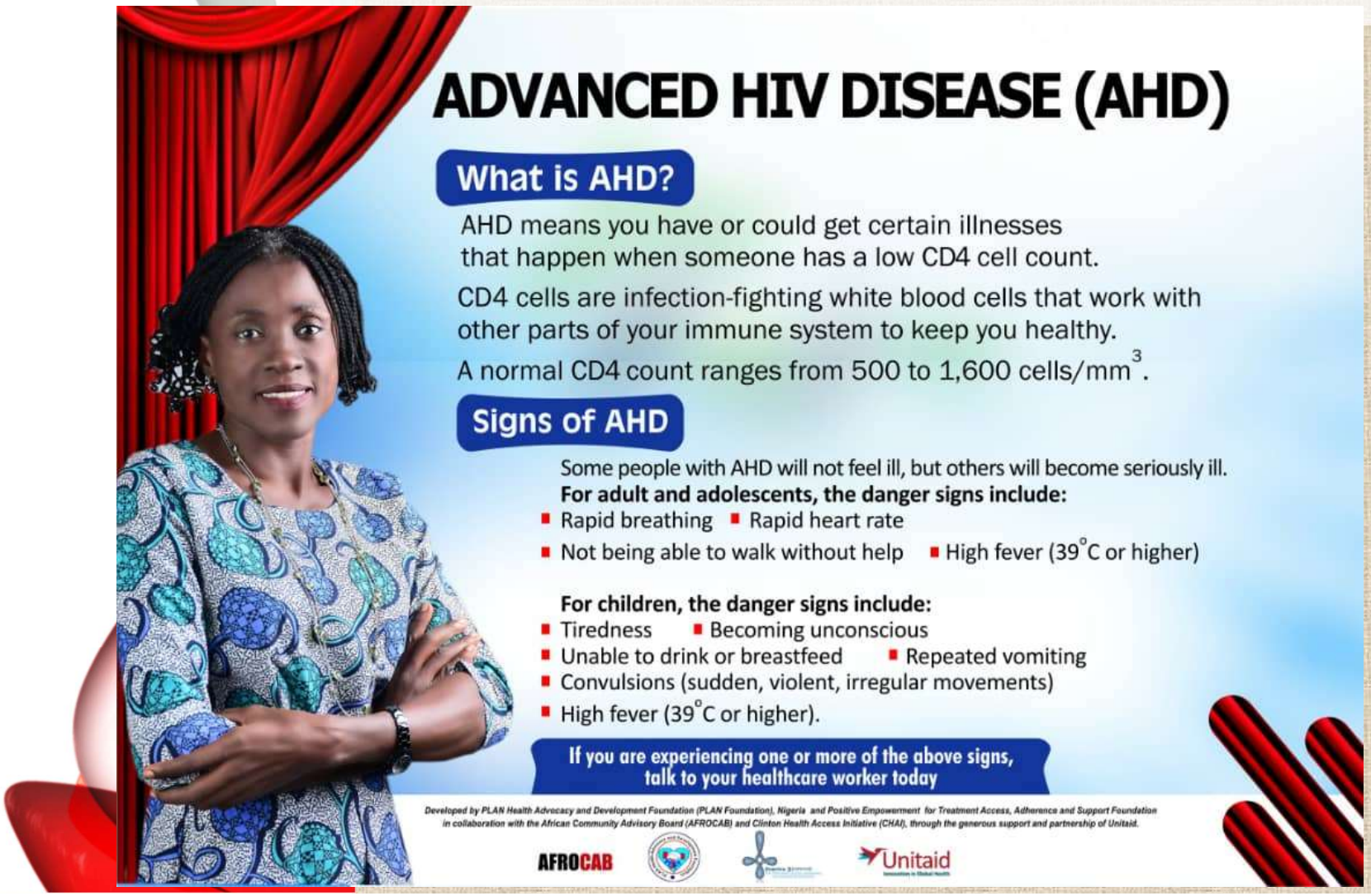

CHANGING YOUR DRUGS?
Don't panic!
Talk to your doctor or adherence counselor
Ask questions until you're satisfied with the answers
Agree with them on the actions you need to take
Take your drugs as prescribed
Take control of your health
Developed by PLAN Health Advocacy and Development Foundation (PLAN Foundation), Nigeria and Clinton Health Access Initiative (CHAI)
CHAI's work on accelerating access to optimal ARVs is made possible by the generous support and partnership of Unitaid
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ADVANCED HIV DISEASE (AHD)
Are you at risk?
All HIV-positive adults, adolescents and children over five years diagnosed with CD4 count below 200 cells /mm³ or have certain illnesses are classified to have AHD.
All HIV-positive children under five years are classified to have AHD.
For more information on AHD symptoms, prevention and treatment, talk to your doctor or adherence counselor.
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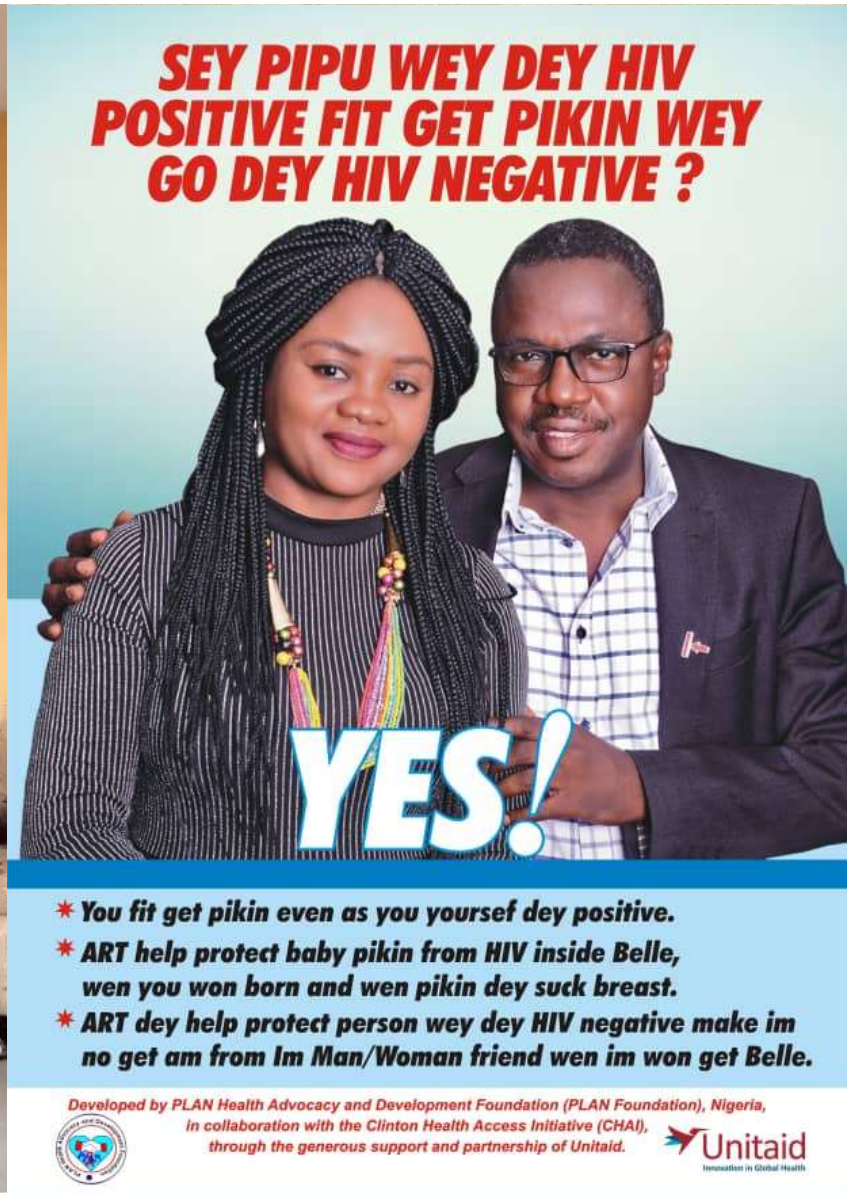
SEY PIPU WEY DEY HIV POSITIVE FIT GET PIKIN WEY GO DEY HIV NEGATIVE ?
YES!
* You fit get pikin even as you yoursef dey positive.
* ART help protect baby pikin from HIV inside Belle, wen you won born and wen pikin dey suck breast.
* ART dey help protect person wey dey HIV negative make im no get am from Im Man/Woman friend wen im won get Belle.
Developed by PLAN Health Advocacy and Development Foundation (PLAN Foundation), Nigeria, in collaboration with the Clinton Health Access Initiative (CHAI), through the generous support and partnership of Unitaid.
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- To access all the community literacy materials developed and used by the project which are available on Box we have enabled viewing and download for anyone with the link below.

https://clintonhealth.box.com/s/sww0fg53f6j5xu8j0yx16yz1yp68tb3m

# THANK YOU

# ANY QUESTIONS?

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Positive Response

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