

First Step Action for Children Initiative

END OF PROJECT REPORT (HAF 2)



ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ARV	Antiretroviral
ART	Antiretroviral Therapy
BERNADA	Benue Rural and Agricultural development Agency
CBOs	Community-Based Organisations
CSLA	Community Savings & Loan Association
ECC	Early Childcare Centre
HAF 2	HIV and AIDS Fund 2
HBC	Home-Based Care
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
LACA	Local Action Committee on AIDS
LGA	Local Government Area
LGEA	Local Government Education Authority
MPPI	Minimum Prevention Package of Intervention
NACA	National Agency for Control of AIDS
NGO	Non-Governmental Organisation
PHC	Primary Health Care Centre
PMTCT	Prevention of Mother-to-child Transmission of HIV
PE	Peer Educator
PLHIV	People living with HIV and AIDS
PW	Pregnant Women
PM & E	Project Monitoring & Evaluation
SACA	State AIDS Control Agency
TBA	Traditional Birth Attendant
WRA	Women of Reproductive Age

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DEMAND CREATION ON PMTCT PROJECT

Report Form

Name of Sub-Award Recipient:	First Step Action for Children Initiative Benue State
Sub-Award Number:	BEN/HAF/01/024
Sub-Awardees Email	firstaction.children@gmail.com
Reporting Period: (From inception to date)	JANUARY 2014- September 2015

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	YEAR 1 (dd/mm/yyyy)
Start Dates	January 2014
Award Amount:	5,684,520.00
Actual Amount Received:	5,684,520.00

S/N	LGA(s)/COMMUNITIES				
	Makurdi LGA	Tarka LGA			
1	Fiidi	Tse-Akiishi			
2	Apir	Gwarche			
3	Tse-poor	Uchi			
4		Tiortyu			
5		Nyambee			
6		Atighir			
7		Ambyoho			
8		Wuatsaa			

Introduction/Executive Summary

In the past 18 months working with SACA, First Step implemented demand creation on PMTCT with a project title '**Partnership in Saving Lives of Women and Children**'. The purpose is to ensure every pregnant woman and women of reproductive age participate and attend ANC as a gate way for PMTCT. The goal of the project is to empower pregnant women and women of reproductive age with information, skills and tools they need to make informed choices and take action to ensure their general well being.

The organization worked with State AIDS Control Agency (SACA) in Benue State, Nigeria supported by HIV and AIDS Fund (HAF supported by World Bank) in 5 wards of Tarka and one ward in Makurdi LGA.

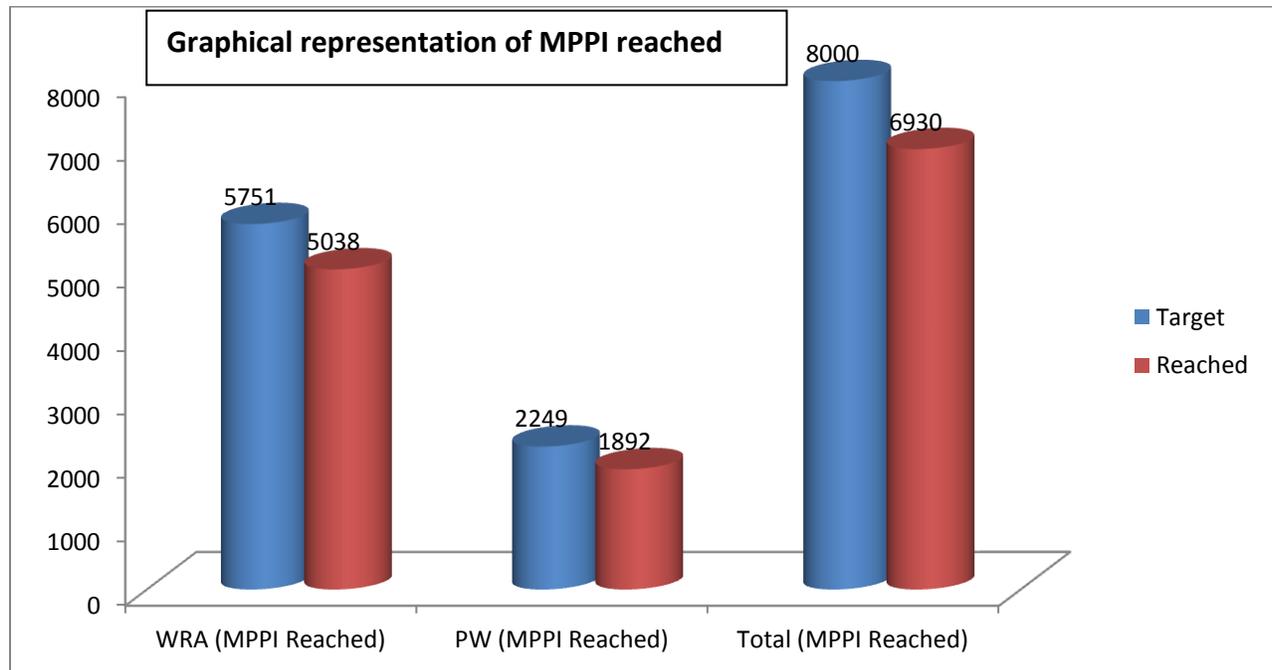
The project has the following objectives:

- ❖ Increase demand creation for HCT among 2249 pregnant women by 2015
- ❖ Increase demand creation for HCT among 5751 women of reproductive age by 2015
- ❖ 40% of HIV positive pregnant women accessing PMTCT services

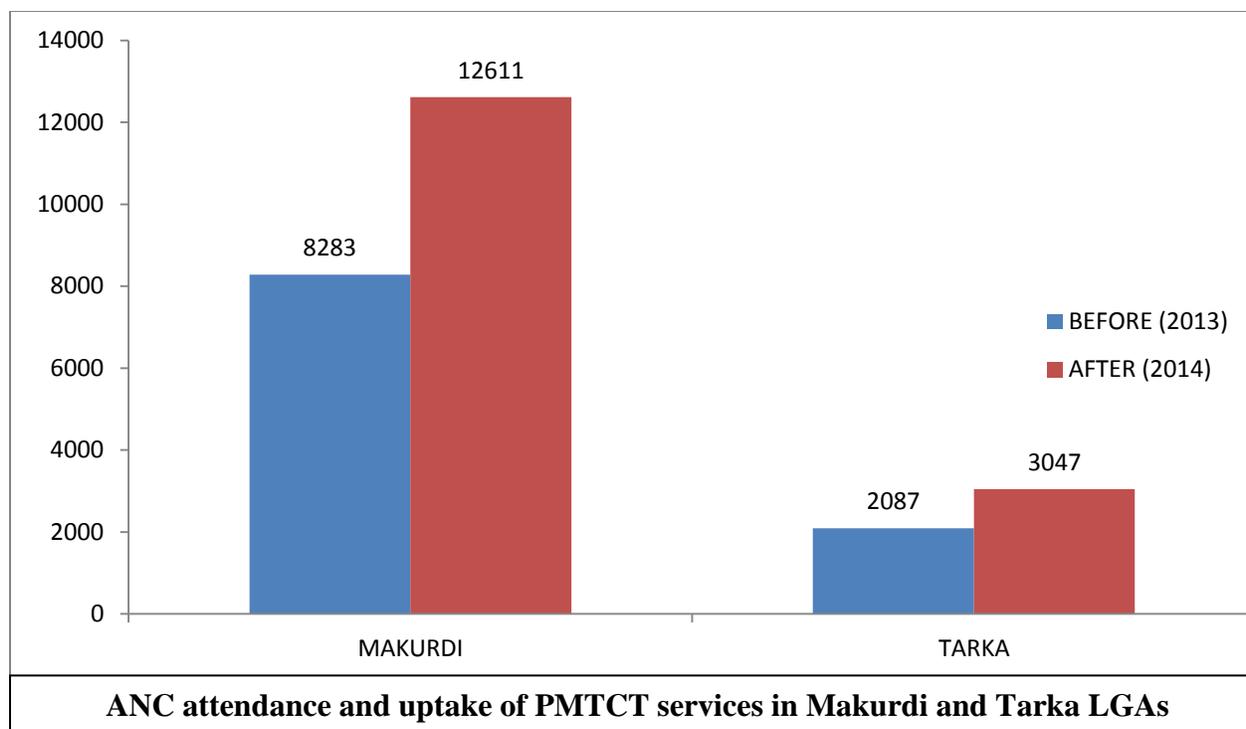
ACHIEVEMENTS

At the end of the project year, the organization documented the following achievements:

1892 pregnant women and 5038 women of reproductive age were reached with MPPI. 3.9% (73) pregnant women and 2.76% (139) women of reproductive age were found to be HIV positive. About 96% were placed on treatment and are returned in care.



The result of the project indicates that ANC attendance and uptake of PMTCT services increase significantly in those communities of intervention from 8283 to 12,611 and 2087 to 3047 in Makurdi and Tarka LGA respectively in 2014. The community service providers are key to the success of the project, they educate women, provide counseling services on a continuous basis and conduct Home - based care services and ensure that they adhere strictly to their treatment regime.



Stigma and discrimination has reduced significantly in those intervening communities for example, status disclosure among spouses is a common practice now in the communities. There is an increased number of women that now attend ANC and HCT. It also revealed that women of reproductive age who benefit from MPPI intervention access ANC and HCT intervention willingly when they became pregnant as compare to the situation in other communities and LGAs yet to benefit.

Poverty as well as crises within the family such as maternal depression, caregiver illness or death, divorce, and family violence significantly reduced in Tse-Akiishi community due to the introduction of high quality Early Childhood Development intervention that has protected the rights of children to survival, growth and development. Many women who have enrolled their children in the center now go about doing other activities that has earned them more income thereby increasing their means of livelihood.

COMMUNITY ENGAGEMENT AND ENTRY LEVEL

Activity 1: Advocacy Meetings/Visits

In order to get the buy-in of key stakeholders and have their commitment enlisted Advocacy visits were conducted at the initial stage to; HOD Health, LACA, M and E officers Second Class Chiefs and members of their Council during their monthly meetings at the Local Government level. We reached 23 persons (9 female, 14 males)

At the community level, advocacy visit was done to each of the 11 intervening communities to, opinion and traditional leaders, heads of support groups of PLHIV, church leaders etc., and prominent women group at the community level were identified. About 20 people in each of the eleven communities were involved.

Advocacy visit were also conducted to 9 health facilities (6 in Tarka and 3 in Makurdi LGAs)

The advocacy visit also continued throughout the project cycle one on one, quarterly and as the need arose. The purpose is to update the leaders on progress so far and the available challenges.

Activity 2: Mapping

Mapping of all social amenities in each focus community was carried out. The output from this is a list of all community groups in the area, when and where the various groups meet, who their leaders are and what their activities are. The list of the mapping was used to identify participants for meetings.

Activity 3: Community Dialogue/Sensitization Meeting

The organization conducted community dialogue with selected leaders, women groups, pregnant women, women of child bearing age, men, TBAs, and other relevant groups to determine issues and factors militating against the use of ANC and other HIV and AIDs facilities by women, especially pregnant women. Suggestions were sought from participants on how the identified issues could be resolved and any measures that could be taken to sustain agreed actions in order to promote the use of HIV prevention services in the area. 560 (495 female and 65 men) were reached. The purpose is to ensure community involvement and participation in the project.

Activity 4: Selection of Community Volunteers

Twenty two peer educators were identified and recruited during dialogue meeting. They were made up of community health workers, teachers, support groups, youth groups and women groups. A letter of appointment was also given to each volunteer with their roles and responsibilities attached. The PE were not on salary scale; instead they received a monthly stipend of not less than N2, 000.00 each

Activity 5: Baseline Survey

In order to monitor progress of the work, the organization conducted a baseline assessment on knowledge of HIV/ AIDS transmission, prevention and access of pregnant women to health facilities. The baseline result will be compared with actual achievement at the end of the project cycle. Five communities were randomly selected namely Tse-Poor, Tiortyu, Gwarche, Yakyo and Apir to participate in the process. The selection was based on high prevalence rate communities, high population and proximity of the health facility to community members. The result of the survey revealed that community members' knowledge on HIV transmission was low, and stigma and discrimination was on the high side.

Access to health facilities: desk review of facility register and hospital card to find out the number of pregnant women that accessed health facilities for ANC or PMTCT from January to February 2014. The report revealed that ANC attendance is very low.

INTENSIVE LEVEL

Activity 6: Capacity Building

22 peer educators and mentor mothers in the focus communities were trained. The purpose is to provide knowledge and skills for effective counselling and education to pregnant women and women of reproductive age. Their roles were to educate women of reproductive age, and pregnant women on HIV/AIDS prevention and transmission, encourage them to attend ANC, undergo HCT and deliver in health facility, HIV positive women encourage to ensure compliance to their treatment regime. The PE facilitated peer education sessions on a monthly and quarterly session. In the implementation of the intervention, Minimum prevention Package Intervention (MPPI) (combination prevention approach) was used to drive the process.

Capacity of PE was also built on a continuous basis. This was done during quarterly review meeting with first step staff. As a result of the meetingd PEs have increased capacity for effective counselling and public education. Most have been providing effective counselling at household and community level.

Activity 7: Peer Education Session (PW AND WRA)

To combat MTCT a referral framework between the community and the PHC facilities was developed with the aim of increased referral to ANC, HCT and PMTCT. This referral network has helped the women to move from TBA to health facilities. During peer education session Women were fully informed and they take advantage of the available service around them. 2 PE sessions are held every month. A total of 6 peer sessions were held by each peer educator in the quarter. They used a peer education plus manual to facilitate the sessions, each session comprised a minimum of 20 peers with one facilitator each. After each session a referral is provided for each client for HCT/ANC to access the health facility.

Activity 8: Quarterly Dialogue Meeting With Women Groups in Their Existing Structures

Community dialogue meetings were held with church groups on a quarterly basis, the groups were Mzough U Kase Tiv, catholic women organization, mothers club, PLHIV support group, market women association and wives of traditional leaders in their group meetings. The purpose is to create more awareness that will ensure increased up take on PMTCT and HCT. And also to increase the number of functional women groups that will hold regular group meetings and undertake activities to sustain the work. The discussion was centered on benefits of ANC/PMTCT, barriers hindering attainment of ANC, and community involvement and participation. The discussion in the meeting revealed that the involvement of wives of traditional rulers in the campaign at Uchi, Nyambee, Tiortyu and Tse-Akiishi communities has greatly increase the uptake of pregnant and women of reproductive age in ANC/HCT activities despite the distance to the health facilities. On the part of community participation the meeting revealed that, the traditional rulers and the religious leaders are jointly supporting in creating more awareness on the issue of ANC/HCT in the communities of intervention. Although the communities have made modest achievements in mobilizing pregnant women and women of reproductive age to access ANC/HCT services but there are still some barriers that need to be address in order to sustain this action, which includes non availability HCT test kits in the

facilities, inadequate skilled staff in some facilities, and unfriendly attitude of some facility staff. In Uchi, Nyambee and Ambyoho communities, the earlier mapped out facilities for their referral is no longer effectively functional as such the women have to travelled about 10 kms to access their needed services in neighboring facilities at Tiortyu and Azungur facilities. In the same vein, at Apir community, the cost of paying for ANC/HCT services in Federal Medical Centre is too high for the women to afford. The organization therefore collaborated with Benue Women Clinic (private) that provided affordable HCT and ANC services.

To this end, escort services were given to the women to facilitate their movement (to and fro) to the nearest facilities and also the organization cost share ANC services with pregnant women in Apir. Other barrier includes inadequate awareness on services available at the facility and adequate benefit on the ANC, inadequate follow up on referred clients by community volunteers due to distances that result to high cost of transport services. However, the issue was resolved and incentives were provided to service providers to address such issues.

Activity 9: Central Trainings

In order to enhance FIRST staff capacity for effective project implementation, various central trainings of our staff were conducted. The trainings include: Start-up Grant Finance and Admin training, Monitoring, Evaluation and Reporting training, District Health Information System, Project Management training, PM and E, These training have further enhanced program success by providing our staff members with relevant skills and knowledge required to achieve project objectives.

EXIT LEVEL

Activity 10: Sustainability

In order to ensure sustainability of impact after the beneficiaries have been discharge from the program, the organization used a cluster approach to empower beneficiaries to make sure that the achievement of the program goals is not jeopardized and that progress towards this goal will continue. The following interventions were conducted.

- The first one targeted food assistance; the beneficiaries in 4 communities (Gwarche, Tiortyu, Uchi and Tse-Akishi) were graduated into food security interventions supported with pro-vitamin cassava seedlings and started multiplication farms. This will ensure that

their food security and livelihood status continue to improve. This activity was done in collaboration with BERNADA.

- The second one is 2 Community based Early Child Care (ECC) center established in Gwarche (Agande community) and Tse-Akiishi with a total enrolment of 108 (64 male and 44 female) and in Agande the enrollment is 55 (25 female and 30 male) of 3-5 years old children. This center was established to cater for young children while their mothers seek for means of livelihood that can sustain the family. This has enhanced the economic status of mothers who are engaged in farming and small business activities by increasing their production and reduce the risk of poverty, family crisis, illness and death etc. The intervention revealed that poverty within the households has significantly reduced. The organization worked with Towering Tots in the provision of toys and learning material for the centre. The Tarka LGEA is in the process of paying the salaries of staff of the centres.
- Established 4 Community Savings and Loan Associations (CSLA) (Gwarche, Tiortyu, Uchi and Tse-Akishi). Through the saving scheme the women were encouraged to put aside a portion of their available resources for future use. The messages of HIV and AIDS transmission and prevention were integrated on continuous basis in the meetings of all the groups.

CHALLENGES:

- ❖ Sparse settlement of communities and distance from one household to another posed a challenge in mobilizing community members for the community dialogue meeting and peer education sessions. This has affected attendance in peer education sessions.
- ❖ Long strike by medical staff affected the referral process and the number reached in a quarter was reduced.
- ❖ Facility personnel in some communities do not keep confidentiality and privacy as a result most referred PW could not access the services because they are afraid, and are ashamed that they may be label as promiscuous.
- ❖ There is no peer refreshments provided in the budget and therefore this has affection full participation and involvement women in the peer education sessions.

- ❖ If the project has to make impact there must be continuous and sustained monitoring and supervision of the interventions. Unfortunately M and E stipends was not provided in the budget.
- ❖ High cost of user fee for ANC activities in the PHCs affected the turn up and number of PW and WRA who indicated interest to attend ANC at the intervening facilities. Facility staff complained that the routine ANC drugs are supplied by the LGA health department for sales for them to make profit and are expected to remit some amount of money to the health department as such routine ANC cannot be offered free of charge. This has reduced the number of PW attending ANC because of insufficient fund.
- ❖ Another major challenge encountered was the action of some men who harassed their wives after being diagnosed HIV positive and threaten marriage separations while they themselves refused to go for HCT. This has reduced the number of women attending and accessing ANC and HCT services for fear of being diagnosed HIV positive.
- ❖ Constant attacks on communities of intervention by suspected Fulani headsmen especially in Makurdi LGA. This affected participation in peer education sessions.
- ❖ The number of PEs (22) in the project is too small compare to the number of target. Therefore more than 20 peers were reached by PEs in a quarter
- ❖ The organization was not able to reach effectively women in urban and sub urban areas of Makurdi LGA due to high level of stigma & discrimination and status disclosure to husbands for fear of domestic violence. There is also high drop out of women registered for peer education sessions, most did not complete their sessions.
- ❖ Distance to facilities and high transport fare.

LESSONS LEARNT:

- ❖ The use of MPPI to drive the process has improved the quality of service and increased sustainability.
- ❖ The organization discovered the need for special intervention for urban areas using religious group meetings to intervene.
- ❖ Most of the pregnant women were within the age of 15-28 years old

- ❖ There is need to introduced Early Childhood Development program alongside PMTCT. This has reduced the risk of poverty and family crisis, illnesses and death in women and children.

RECOMMENDATIONS:

The organization plan to work with other CSO on the project to advocate for free maternal and child health to ensure women continue to access ANC free of charge or else the project cannot be sustained.

Build capacity of community members on citizen engagement in order for community members to demand for free health care services as a human right

We hope to intensify outreaches on anti-stigma law in the focus communities in order to reduce women violation at household and community level.

There is need to increase the number of PEs in any MPPI intervention. This will improve the quality of the message and communication.

As an exist plan, we hope to work on improve means of livelihood for families and women.

BEST PRACTICES:

The organization holds informal meeting on monthly basis with community leaders and deliberate on issues affecting PW and WRA accessing ANC/HCT. The result revealed that

The organization conducted several joint monitoring and supervision with LACA coordinator and her team to PHC. The purpose is provide supportive supervision to OIC to ensure the right thing is done by supporting PW and WRA to access PHC for HCT and other services that will promote their well being.

CONCLUSION

- The result of the project indicates that ANC attendance and uptake of PMTCT services increase significantly in those communities of intervention. The community service providers are key to the success of the project, they educate women, provided counseling services on a continuous basis and conducted Home- based care services and ensure they adhere to their treatment regime.

- In demand creation for PMTCT project, behavioral, biomedical and structural interventions are a critical component of the MPPI that must be used. Combination of these 3 interventions is necessary in order to achieve a comprehensive prevention intervention that has led to behavior and attitudinal change. The intervention has improved the quality of service and increased sustainability of the project.
- Networking between government, private sector and communities in the project has proven to be effective strategy for sustainability.

Success stories

Improved means of livelihood through early childhood care and development

Tse-Akiishi community is in Tarka LGA, Benue State and is 10 km away from Wannune the LGA headquarters on an un-tarred road. The HAF 2 program is being implemented in this community. The community has a population of about 1650 inhabitants and is heavily infected with HIV and AIDS. Mother to child transmission contributes to this prevalence as 37% of the pregnant women who were identified positive during demand creation for PMTCT in the LGA came from this community. After working with the community on PMTCT demand creation for 18 months it was discovered that most of the pregnant women who were positive are willing to attend ANC and PMTCT services but the health facilities are far away and they could not afford the transport fare. This is as a result of poverty that has affected the whole family especially children well being. The organization supported the positive women with transport stipend and registration fee at the facility level and ensures every positive pregnant woman and women of reproductive were enrolled into treatment and care services.

The intervention also revealed that women of reproductive age and pregnant women who benefited from MPPI intervention access ANC and HCT intervention willingly when they became pregnant as compare to the situation in other communities yet to benefit.

In order to ensure sustainability of impact after the beneficiaries have been discharge from the program the organization worked with the community and established a community based Early Child Care Center to empower beneficiaries to make sure that the achievement of the program goals are not jeopardized and that progress towards this goal will continue.

This center is catering for young children while their mothers seek for means of livelihood that can sustain the family. Many women who have enrolled their children in the center now go about doing other activities that has earned them more income thereby increasing their means of livelihood. This has enhanced the economic status of mothers who are engaged in farming and small business activities by increasing their production. The crisis within the family such as poverty, family crisis, illness and death etc has significantly reduced.

Some of the comments on the benefit of the early childhood and development center by community members:

Mawan Tyonenge who has 4 children in the center said ‘now my children eat before going to the center and take some food along with them to eat at the center. Unlike before I leave them alone at home without food and nobody to take care of them when I am going to farm. The children are now looking healthy and happy, they have grown in size’



Children at ECCDE centre in Tse-Akishi community

Mlumun Terna said ‘I have 2 children but I could not leave them at home to concentrate with

my farm work. Now that the pre -school center is established I have been able to increase the size of my farm and stay long outside the home to do more work because the children are not available to distract me’

Mwuese Zungur a caregiver at the center said “when the children started coming to the center they felt ill frequently. I educated parents on adequate feeding practices. And now the children no longer fall sick”.

Tyopie Igbaikula, a community service provider explained that the center has brought more unity and reduce conflict within families because they sit together and discuss ways that will improve the well being of children in the community. For example the center is being run by the community.

The introduction of Early Childhood Development program alongside demand creation for PMTCT has reduced the risk of poverty and family crisis, illnesses and death in women and children. It has also reduced poverty within households and community.

PROJECT TITLE: COMMUNITY CHANGE AGENT ON PMTCT DEMAND CREATION

Back ground:

Apir community is in Makurdi LGA, close to Federal Medical Centre (FMC) yet the utilization of PMTCT services by community members is very low.

First Step began work in the community by creating demand on PMTCT in January 2014. In order to monitor progress of the work, the organization conducted a baseline assessment on knowledge of HIV/ AIDS transmission, prevention and barriers for not accessing ANC by pregnant women. The report of the baseline revealed that there is low level of knowledge on HIV transmission and also access to health facilities by pregnant women is low in Apir community. This is because of inadequate awareness on the importance and benefit of ANC and community involvement as well as poor coverage. In addition, stigma and discrimination still constitute the barriers to up-take of HIV and AIDS services in the community. As a result Mother to Child Transmission (MTCT) is very high in the community at an average of 45-50%, which means effective community outreaches and education can increase up take of PMTCT services at the treatment sites communities.

Activities:

To address the issue, the organization began intervention by conducting several community outreaches including peer education sessions to pregnant women and women of reproductive age on HIV prevention and the importance of ANC. The community leaders are also supporting in creating more awareness in churches every Sunday and they do a follow up to make pregnant women attend ANC. The women in Apir have increased understanding and were willing to attend ANC.

Achievements:

20 pregnant women attended the facility for the first time and expressed their happiness on the reception given them by the facility staff. According to them, the staffs are very friendly, warm and the environment is clean compared to the Traditional Birth Attendant (TBA), which they have been promoting. They have made commitment to support the project in mobilizing PW to access ANC and since then, the pregnant women have been mobilizing other pregnant women to access ANC in the clinic and are sharing their experiences. Within 2 months, the organization has superseded their target of 10 per month to 22 per month with an increase of 100%.

KEY ACCOMPLISHMENTS/SUCCESS STORIES:

Comfort Ioraver a 32 years pregnant woman who attended ANC for the first time in FMC had this to say: “I did not know that the nurses and doctors are friendly until I came to FMC Apir to realize that what people say about doctors and nurses is not the same with what we have seen at FMC. Here, they have shown to us that Pregnant Women and nurses should have a warm relationship so that they can relate freely to tell all their problems to the nurses and doctors. I will therefore go home and bring more women to come and enjoy and see the good things that are happening at the hospital, most especially during health talk with nurses.”

Suffice it to add that since then, Comfort has become a change-agent in the community and has mobilized 32 PW to the nearest health facility. The organization has superseded her target in Apir community due to Comfort's effort.

COMMUNITY INVOLVEMENT ON CREATING DEMAND SERVICE

Mentor mothers are women of child bearing ages who have delivered one or more of their babies at the hospital or health facility, and have seen the importance of attending ANC during their pregnancies as something they must do because it keeps them and their babies alive and healthy.

This group of people forms an important part of the community work on demand creation for PMTCT. They were empowered with correct information on HIV and AIDS and the benefits of PMTCT/ANC in order to take positive action.

After 3 months of working with the group, they began to take action by creating awareness on HIV and AIDS transmission and prevention in group meetings at the community level, encouraging men one on one to send their wives for ANC and other avenue where women meet. They also support other women who could not access ANC due to lack of transport fare.

The activities of mentor mothers have started yielding positive results in communities of our intervention but notable among them is Uchi community where Mrs. Terumbur Shie, a 22 year old pregnant woman was diagnosed HIV positive during ANC. This situation was too traumatic for Mrs. Terumbur. According to her "My husband is a no nonsense man, he will sent me out packing to my parents when he knows about my HIV status' Terumbur shared her ordeal with the chairperson of the mentor mothers who called two of her members and discussed the matter and came out with a resolution to visit and discuss the matter with the husband.

The first encounter between the mentor mothers and Mrs. Terumbur's husband was abortive because the man was very angry with his wife, called her several names and even resolved to divorce her. The mentor mothers left because the arguments were too heated and were almost resulting to violence. The women did not relent in their efforts in trying to settle the couples, they continued persuading the man that it was important for him to get tested as well. The man saw reason with the women and accepted to go to the hospital to get tested.

According to the mentor mothers, the man also tested HIV positive and the couple have been referred to general hospital Wannune were they are both receiving treatment and care and are living happily with each other. The man came back to appreciate the mentor mothers on the role they played in the matter. The man has also joined the vanguard in spreading the message on the importance of attending ANC/HCT among pregnant women and even men; he said it is important for them to attend HCT.

Appendix



Group photograph: First Step team, District Head Umah, Clan Heads, Youth & Women leaders in Tse-Akiishi



Materials for ECC donated by Private school – Towering TOTS School Makurdi



Advocacy visit with BERNADA to support Pro.Vitamin A Cassava



a cross section of BERNADA team during advocacy meeting



BERNADA team during advocacy meeting



Pregnant women accessing ANC at NKST Uchi



Tse-Akiishi community members planting cassava



Kindred head of Tiortyu ZakiToryilaBoh flagging of planting of cassava at multiplication farm



Caregivers at Tse-Akiishi community receiving cassava for planting



Cross section of children in the class at ECC Tse-Akishi



Community members during CSLA meeting in Tse-akishi community



Cross session of men and women at community dialogue meeting at Adaka community

Cross session of men and women at community dialogue meeting at Adaka community