



# Use of community referral networks in increasing access to HIV testing and counseling amongst clients of traditional birth attendants in two rural communities in North Central Nigeria.





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# Background Information:

- **Mechanism name-** ProACT (Prevention, Organizational Systems, AIDS Care and Treatment)
- **Duration-**USAID funded co-operative agreement. 2009 -2014
- **Target Audience-** HIV Prevention program
  - Young people in-school, Young people out-of-school
  - MARPs - FSWs, IDU, MSM, Incarcerated Population, Transport workers, & others.
  - General population.
- **Geographic coverage-** six focus states-Adamawa, Taraba, Niger, Kogi, Kwara & Kebbi
- **Problem statement:**
  - Nigeria's national prevalence rate of 4.1 masks great diversity in the epidemic at the state level. The epidemic can be generalized in higher prevalence states and concentrated in other states affecting different populations in both urban and rural settings.

# Background continued:

- MSH through its community interventions, identified gaps in clients of traditional birth attendants knowing their HIV status,.
- Hence need to put systems in place to ensure that the pregnant mothers, who have opted for traditional birth services are not enveloped in the ignorance of not knowing their HIV status.

# Introduction: MSH Strategic approach)

- The in country HIV prevention strategy of Minimum Prevention Intervention(MPPI) was relied upon to ensure quality in our program implementation.
- Under this options ,reliance was placed on Behavioral:-Community awareness(IPC,C&T Promotion & SGD).

Peer Education –Job related peers

# MSH Strategic approach continued:

- Structural options :- Establishment of community referral network , gender and vulnerability issues.
- Bio medical options:- HTC, STI education, Blood transfusion Education

# Methodology: (TBA Innovative approach )

- Twenty (20) traditional birth attendants were trained as peer educators.
- Peer education was used to inform them on modes of HIV transmission, Picture code manuals were relied on to communicate the desired behavior change such as inclusion and use of hand gloves as a proactive protective measure.

- Peer sessions were held with their peers and other traditional birth attendants in the community.
- Mentored on referrals for free HIV services including HIV Testing and Counseling.



# PEER SESSION ACTIVITIES WITH TBAs



# Intervention outcome(Result)

- Anecdotal feedback given during peer educators review meetings establishes significant behavior change amongst the traditional birth attendants in the said communities.
- Adopt safe precautionary measures such as inclusion of hand gloves as part of the required delivery kits and use of hand gloves in deliveries.
- A referral network was established

two hundred and forty –six were reached with various prevention interventions, one hundred and seventy five (175 clients) 71.3% were referred for

# Result Continued:

SN	No of Clients reached with MPPI Intervention	No referred for HIV Testing and Counseling	No that actually accessed services	No of reactive cases
1	246	175m(71.3%)	105(60%)	11 (10.4%)

# Result:

- The establishment of referral networking with the traditional birth attendants has shown to increase access to HIV testing and counseling .
- Promotes early status awareness and enrolment to treatment for positive clients.

# Challenges & Way forward :

SN	CHALLENGES	ADDRESSING THE CHALLENGES
1	Literacy level of the TBA peer educators.	Literate community volunteers supported monitoring and referral and documentation process.
2	Language barrier	Use of community volunteers as interpreter.
3	Follow up on referred TBA clients	Referral synergy was built with the MSH comprehensive sites at the communities of intervention . The facility and community volunteers ensured tracking and documentation of referred clients.
4	Due to lack of technical competencies, no HIV Prevention programming was initiated with the TBAs	Scale up of intervention to the TBA (Trained as PEs .
5	Low risks perception	Series of review meeting and peer sessions activities helped in improving HIV transmission knowledge and increased risks perception evidenced in adoption of preventive measures in delivery and post delivery services

# Lessons learnt :

- Effective use of interpreters volunteers helped in intervention at the grassroot level.
- HIV awareness and knowledge building amongst unskilled TBAs helped in adoption of pre cautionary measures in preventing HIV transmission.
- Good referral and collaborative networking helped in increasing access to HIV counseling & Testing.



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# Thank you

