Embracing New Approaches to Preventing New HIV Infections

A Case Study of the Community and Congregational Approach to PMTCT Services (CAPS)

A Roving Nurse gives a health talk to pregnant women at a TBA site in Osun State

The year 2030, the deadline for several of the world's development goals and targets approaches with shocking speed. This has forced countries to critically evaluate their efforts and track the progress they have made towards the achievement of goals like the UNAIDS 95-95-95 goals. For Nigeria, embroiled in a decades-long battle to end AIDS and meet the UNAIDS targets by 2030, the sense of urgency is all too real.

Nigeria's HIV response has enjoyed immense political will and government commitment, along with a sustained, multi-pronged support (in terms of funding and technical assistance) from international donor agencies such as PEPFAR, USAID, the Global Fund and the World Bank; and local non-governmental organizations ranging from community-based organizations (CBOs) to faith-based organizations and implementing partners (IPs); and the academia.

However, in spite of the concerted effort by stakeholders and the considerable progress that the country has recorded in reducing the HIV prevalence, identifying new positives and putting infected persons on Antiretroviral treatment (ART), Nigeria is not on track to attain the UNAIDS 95-95-95 goals by 2030. HIV transmission data and trend analyses have revealed an urgent need to prevent new infections of HIV, especially among children.

Presently, Nigeria accounts for more than **25% of the global Mother to Child Transmission of HIV (MTCT) burden.** The Prevention of Mother to Child Transmission of HIV (PMTCT) coverage in the country is recorded to be one of the lowest in the world, leading to a staggering **21,000** babies being born with the virus annually according to UNICEF's 2021 report. With such daunting numbers and the year 2030 so close, it became critical for the country to review its strategies and embrace a new approach to plug this leak.

Enter, Community PMTCT

If they will not come to the health facility, take the health services to them.

Tawakalitu, 28 years old, is pregnant and has attended Antenatal Care (ANC) classes faithfully since she found out she was carrying her first child. However, like her mother before her and unlike most people would assume, Tawa is **NOT** going to a health facility to receive antenatal care. She is one of the **61% of 8.5 million annually pregnant women in Nigeria,** who will be delivered of her baby by a traditional birth attendant (TBA) and not a skilled birth attendant.

Alhaji Usman Moshood Aponle aka Baba Ikolaba is one of the most popular TBAs in Osogbo, Osun State. On Saturdays, the roads, streets and connecting routes are flooded with pregnant women from within and outside Osogbo, flocking to Ismail Memorial Herbalist and Healthcare home to attend ANC meetings. He learnt and inherited the ***"Agbebi"*** practice from his father; and has been taking care of pregnant women and handling deliveries for over 40 years. On light day, he says, he sees as many as 150 pregnant women.

A pregnant woman reserves the right to access antenatal care and deliver anywhere she chooses; however, by opting to do so outside the health facility setting, we are robbed of the opportunity to provide her with quality ANC services (which includes PMTCT services such as mandatory HIV testing of all pregnant women, linking positives to care and provision of prophylaxis to HIV-exposed infants); and consequently, Nigeria misses another opportunity to prevent a new HIV infection.

With such a large number of pregnant women electing to have their babies outside the orthodox health facilities, it became evident that we could no longer rely on our usual facility-based approach to PMTCT.

We realised that our solution lay in working with the TBAs to reach the women, rather than trying to **"force"** the women **AWAY** from the TBAs and into the health facilities.

In December 2021, the U.S. President's Emergency Plan for **A**IDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC) partnered with APIN Public Health Initiatives and its other implementing partners to launch the Community and Congregational Approach to PMTCT Services (CAPS) or community PMTCT (cPMTCT) in six PEPFAR-supported states: Benue, FCT, Imo, Lagos, Osun, and Rivers States. APIN Public Health Initiatives implemented the cPMTCT initiative in Benue and Osun states.

> *"When we conducted our assessment, we discovered that some of these birth homes and TBA-manned sites had a higher volume of patients and ANC attendance than some teaching hospitals. We then started to ask important questions like, "What services do the TBAs offer?", "Why do women prefer to visit them?", "What infrastructure do they have available?", and finally, "How can we get in?".*
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> - Dr Olabanjo Ogunsola
> Associate Director, Prevention & Community Services, APIN Public Health Initiatives

What APIN Did

Getting Started: Mapping and Needs Assessment

At one of the supported cPMTCT sites, a TBA examines a pregnant woman using a fetoscope donated by APIN.

The first step involved identifying, mapping, and categorising the TBA sites to determine their priority for activation. We sorted the facilities into three distinct categories:

Next, APIN selected the TBA sites for activation, taking into account factors like geographical distribution, patient volume, and proximity to a health facility. We selected **46 TBA sites and 10 TBA sites for activation in Benue and Osun States, respectively.**

Our goal was to support and mentor the TBAs to be able to provide a basic package of quality ANC services (including PMTCT services) to every pregnant woman, ensuring that those infected with HIV could quickly be identified and enrolled in care. APIN assessed each facility to determine what gaps existed in their own service delivery structures and worked with the TBAs to address them. With funding from the CDC/PEPFAR, APIN provided delivery beds, examination couches, fetoscopes, tables, chairs, and infection prevention and control (IPC) consumables such as disposable gloves, cotton wool, disinfectants, etc. To improve the aesthetics of some sites, APIN conducted minor renovations and face lifts.

Taking it Forward: Capacity Building and Mentorship

For CAT 1 and 2 TBA sites, APIN engaged and trained roving nurses, data entry clerks, and community testers. The roving nurse would conduct health talks to educate pregnant women about HIV/AIDS, malaria, nutrition, and pregnancy danger signs, as well as assist with examining patients. The community testers would be on the ground during ANC days to test pregnant women at the TBA site. We immediately referred and linked any positive results to care at an APIN-supported health facility (the hub).

The CAT 3 sites employed the baby shower approach. Registration fees and other costs were a big reason why ANC services and, by extension, PMTCT services were not being used more. To help pregnant women and their partners sign up for ANC, APIN worked with faith-based groups like the Federation of Muslim Women Association in Nigeria (FOMWAN), NKST Health Mission, churches, and mosques. APIN engaged and trained congregational advisors who **provided basic health education on the benefits of enrolling in** ANC, completing their sessions, and getting tested for HIV. We provided baby shower kits containing essential items for delivery to pregnant women in their third trimester, along with free HIV/Syphilis testing and ART linkage for those who tested positive.

APIN also linked the TBAs with nearby supported health facilities and routinely conducted trainings and capacity-building workshops for them. The TBAs received instruction on identifying danger signs and situations that warranted referral to the health facility. The HCWs and roving nurses provided mentorship and supportive supervision. This linkage between the TBAs and the health facility staff has helped foster a sense of inclusion, especially among the TBAs, who have hitherto felt excluded and misrepresented.

What We Accomplished

Positive Outcomes and Success Stories

Since the CAPS initiative was launched in December 2021, we have recorded several success stories from beneficiaries who would never have known their HIV status if HIV testing services had not been provided at the TBA sites.

On the part of the TBAs, they are pleased with the added knowledge and skills that they have gained from the trainings and capacity building sessions. Many of them have also reported an increase in their clientele because of the new equipment, renovations and additional services that they are now able to provide with APIN's support.

> "I have seen a lot of benefits since APIN started working with us. First and foremost is that the nurses and doctors who come to screen clients every week, also lecture everyone. There are so many things I didn't know, things that were hidden from us. I now know them and can speak boldly about them. The renovated labour room has encouraged many women to say they will deliver here. I am also glad about the trainings we receive and the meetings with the hospital staff. Ah, I have gained a lot. A lot of benefits."
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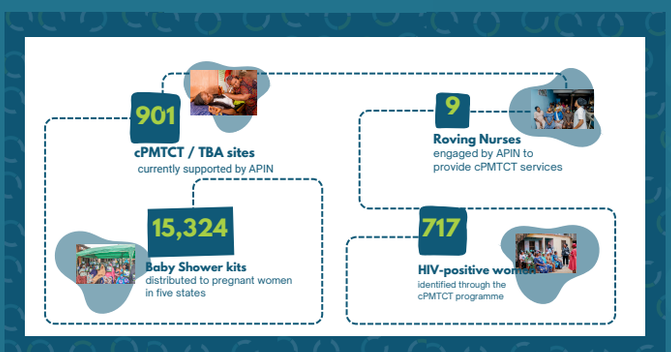
> - Alhaji Usman Moshood Aponle aka Baba Ikolaba
> **TBA Site Head**, Ismail Memorial Herbalist and Healthcare home

APIN has since scaled up the implementation of CAPS to all our project states and from its inception till date, we have identified a total of **717 HIV-positive pregnant women,** averting an estimated equal number of new HIV infections, with the potential to prevent far more.



> "I did my HIV Test for the very first time here. I am happy that we can now have such tests when we come to Baba's place."
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> Adenike, cPMTCT beneficiary