

PROPOSAL ON

COMMUNITY BASED PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV IN YENAGOA LGA OF BAYELSA STATE.

EXECUTIVE SUMMARY

This proposal is geared towards Addressing Factors Underlying Increase in HIV Prevention of Mother to Child transmission. It has been designed to scale up HIV prevention initiatives implemented in past interventions targeting five rural communities (Tombia, Agadama Ekpetiama, Okolobiri, Gbarantoru and Agudama-Epie) in Yenagoa LGA of Bayelsa state.

There is therefore the need for interventions targeting these Women and Men of Reproductive age that would succeed in establishing a behaviour change strategy that would seek to improve knowledge, promote positive attitudes and increase the uptake of early ANC viz a viz PMTCT services that will contribute to the reduction of MTCT.

The project activities will involve Advocacy, Open Community meeting, Selection and training of community members as Peer Educators (PEs) and PE supervisors, Conduct of Peer sessions by the PEs in a cohorts of 15 of their peers for three cohorts over the life of the project using National Prevention Package Intervention strategies (NPPI). The project also hopes to provide psychosocial services, strengthen referrals, drug adherence counseling and follow up to positive pregnant /lactating women. Community mobilization and awareness creation (community outreach), Monthly Review meetings with the PEs, Quarterly stakeholders meeting, Community Dialogue and monitoring and evaluation will also be carried out routinely to strengthen community ownership and monitoring of project activities in the selected communities.

The total value of the project being requested from PACT is **\$51,084.28** using rate of exchange (ROE) of 156 Naira to a dollar.

INTRODUCTION/BACKGROUND

Bayelsa State, in the South-South Region of Nigeria, was created in 1996 and has eight local government authorities (LGAs). It is the smallest state in the country with 2 million residents but has the largest oil reserves in Nigeria, making it the richest state in the country per capita. Despite this wealth, the state faces a number of development challenges. Bayelsa state has high youth unemployment, low educational attainment and low school retention and completion rates. Furthermore, the state lacks essential infrastructure and has a high degree of insecurity.

Reports indicate that in the last decade, there has been a rapid increase in HIV/ AIDS reported cases in the world and Nigeria in particular. According to the Federal Ministry of Health, about 4 million people including children are living with HIV/AIDS in Nigeria. About 2 million of this population is women, and the cumulative death rate in Nigeria is put at 1.7million annually (UNAIDS 2001).

The report further stated that, more than 600,000 infants are born with HIV every year due to Maternal to Child Transmission (MTCT), and 300-thousand of them will never reach their 5th birthday. 7 Million children are orphans in Nigeria, 1.8 Million due to AIDS; of the half million children who died because of AIDS were infected through mother-to-child-transmission, yet only less than 1% of pregnant HIV-positive women attend ANC and receive anti-retroviral drugs to prevent the spread of HIV to their babies in Nigeria. Of all babies born to infected mothers, 10-30% acquire the virus during pregnancy, 40-60% during delivery while 15-20% through breast-feeding. Globally, MTCT accounts for 15-35% of pediatric HIV incidence.

In the prevailing circumstance, this is very essential to build support for PMTCT and create male involvement in the project, and a conducive environment in the community to support HIV positive mothers and their babies. The most enduring strategy to achieve effective community based intervention is through the MPPI process, which is highly participatory and enables communities to develop community structures for sustainable awareness, stigma reduction and impact mitigation.

STATEMENT OF NEED

The burden of HIV/AIDS in Bayelsa State constitutes a major challenge in the health sector. Bayelsa State has an HIV prevalence of 9.1%, a rate higher than the National HIV prevalence of 4.1% (2010 ANC seroprevalence survey report) and Urban locations prevalence of 8.7% in Yenagoa and 12.7% in Sagbama LGAs. The State has a higher urban prevalence than the rural LGAs. The distribution of HIV infection is relatively evenly distributed across age groups. However, younger women in urban areas have a relatively higher rate of infection than women of the same age group living in rural areas.

Despite this high rate of HIV and an estimated 444, 857 women aged 15-49 years with 98,000 pregnant women in the state annually, PMTCT services are lacking. There are currently only six functional PMTCT treatment centers in Bayelsa state. With only about a quarter of women in Bayelsa state currently accessing ante natal care (ANC) in facilities during their pregnancy, there is a huge unmet need for care.

Also, the vulnerability and high incidence of HIV/AIDS in Bayelsa state especially in some of this target communities is because of the oil exploration activities and high presence of peace keeping forces guarding oil installations and quelling conflicts within the region. Oil exploration activities also heightened transactional sex, multiple sex partnering, unprotected sexual activities particularly among female and male of reproductive age within the State.

The core challenge in the **Prevention of Mother To Child Transmission** (PMTCT) of HIV/AIDS is reaching more pregnant women (including their partners, families and communities), and women of childbearing age with information, services and support, to empower them as catalysts in the intervention of HIV infection to their children. **MPPI**, therefore, becomes the backbone in facilitating both demand-creation and supply-provision.

PROJECT GEOGRAPHICAL LOCATION & SCOPE

The PROMOT project will be implemented in 5 communities (Tombia, Agadama Ekpetiama, Okolobiri, Gbarantoru and Agudama-Epie) of Yenagoa LGA, Bayelsa State. The project will target women and men of reproductive age to scale up uptake of early ANC and PMTCT that will contribute to the reduction of MTCT.

There is a strong relationship between the implementing organization and the Royal Majesty of the Ekpetiama clan and some of the Opinion Leaders because of previous free Medical outreach and HIV prevention intervention carried out in these communities and beyond, hence a remarkable relationship exists.

PROJECT GOAL

The project goal is to contribute to the reduction of Mother to child transmission of HIV (MTCT) in Bayelsa State, Nigeria.

PROJECT OBJECTIVES

- ❖ To reach 1250 Female and 250 Male of Reproductive age with comprehensive PMTCT messages using the SOTA Manual (in line with the Minimum Prevention Package intervention (MPPI) by Dec 2013
- ❖ To select and train 28 female and 6 male as Peer Educators to provide PMTCT prevention services by March 2013
- ❖ To increase demand for Prevention of Mother to Child Transmission of HIV (PMTCT) in 5 communities in Yenagoa LGA of Bayelsa state by 5% of the targeted population through Drug Adherence, Follow-up and Psycosocial Services by December 2013.
- ❖ To select and train 5 supervisors from the targeted communities to supervise PE activities by the end of March 2013
- ❖ To conduct 10 Advocacy periodically in the 5 targeted communities by Dec 2013.
- ❖ To facilitate quarterly stakeholders forum to increase attention of relevant key stakeholders towards addressing peculiar target specific issues as it relates to PMTCT among Women and Men of Reproductive age by December 2013

PROJECT STRATEGIES AND ACTIVITIES

In line with the National Prevention Plan (NPP) Health and Life International will use the following strategies and activities for selected target group. The Peer Educators shall reach their peers with the respective activities for each selected strategy in a cohort of 15 persons each and they will reach a total of 3 cohorts by the end of project duration.

STRATEGIES

1. Peer Education Model: This strategy will be used by the PE to provide education, information, knowledge and skills to their peers using the SOTA Manual.
2. Community Outreach: Balanced ABC messaging will be the activity to be conducted for this strategy and this will be used to provide information and messages among peers in the target population and the general populace in the community.
3. Peer Education Plus Model: The activity to be implemented will be Foklore/Games. A variety of stories and games that educates on myths and misconceptions, discrimination, such as snake and ladder board game and cards will be organized for target group.

Referrals and linkages for early ANC and positive pregnanat or lactating mothers will be used to further dose and intensify PMTCT services as may be required.

PROJECT ACTIVITIES

Activity 1: Advocacy visits

As a community-based project, the support of both the beneficiaries, their traditional rulers, Opinion leaders, Ministry of Health, SACA, LACA, in whose community the project will be implemented, is crucial. Hence, Advocacy Visits would be undertaken with the aims of:

- i) Creating awareness of the project,
- ii) Soliciting acceptance, support and active involvement of community stakeholders
- iii) Overcoming possible opposition(s) and vested interests.

The Advocacy visits would also be used as medium of extensive consultation with various stakeholders (persons and interests groups) in the implementation of the project to ensure that there is buy-in and is a product of broad participation.

Activity 2: Open community meeting

Open community meetings will be held with community member and through the forum, community members will be identified for selection and to be trained as PE's and supervisors.

This meeting shall be held to ensure that more community members are sensitized to the project and its implementation plans.

Activity 3: Selection of women and men of Reproductive age to be trained as Peer Educators

Using a set of criteria, such as acceptability among peers, respected ability to read and write readiness to volunteer among others, women and men of reproductive age will be selected from those identified during the open community meeting to be trained as peer educators.

Activity 4: Training of selected community members as PE supervisors

Five community members will be selected to be trained as PE supervisors. The supervisors will be trained over a 6-days period centrally. The supervisors will be provide direct support and supervision to the PEs at the community level and monitor the delivery of the peer sessions by peer educators.

Activity 5: Training of women and men of reproductive age as Peer Educators

Selected women and men of reproductive age will be trained on the delivery of the minimum package intervention over a 5-days period respectively. 28 selected women and 6 men shall be trained.

Activity 6: Conduct of peer sessions

On completion of the trainings, the trained PEs will reach 1250 Female and 250 Male of their pairs respectively through the conduct of peer session in which the minimum prevention package intervention shall be delivered. Each PE will meet in a cohort with 15 of their peers each per cohort for three cohorts over the life of the project. A total of 6 sessions shall be held per cohort over 3 months duration. Condoms will be distributed during the various peer sessions.

Activity 7: Community mobilization and awareness creation (community outreach)

Health and life will carry out rallies and introduce PMTCT community champion in intervention communities to sensitise the community members on the importance of early ANC, create avenue for dispute resolution and support on uptake of PMTCT by partners. Health and life will also leverage resources from SACA, FHI360 and SFH to provide for community HTC services during this activity.

Activity 8: Bi-Monthly Supervisory visits

A bi-monthly supervisory visit will be conducted by project staff for the provision of necessary support and guidance to the supervisors and PEs. The visit is also to spot check areas of gaps and possible errors for prompt correction and remedy.

Activity 9: Monthly data collection and review meetings

A monthly data collection and review meeting will be held during which all collected data are reviewed and collated in to the PITT register as part of preparation for reporting.

During the review meeting, emanating challenges and issues will also be discussed and resolved accordingly.

Activity 10: Quarterly Stakeholders review meeting

A quarterly stakeholders meeting will be held to provide details on progress, discuss challenges and for feedback purposes from the stakeholders. This forum will serve as an avenue to collectively chart a positive way forward in the project implementation and this will foster a sense of relevance, increased participation and ownership. Participants will be from LACA, SACA, TBA, Ministry of Health, PMTCT Sites, PE supervisors and opinion leaders.

Activity 11: Community Dialogue

A quarterly community dialogue meeting will be held at the targeted community to enhance the development of a community engagement/behavioural change strategy for PMTCT

It is also adapted to address any community-based issue that requires a local solution

This forum will help communities to achieve several goals:

- Help communities to identify local culture, norms and practices that are threats to PMTCT and open discussions on how to mitigate it.
- Assist communities to define realistic ways of creating more supportive environments for the prevention of HIV infection
- Assist communities to come up with more realistic support structures for PLWHA

Initial meeting will consist of community leaders traditional and elected leaders, youth, men's and women's group leaders, TBA, health workers, religious leaders.

Activity 12: strengthen referrals, drug adherence counseling and follow up

Health and life staff will work with the community response to strengthen referral systems by providing escort services to service delivery points, regular visits and phone calls to ensure drug adherence and follow up with client and service provider contact person for swift response to clients needs.

CO-ORDINATION AND COLLABORATION

To further strengthen our resolve and commitment to implement Community- Based PMTCT programs in target populations, the project team will and before now have collaborated and partnered with State SACA, Ministry of Health, Society for Family Health, UNICEF, 5 PMTCT sites in Yenagoa LGA (FMC Yenagoa, FSP Yenagoa, Comprehensive Health Centre, Agudama-Epie, Comprehensive Health Centre, Azikoro and NDUTH Okolobiri) and others, all to leverage resources for HTC, IEC, ITNs and referrals, where and when necessary in the course of implementing our programs.

MONITORING AND EVALUATION PLAN

The organization shall employ the use of the national tools for the delivery of PMTCT prevention services using the MPPI. These tools shall be both the hard copy PITT register and the electronic PITT. Other project specific tools as may be provided on the project shall also be put in to use. This shall be done as part of measures to monitor the project implementation in relation to meeting of the set objectives and performance indicators. The M&E officer shall work with the project coordinator and the program officer in monitoring the project implementation.

All reports shall be submitted as at when due and the data transmission process as contained in the national operational plan shall be followed.

The project has identified several performance indicators and their respective targets to be monitored over the project life as contained the M&E Plan attachment.

PROJECT MANAGEMENT PLAN

The Project shall be managed by a management and implementation teams to be precided over by the ED, which includes the selected community supervisor, the project Coordinator, the M&E Officer, Fiance officer and the program officer. They will meet monthly to discuss issues emerging from the project and plan for activities for the next month.

PROJECT PERSONNEL

The project shall be implemented and managed by a number of focal persons including the Executive Director, Project Coordinator, M & E Officer, Project Accounting Officer, Program Officer. A vast number of community-based volunteers will also support them.

The Program Coordinator and the Executive Director of organization will be responsible for liaising with the PROMOT Project.

Position Title	Level of Effort	Responsibilities
ED	20%	To provide overall guidance and support
Program coordinator	85%	She is the liaison officer for the PROMOT project. She will put in most of her time into the project and while 15% of her time will be for other project outside PROMOT
M&E Officer	50%	He takes lead of all M&E activities of the organization including PROMOT project
Finance Officer	55%	She is the organizations finance officer
Program. Officer	70%	He provides support to the coordinator on project activities
Office Assistance	30%	She supports in the administration work

PROJECT SUSTAINABILITY

To ensure that the project continues beyond the stipulated timeframe, the involvement and commitment of key Opinon leaders will be secured through advocacy for community involvement & ownership. In addition, an earlier built collaboration with the Local Government Areas Community Health Service Providers and high level of community involvement, and training of Peer Educators, CBOs and some community Influencers as PE Superivors they will continue providing support to their communities. A PMTCT community Champion will be institutionalised chaired by His Royal Highest Chief of the Epetiama Kingdom in Bayelsa State. Their capacity will be strengthened to maintain the drive for community based initiatives.