

# FACA HAF II

## Success Story



### COMBATING HIV TRANSMISSION TO CHILDREN - FACA HAF II

In 2011, the UN Secretary-General launched a new Global Plan to reduce HIV infections in children by 90 per cent by 2015 and to increase survival rates of pregnant women and new mothers who are HIV-positive. While service uptake is increasing, and new HIV infections among children are declining rapidly, progress must accelerate to meet the 2015 deadline.

#### Prevalence of Pregnant Women Who Are HIV-Positive

In 2013, an estimated 1.5 million pregnant women were living with HIV globally. Over 90 per cent of these women are concentrated in sub-Saharan African countries. According to the 2013 Progress Report on “The Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive”, Nigeria accounts for one third of all new HIV infections among children in the 21 priority countries in sub-Saharan Africa. The report says nearly 59,000 Nigerian children were infected with the virus in 2012, the largest number of any country. Progress here is therefore critical to eliminating new HIV infections among children in Nigeria.

**59,000** 

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

**10%** 

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

**8 out of 10** 

PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

**10%** 

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

**N**early all indicators assessed show stagnation and suggest that Nigeria is facing significant hurdles. Meeting the 2015 targets requires massive effort. However, the government has already taken a bold step to focus on the 12+1 states with the highest burden of HIV, which account for about 70% of new HIV infections. In addition, it is rapidly scaling up service delivery to stop new HIV infections among children and has embarked on an intensive state-focused data-driven decentralization initiative.

### HAF II Grant Implementation in FCT

One of the initiatives by the Nigerian government is the implementation of the HIV/AIDS Fund II (HAF II) Grant in the Federal Capital Territory of Nigeria which is one of the 12+1 states with the highest HIV burden.

The FCT Agency for Control of AIDS (FACA), in partnership with the World Bank and National Agency for the Control of AIDS (FACA) awarded 18 Civil Society Organisations contracts to implement the HAF HIV/AIDS Programme Development Project 2 (HPDP 2).

Health Initiatives for Safety and Stability in Africa (HIFASS) was contracted for 2 years as one of the CSOs to provide demand creation for Prevention of Mother-To-Child Transmission of HIV (PMTCT) amongst pregnant women and Maternal and Child Health (MCH) in 7 wards within the Federal Capital Territory. The project is expected to meet the needs of approximately 1790 beneficiaries within 4 LGAs in the FCT AMAC (Karshi, Orozo and Nyanya), Bwari (Ushafa), Gwagwalada (Dobi and Paiko) and Kwali (Kwali Central) by April 2016.

The implementation of HIFASS-FACA HAF II project started in June 2014 with advocacy visits to the community gatekeepers (Traditional rulers, religious leaders, Ward Development Committee Chairmen) of the 7 wards hosting the HAF II project to create a buy in for the project.

As part of the community entry activities intervention sites were validated, a survey was conducted to get baseline information on the utilization of MCH/PMTCT services provided by the Primary Health Centres across the 7 wards and community dialogue held to further engage with the communities and encourage active participation during implementation of the project.

The intensive phase of project implementation began with the selection and training of Ninety women as mentor mothers; they are residents of the 7 wards and have been pregnant before, gone through ANC and delivered their baby in a health facility. In addition, 44 traditional birth attendants were selected across project areas to provide referral services for ANC and deliveries.

Since the inception of the project, a total of one thousand one hundred and forty one pregnant women have registered for ANC at the PHCs spread across the 7 wards hosting the projects. HIFASS has recorded resounding success in project implementation which was attested to by the beneficiaries and facilities receiving referral from the project.

Till date over hundred (100) pregnant women have delivered in the PHCs located in the project areas and the counting is still on. One year into the project implementation, HIFASS has been able to meet 64% of the project target.

**44** BIRTH ATTENDANTS

**90** MENTOR MOTHERS

**PROJECT HAS REACHED  
1141 PREGNANT WOMEN  
IN THE FCT WITH ANTENATAL  
CARE SERVICES**

## IMPACT- Maternity Care: Right of All Women

**A**sia Suleman a Fulani lady in her early 20's, she first heard about Antenatal Care Services (ANC) from some women visiting her community early this year. These women happened to be Mentor Mothers in the Nyanya ward under the Abuja Municipal Area council (AMAC). The Mentor Mothers went round the ward encouraging pregnant women to access proper medical care during the period of pregnancy at approved health facilities. Eventually, one of the Mentor Mothers convinced Asia to attend ANC and went further to refer her to the Comprehensive Primary Healthcare Center Gidan Mangoro. Asia who could barely speak nor understand English soon registered at the facility. This was in February 2015; at the time she was 4months pregnant and had never used a health facility before then. During her visits to the facility, she got screened for HIV, Malaria and Packed Cell Volume (PCV).

On the morning of June 12, 2015, when Asia's labor pain started she went to the Health facility. Asia experienced some difficulties during delivery; the umbilical cord was coiled around the baby's neck in multiple coils. The mother of Asia who was present at her delivery stated that she was very happy her daughter was registered at the facility as she feared that the complications Asia faced

during delivery might have been worse if she delivered at home like other members of their families have all done in the past.

Mrs Mariam Shaibu a community health extension worker (CHEW) who has been working as a volunteer staff at the facility for 2 years was part of the delivery team for Asia. Mrs Shaibu testified to the increased use of the health facility by pregnant women since the inception of the program.

“Getting pregnant women to use the facility is difficult; our experience with the Fulani's is particularly tougher. Counselling them to come to hospitals is hard, even when they come; to touch them is almost impossible. But Mentor Mothers have made things a lot easier, they bring them in and thankfully the program gives some gift to the new mothers so that is also encouraging for pregnant women. This program doesn't just help with ANC but also post natal service, because after birth they are introduced to family planning, immunizations and other service.”

Asia was presented with her baby pack as incentive for health facility delivery. Her parting words to HIFASS were “Na godeYagidadi“(Thank you, I am happy)



Mrs Julian Aregbeye-Matron, Asia Suleman- New mum and Mrs Mariam Shaibu (CHEW)

PHOTO CREDIT: Omatsola Oritsejafor – Communications Manager, HIFASS

## IMPACT- Mentor Mothers are gifts from God

**G**race David first met Mentor Mother Abigail Moses in December 2014. This was her first pregnancy, and she was surprised to find someone who would talk to her about services for pregnant women in her area the outskirts of Abuja.

Grace speaking-I was 5months pregnant when Abigail referred me to Karshi General Hospital. I used the ANC services all through the remaining period of my pregnancy.

While I awaited my delivery day, one day, during a church service my prophet saw a revelation for me and said I shouldn't have my baby in the hospital but at home. I was comfortable with that because there was a man in the area where I lived (Orozo, Akwansariki) called Dr Yakubu, he was a patent store man who would deliver pregnant women at home.

On the 22<sup>nd</sup> of April 2015 at about 9am, I started experiencing a lot of pain so I decided to meet a midwife in the area, I explained the way I was feeling and she said it was labour pains and asked me to go to the hospital. But I didn't because I remembered what the prophet told me and so I went back home. All day long I was in pain. At

about 7pm my husband called Dr Yakubu, he came immediately and started the delivery process, he gave me some injections which made me vomit, he also gave me a hot drip and he kept saying I should push but the baby wouldn't come out.

At about 10pm Dr Yakubu said the baby's position had changed and that he was coming out with his waist. He then asked for my previous scans, I said it was in the hospital where I registered. He then said I had to go there to deliver that it had become too complicated for him. My sister in-law quickly called the Mentor Mother (Abigail). She arrived quickly assisted me to the hospital.

Mentor Mother Abigail cared for, respected, listened to and supported Grace during her pregnancy. In fact, she built such a bond with her that when she finally delivered at Karshi General Hospital, she asked for Abigail to be there. After Grace was attended to in the hospital Baby Seth David was born on the 23<sup>rd</sup> of April 2015.



Mentor Mother Abigail Moses with 6 weeks old baby Seth and his mum Grace David

PHOTO CREDIT: Omatsola Oritsejafor – Communications Manager, HIFASS

## IMPACT- Mentor Mothers in Gwagwalada L.G.A (Paiko and Dobi Wards) going the Extra Mile

**T**here are 25 mentor mothers working in Gwagwalada LGA within 2 wards, Paiko and Dobi. These Mentor Mothers have gone extra miles to get pregnant women to use ANC services. The Mentor Mothers have to encourage the pregnant women by using their own resources to get the pregnant women to the clinic, and the nurses also help the mentor mothers with some transportation fare to increase antenatal attendance by pregnant women. To further encourage pregnant women, each Mentor Mother contribute 500naira monthly to buy prescribed routine drugs for pregnant women, they include Paracetamol, Bcomplex, Folic Acid and Fersolate. Health workers at the Rural Health Centre Dobi have testified that there has been an increase in uptake of services; before the program started very few pregnant women came for ANC, but now with the mentor mothers mobilizing pregnant women they

have an increase in demand for ANC services. This has helped the to create awareness about the services available in the PHCs located in the community. Also, there is improvement in clinic attendance by pregnant women.

“We encourage pregnant women by speaking the local language and coming with them to the clinic. I have to wait and make sure they have all their tests done; when the result is out I continue to follow up with the pregnant woman I referred because if the result is not good they get discouraged and do not want to bother coming. We then have to convince them further.”

*Paiko Ward-Hajiya Rakiya*



Mentor Mothers in Gwagwalada LGA

PHOTO CREDIT: Omatsola Oritsejafor – Communications Manager, HIFASS

By April 2016, HIFASS would have exceeded the project target. Success stories from project implementation showed that HIFASS is not just surpassing set target but its bringing smiles to faces, improving living conditons, saving lives and mobilizing communities towards ownership and sustainability of health projects. We are proud to be able to say that Asia and Grace are just two of many women who have been beneficiaries of antenatal care, and built rapports with Mentor Mothers that they have asked for them to be at the delivery. We are prouder still that our Mentor Mothers, time after time, give extra time, and make themselves available to support pregnant women in this way.