



# Mobilising community cadres to improve the paediatric HIV response

■ ■ Results and best practices from the Lafiyan Yara community-based project in Nigeria

## Lafiyan Yara in Nigeria

Taraba state, Nigeria has an HIV prevalence of nearly 3%, the highest in the northeast geopolitical zone. The rate of antenatal care attendance is 44.5%, one of the lowest in the region. Drivers of the HIV epidemic include low levels of awareness about vertical transmission and HIV in general, norms that promote multiple concurrent sexual partnerships and perceptions of low risk. Girls start having sex at the age of 12, which contributes to a high rate of teenage pregnancy in the state.

The Lafiyan Yara (“wellbeing of children”) project is a community-based response to paediatric HIV run by the Society for Family Health Nigeria. It adapts and builds on integrated community case management models used to respond to malaria and other health issues, to respond to paediatric HIV. The project harnesses three cadres of community mobiliser who prevent new infections through eliminating vertical transmission and identify children living with HIV as early as possible so they can be linked to care and supported to live healthy lives. Lafiyan Yara was implemented between 2019-2022 in eight local government authorities in Taraba state with support from Aidsfonds.

### What is the Kids to Care model?

The Aidsfonds Kids to Care model empowers communities to strengthen the links between communities and health facilities to find, test, treat and retain children, and pregnant and lactating mothers, living with HIV in care.

### The Kids to Care model is built on the following foundation principles:

- ◆ Community-owned and community-led
- ◆ Builds on existing community structures
- ◆ Child and family centred
- ◆ Builds on government frameworks and policies
- ◆ Key stakeholders are meaningfully involved from the beginning
- ◆ Interventions are informed by data
- ◆ Committed to sustainability and long-term support

## Lafiyan Yara project interventions

The Lafiyan Yara project is built on the Kids to Care model, using the four stages of find, test, treat and stay, where early detection of HIV can reduce infant, child and maternal mortality. To facilitate early detection of HIV, community-level mobilisers for health are engaged to conduct effective case identification and linkage to care.

To **find** children, pregnant and lactating women living with HIV (stage 1 of the Kids to Care model), the Lafiyan Yara project identifies three cadres of community mobilisers who had been underutilised in the HIV response and provided a vital untapped resource for case identification and linkage to care. In Nigeria, there are patent and proprietary medicine vendors who are community-level lay-pharmacists; traditional birth attendants, who are known and trusted by many pregnant women; and village health workers who are the health cadre that operate at the community level through the government health system. As Nigeria's health system is weak, leveraging community cadres greatly increased the opportunity to identify and refer people living with HIV for services. All three cadres of community mobilisers were trained to identify, refer, link and track pregnant women and children living with HIV into care and treatment.

The community mobilisers referred children, pregnant and lactating women to trained and supervised health providers for **HIV testing** (stage 2 of the Kids to Care model). Those testing positive were immediately initiated on antiretroviral **treatment** (stage 3 of the Kids to Care model). The Lafiyan Yara project invested heavily in improving linkages between community and facility healthcare providers to facilitate referrals and holistic care for families.

As a way to support **retention in care and treatment adherence** (stage 4 of the Kids to Care model), the Lafiyan Yara project integrated Village Savings and Loans Associations into their work in 2021. This addressed challenges families faced with economic poverty and lack of access to adequate nutrition. Village Savings and Loans Associations are a form of savings and loans group where members contribute regular savings and take rotating loans to invest in small businesses and income-generating activities.



## Impact of the Lafiyan Yara project

The endline study of the Lafiyan Yara project, conducted in December 2022, found that in the intervention local governments areas of Bali, Gashaka, Jalingo and Zing, the percentage of women referred for HIV testing services increased from:

- 16.9% to 87.7% through support from trained traditional birth attendants
- 17.3% to 79.7% through the support of village health workers
- 25.9% to 36.4% with the support of patent and proprietary medicine vendors
- 9.3% to 80.0% using a combined approach.

In the control local government area, the percentage of women referred for HIV testing services decreased from 17.5% to 12.4%.

A study of the project's cost-effectiveness found that the combined model working with patent and proprietary medicine vendors, village health workers and traditional birth attendants was the most cost-effective approach. On average, this approach cost US\$33.53 per pregnant woman, compared to the traditional birth attendants approach costing US\$48.70 per pregnant woman, the village health worker approach costing US\$101.26 per pregnant woman, and the patent and proprietary medicine vendors costing US\$87.49 per pregnant woman.

The project has had numerous impacts during the implementation period – from 2019 to 2022:

- The project mobilised 122,181 pregnant and lactating women and provided them with health education on HIV prevention, referral to a healthcare facility for HIV testing services and antenatal care.
- A total of 117,338 pregnant women were tested for HIV and 698 were confirmed HIV positive. 665 started antiretroviral therapy.
- 334,109 children and adolescents were mobilised for testing, of which 323,761 tested for HIV and 459 were found to be HIV positive. 431 children commenced treatment at the time of diagnosis.
- 109 early infant diagnosis samples collected for infants 0-12 months showed a negative result while two results were positive for HIV infection.
- Almost all identified positive clients started treatment (99.3% of positive pregnant women; 94.2% positive children).
- The project contributed to increased knowledge of HIV transmission, prevention, and risk among project participants through community outreach and sensitisation. In particular, participants had a better understanding of prevention of vertical transmission and how to reduce risk for infants.

The percentage of positive test results was lower than expected in Year 1 of the project (0.76% for pregnant women; 0.14% for children <15 years). Therefore, index testing<sup>1</sup> was strengthened in Year 2 to improve case identification (2.5% for pregnant women and 2.0% for children <15 years). Village Savings and Loans Associations provided support for 30 mothers and caregivers to improve their income. Twenty-eight of the 30 women were able to start small businesses, which have enabled them to stay in care. This enabled them to access ongoing care and treatment by facilitating transport to the health facility, and helping them provide adequate nutrition in their households.

<sup>1</sup>Index testing is an approach whereby the exposed contacts of an HIV-positive person are notified and offered an HIV test.



## Lessons learned and best practices from the Lafiyan Yara project

- ✓ Mobilising multiple community-based cadres yields the highest rates of case identification and the highest level of cost effectiveness. The combined model of traditional birth attendant, village health worker and patent and proprietary medicine vendors had the highest cost effectiveness and the highest increase in women referred for HIV testing services. Cost effectiveness was determined by the cost per referral to HIV testing services through each of the different models.
- ✓ Index testing using community-based cadres leads to finding more children and pregnant women living with HIV. An improved index testing model (utilising Ministry of Health index testing protocols) improved the positivity yield from (0.76% for pregnant women; 0.14% for children <15 years to 2.5% for pregnant women and 2.0% for children <15 years).
- ✓ Strong working relationships with the government. Society for Family Health Nigeria developed strong relationships with the government to build the community-clinic collaboration and ensure that the referral systems would be effective. These relationships created opportunities for advocacy where there were weaknesses in the government system, such as:
  - ✓ Inconsistent supply of HIV test kits in health facilities. Most of the supply of HIV test kits is provided by implementing organisations and donors and these supplies are not consistent. Society for Family Health Nigeria advocated with the government for a more consistent supply and less dependence on donor funding for HIV test kits.
  - ✓ Early infant diagnosis has a long turnaround time leading to anxiety for parents and reduced willingness to test. Society for Family Health Nigeria have advocated for improvements in early infant diagnosis testing and more timely results for families.

## What's next for the Lafiyan Yara project?

The Lafiyan Yara project will continue with secured funds and resources from Aidsfonds, ViiV Healthcare and the Federal Government of Nigeria for the next three years. This extension will focus on mapping and equipping traditional birth attendants to identify and link HIV positive pregnant women with health facilities and will continue to provide services in hard-to-reach communities using the Lafiyan Yara model (find, test, treat, retain) in Taraba state, working to end new infections by 2030.



## About Society for Family Health

[Society for Family Health](#) is a Nigerian non-governmental organisation working on health system strengthening and market approaches to improve access to high quality healthcare for all Nigerians. The organisation leverages over 30 years of experience and thought leadership in community-level interventions and policy engagement to strengthen health system service delivery.

## About Aidsfonds

[Aidsfonds](#) is a non-governmental organisation based in the Netherlands that is working to end AIDS by 2030. Aidsfonds works with community partners in regions most affected by HIV and AIDS, to accelerate and strengthen efforts to meet this goal, ending deaths from AIDS and ending new HIV infections. A critical component of this is to improve paediatric HIV and prevention of vertical transmission services. Aidsfonds together with community partners, cocreated the [Kids to Care model](#) as a key strategy toward their goal to see the end of AIDS by 2030.