



BUILDING LOCAL CAPACITY AND STRENGTHENING HEALTH SYSTEMS



SUCCESS STORIES FROM EIGHT YEARS OF IMPLEMENTING THE
PREVENTION AND ORGANIZATIONAL SYSTEMS - AIDS CARE AND
TREATMENT PROJECT (PRO-ACT) IN EIGHT STATES OF NIGERIA



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Photo by Gwenn Dubourthoumieu

Acknowledgements

This product is made possible by the generous support of the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) under Cooperative Agreement No. AID-620-A-00-09-00013-00. The contents are the responsibility of the Prevention and Organizational Systems - AIDS Care and Treatment (Pro-ACT) project in Nigeria and do not necessarily reflect the views of PEPFAR, USAID, or the United States Government. Pro-ACT also acknowledges the support of the Government of Nigeria, especially the Federal Ministry of Health (FMoH), National Action Committee on AIDS (NACA), civil society organizations, health facilities and their served communities, as well as collaborating private sector partners.

Management Sciences for Health especially wishes to thank its implementing consortium of international and Nigerian partners.

MSH also wishes to acknowledge the numerous contributors to the content and photographs contained in this report. *Photos are for illustrative purposes only; the people depicted in these photos do not necessarily have HIV or other diseases referenced in the text, nor are they necessarily the subjects of the story.*

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
HIV	Human Immunodeficiency Virus
HTC	HIV testing and counseling
IGA	Income-generating activity
LMS	Leadership, Management and Sustainability (project)
LTFU	Lost to follow-up
MSH	Management Sciences for Health
MTHCM	Monthly Town Hall Cluster Meeting
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider-initiated counseling and testing
PLHIV	People living with HIV
PHC	Primary health facility
Pro-ACT	Prevention and Organizational Systems - AIDS Care and Treatment Project
PMTCT	Prevention of mother-to-child transmission
OVC	Orphans and vulnerable children
SLA	Savings and Loan Association
VSLA	Village Savings and Loan Association

Introduction



HIV positive couple (Mallam Sule Bagobiri and his wife, Bilkisu, with their 2.5 year-old girl who tested negative for HIV twice at an MSH supported health facility in Gusau Zamfara State.

MSH's Leadership, Management and Sustainability Program (LMS) is a global five-year USAID funded cooperative agreement that was designed to develop leadership and management skills at all levels of health care organizations and programs to effectively address change and improve health outcomes in the areas of family planning, reproductive health, HIV and AIDS, infectious disease, and maternal and child health. In Nigeria, the LMS Program implemented the Prevention and Organizational Systems - AIDS Care and Treatment Project (LMS Pro-ACT), a PEPFAR-funded associate award with the goal of building the capacity of Nigeria's public, private, and community sectors for sustainable HIV, AIDS and Tuberculosis (TB) prevention,

control, care, and treatment. LMS Pro-ACT began operations in July 2009 taking over from the AIDS Care and Treatment (ACT) project that started in October 2007. Up to July 2013, Pro-ACT supported six state governments in Kogi, Niger, Kwara, Kebbi, Adamawa, and Taraba states, and operated 30 comprehensive HIV and AIDS treatment centers.

Pro-ACT received a modification in August 2013 which changed its geographical focus to the five states of Niger, Kwara, Kebbi, Sokoto, and Zamfara, making a total of eight states since the start of the project. In August 2015 the project was extended to November 2016. The project supports 41 comprehensive HIV and AIDS treatment centers, with its main office in Abuja, Nigeria. Pro-ACT is decentralized to the state government level and has offices in each of the five states that bring technical support closer to the areas of greatest need.

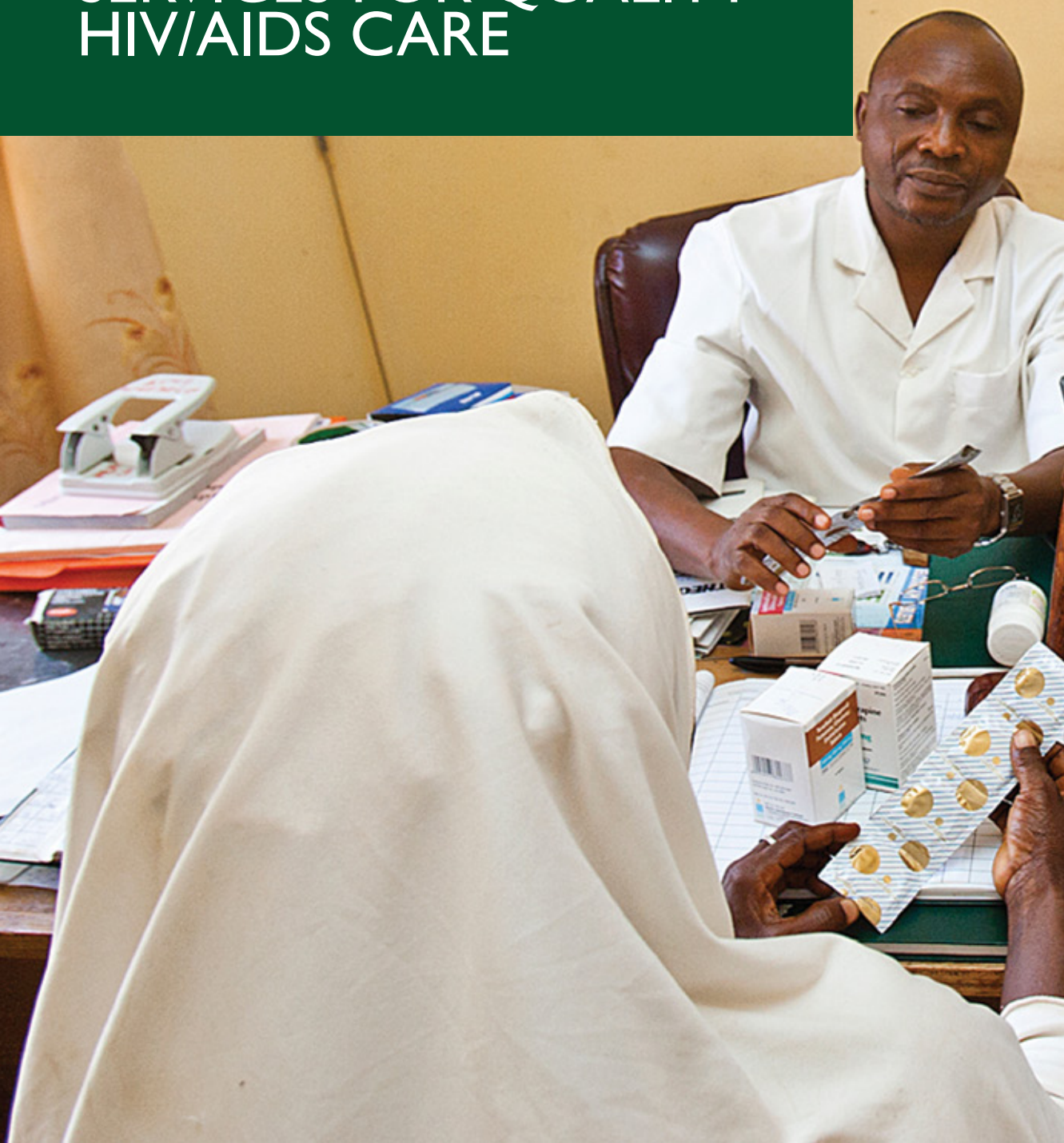
Throughout the life span of the project, thousands of beneficiaries including children from the eight implementing states have had access to comprehensive services along the continuum of care, involving both public and private health care providers, local nongovernmental organizations (NGOs), community-based civil society organizations (CSOs), volunteers, and religious and other community leaders. Thus far, these interventions have improved the performance of health providers and reached thousands of clients with a wide range of care and treatment services for HIV-infected and affected people and their families.

The stories presented in this booklet are a selection of stories of change. They are stories about different individuals in the project states and how they have been impacted, in different ways, by the partnership between MSH Pro-ACT, the donor; the Nigerian government, state governments and the community.

“My wife and I are happy that our little girl remains HIV negative as we went through the process of prevention of mother to child transmission at Federal Medical Center Gusau, where both of us are receiving care and treatment. We are also active members of Trust Support Group, which gives us the opportunity to learn more about positive living.”

—Testimony by Mallam Sule Bagbiri

PRO-ACT SUPPORTS AND BOOSTS INTEGRATED SERVICES FOR QUALITY HIV/AIDS CARE





From Emergency to Sustainability: Pro-ACT's integration of HIV care clinics within existing medical outpatient clinic services improves quality of care in Nigeria

ADAMAWA STATE, NIGERIA.



A radiantly healthy Patricia Kilobsy testifies in front of the Specialist Hospital Jalingo ART site where she receives treatment.

In an environment where less than 40% of patients requiring anti-retroviral (ARV) therapy enjoy the benefit of treatment, access becomes a priority. To increase access to life-saving ARV treatment, Management Sciences for Health's Prevention and Organizational Systems - AIDS Care and Treatment (Pro-ACT) project initiated an HIV-care clinic model in supported hospitals in 2008. To promote ownership and sustainability, in February 2010, Pro-ACT and the hospital management teams started integrating parallel HIV-care clinics within existing medical outpatient clinics. As a first step, facility multidisciplinary teams were re-oriented in project-supported hospitals, the paper-based

client appointment system was strengthened, and the triaging of patients was improved with the adoption of non-specific clinic days for HIV-positive clients. Also the HIV medical records system was harmonized and co-located within the existing records unit. All HIV-positive clients subsequently accessed care and treatment services daily with other patients at the general outpatient clinics.

In September 2010, Pro-ACT evaluated the effect of this integrated approach on the quality of services and client retention in five-supported hospitals in Adamawa State. A before and after design was employed and routinely collected monthly data was analyzed in two different time-spans. The first tranche of data (Time 1) covered the period from July 2009 to February 2010, while Time 2 covered March to September 2010. Analysis revealed that integration of the HIV clinic in the five supported sites in Adamawa state led to an increase in clients who had baseline

CD4 evaluation from 67% to 73%. Clients newly initiated on ART per month increased from 67% to 83% during the same period. Average time spent running the clinic and invariably waiting time for clients also reduced from eight hours to five hours and clients lost to follow up (LTFU) reduced from 47% to 37%.

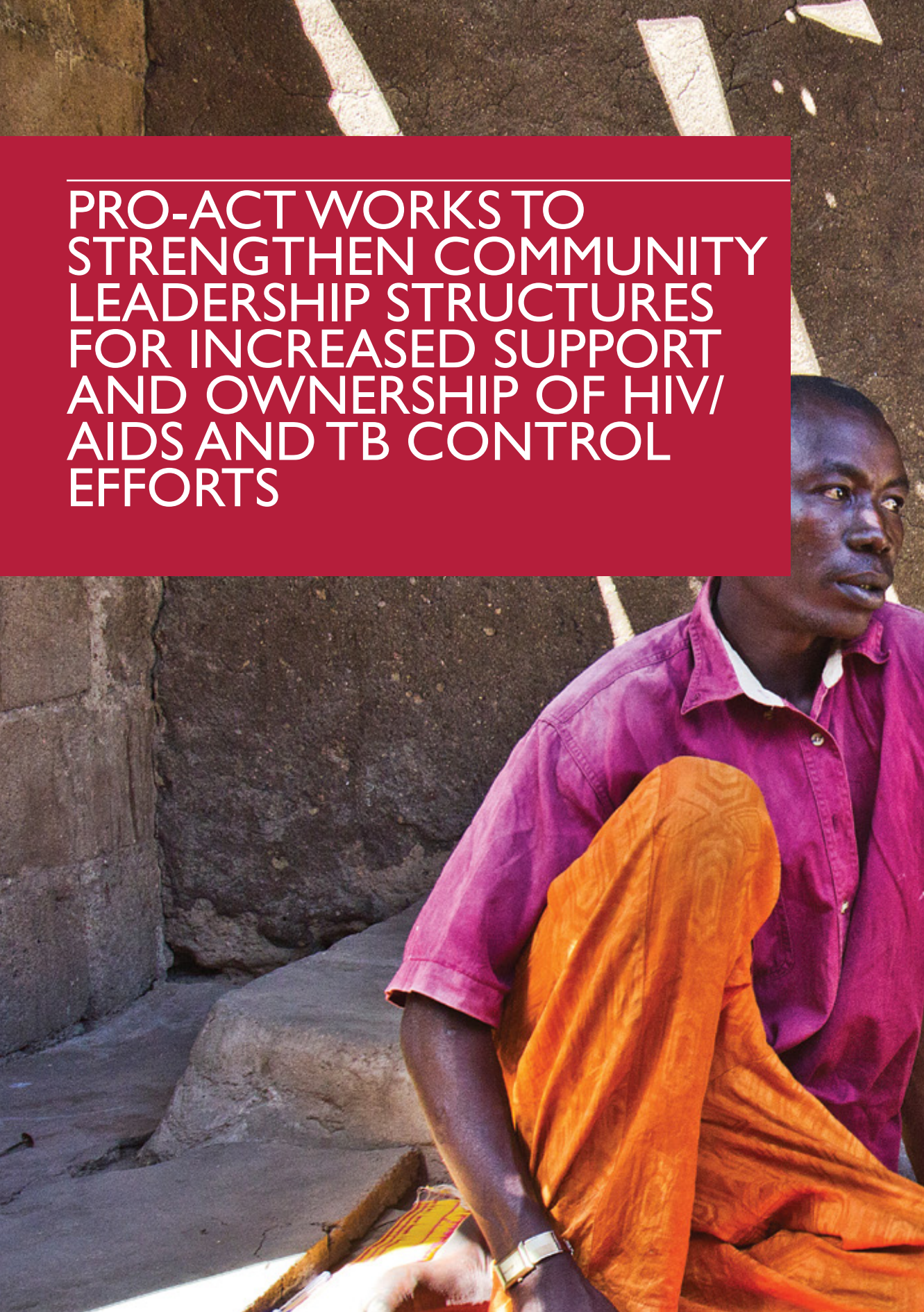
One client who benefited from the integrated services, Miss Patricia Kilobsy, affirms that treatment in an integrated ART facility provides greater privacy and confidentiality:

"Unlike the era when fingers were pointed at us (people living with HIV (PLHIV)) for attending a separate ART clinic - today, I walk majestically into the facility (State Specialist Hospital Jalingo) with fellow clients. The doctors and nurses there routinely attend to every patient regardless of their health problems. Also, we share the same clinic days with other patients, and cue up at the same pharmacy for drug refills. The fact that nobody is bothered by my presence has greatly motivated me to regularly keep my hospital appointments. This has helped me feel very normal and to live a happy life."

— Patricia Kilobsy

Patricia's testimony affirms that Pro-ACT's integration of services gives a more human face to HIV service provision, thus de-stigmatizing positive clients by attending to them along with the general population and encouraging increased attendance. The results demonstrate that an integrated approach to HIV chronic care improves access to quality ART services and enhances client retention.

PRO-ACT WORKS TO
STRENGTHEN COMMUNITY
LEADERSHIP STRUCTURES
FOR INCREASED SUPPORT
AND OWNERSHIP OF HIV/
AIDS AND TB CONTROL
EFFORTS





Baby J: Thriving with support from his community

KOGI STATE, NIGERIA.



On the left, the day Baby J was first seen weighing eight pounds and on the right, after treatment and nutritional support.

Baby J's story of illness and family tragedy is an unfortunate reality in rural Nigeria, but thanks to support from USAID, Management Sciences for Health (MSH), and most importantly, from his own community, the story of his survival and ability to thrive is also becoming a reality for more and more families.

When Baby J's grandmother brought him to the USAID-supported clinic in Kogi State, Nigeria, where MSH has been working since November 2007, he was four months old but so ill and malnourished that he weighed less than many newborns. His mother had died of

AIDS-related illnesses just one week after his birth. Although Baby J's grandmother had previously been making an adequate living as a merchant, her daughter's illness and subsequent death had depleted all her financial resources, thrusting her into poverty and leaving her unable to provide for her grandchildren, Baby J and his three siblings.

Fortunately for Baby J and his family, the clinic that his grandmother brought him to offers not only free HIV counseling, testing and treatment, but also an MSH-initiated group that serves as a forum for members of the community to come together and provide support, particularly to orphans and vulnerable children (OVC.) The clinic staff was able to address Baby J's clinical issues, by treating his cough, oral thrush, and the HIV virus that he was found to be carrying. However, the support did not stop there, his economic and nutritional status were given just as much attention. The clinic staff worked with the community members to make sure that Baby J received immediate nutritional and financial support. The same day he was brought in they organized a fundraiser and were able to provide the family with almost 10,000 Naira (\$31 US) and tins of milk. Through a partnership with a local organization called the Local Action Committee on AIDS, Baby J receives a free supply of infant formula. The community was even able to identify a

local benefactor willing to provide longer term support to the grandmother that will benefit the wellbeing of the whole family. A community volunteer and two clinic nurses provided nutritional training, as well as regular follow-up home visits.

Rashidat Mamuda, the Kogi State Palliative Care Specialist for MSH's AIDS Care and Treatment (Pro-ACT) Project said that:

“(Baby J) has become a source of hope and motivation on care and treatment success to other patients and the staff of the hospital.”

— Rashidat Mamuda

Town hall cluster meetings improve support to Primary Health Centers in Nigeria

NIGER STATE, NIGERIA.



Matron Adama Dantsoho (centre), Suleja MCH Coordinator addressing PHC representatives during the PMTCT Cluster meeting at PPFN Clinic, Suleja.

Efficient HIV service-provision requires effective supervisory support, especially at the primary health center (PHC) level. In Nigeria, challenges like coordinating the large number of PHCs per state, the long distances from coordination points to PHCs, human resource limitations, and the complex logistics of supervising hard-to-reach areas, impede local government capacities to effectively support the centers.

Yet, PHCs can be key drivers of state health responses, especially for HIV counseling and testing (HCT), and the prevention of mother to child transmission of HIV (PMTCT).

To strengthen PHC supervision of HIV service provision, the PEPFAR-USAID funded project, Pro-ACT, adopted an innovative approach – a Monthly Town Hall Cluster Meeting (MTHCM) – held in selected PHC sites. The project, which is implemented by Management Sciences for Health (MSH), is operational in Kebbi, Kwara, Sokoto, Zamfara and Niger States, where it is rolling out the MTHCM process. The meeting is a monthly activity supported by Pro-ACT in each state it supports. The PHCs are clustered along Local Government Area (LGA) lines, with a cluster of about five to twenty PHCs (spokes) feeding into a much larger and geographically central PHC called the hub. The criteria for selecting PHCs as hubs include: high client-load in the facility, proximity from other PHCs, and technical capacity of staff.

Pro-ACT coordinates this activity through LGA AIDS Coordinating Agency (LACA) focal persons who are directly responsible for HIV work in PHCs, to ensure government ownership and sustainability. The LACA officials invite PHC focal points who assemble at the PHC Hub on meeting days, with state Pro-ACT teams represented. The meetings started in November 2013, and had started yielding fruit by early 2014.

Sharing her experience about the benefits of the monthly meeting to health community workers (HCW) and clients, Asiya Isah, Deputy Focal Point, PMTCT at the Base Medical Centre, Suleja, Niger State says “the women now have free and quality healthcare within their reach. On our part, we now know the precautions needed to be 100% free from any risk of being infected as we deliver [HCT, birth-delivery and PMTCT] services to them.” For Hajiya Adama, Maternal and Child Health Coordinator, Suleja LGA, the cluster meeting has helped to improve HIV services as health workers now “meet as a group to discuss problems from PHCs and find solutions to them collectively. We also check our registers to ensure data is entered correctly.”

“The women now have free and quality healthcare within their reach. On our part, we now know the precautions needed to be 100% free from any risk of being infected as we deliver [HCT, birth-delivery and PMTCT] services to them.”

— Asiya Isah



MSH HIV/AIDS INTERVENTION BRINGS HOPE FOR HIV PATIENTS

*Join the fight,
win the battle against HIV*



Fatima rising: HIV positive woman empowered and thriving on a micro credit loan

NIGER STATE, NIGERIA.



Fatima wraps bean cakes for a group of eager customers

HIV-positive women in Nigeria bear a disproportionately high burden of care for infected persons in their communities, with far-reaching impact on their health and economic wellbeing. HIV/AIDS interventions increasingly include income-generating opportunities in support programs. This economically empowering support is critical for female members, who often constitute up to 80% of support groups. Groups supported by the MSH Pro-ACT project have now formed Savings and Loan Associations (SLA) and registered them with the State Ministry of Commerce as Cooperative Societies. For female members, frequently the primary care givers for their families and caregivers for other infected people while coping with their own infection, the positive impact of these programs is significant.

Fatima – a subsistence farmer, and one of three wives in a home affected by HIV, is one such beneficiary. Fatima and her husband tested positive in 2008. Fatima is dedicated to receiving treatment and participating in support group activities, however, financial challenges were hard on the family.

Fatima was determined to empower herself by engaging in income-generating activities, and was fortunate enough to be a member of a support group providing this opportunity. Thirty five HIV-positive women living in Mokwa Local Government Area, Niger State have benefitted from this program, with loans ranging from N 3,000 to N5,000 (\$9-\$15). Attendance in the program increased from 45 people in April 2010 to 210 people by April 2011. The SLA intervention was a timely one for Fatima. She had knowledge of bean-cake baking and applied for a loan of N3,000 (about \$9) to buy cooking utensils, groundnut oil and beans to supplement yams from her farm.

Fatima cleared a small piece of land opposite her residence and set up trade. With her dedication and enthusiasm, her business is booming. She now aims to rent a shop close to her house so she can also sell household items.

Excited by her new sense of empowerment, Fatima proclaims:

“I will say there is nothing wrong with me. In fact, I am living better and so happy. I am glad that after testing, none of my three children has the disease. The nurses have been so wonderful, always helping us, and the volunteers treat us like family members. My life has changed from not knowing how to take action or think of what to do, to being a role model for my peers. My husband has been supportive. Now I do less farm work and make more money from selling these ‘Akara,’ ‘doya’ and ‘dankali’ (bean-cakes, fried yam and potatoes), so that my children will not suffer. The hospital staff even come to buy from me and other women can learn from me. I always take my drugs, from the day I was pregnant and tested positive and my husband was tested positive...but see my son, healthy and running around and look at me, I am not sick!”

— Fatima

Sacked, Stigmatized HIV-Positive Mother Reinstated: Giving women a voice through PMTCT outreach in rural Nigeria

ADAMAWA STATE, NIGERIA.



Aminat Tijjani, 32-year old single-mother of one, works with a federal institution in Adamawa State. She tested positive for HIV in September 2011 while six months pregnant. She also developed a severe cough and requested permission from her supervisor to go for a sputum test. Unfortunately, information about the possibility of her being HIV-positive leaked, leading to stigmatization by her colleagues and ultimate termination of her appointment. Aminat's husband had abandoned her early in

pregnancy, consequently her job as a Junior Community Health Extension Worker was her only source of income, with a monthly wage of N10,000 (about \$1 per day).

After her unceremonious termination, Aminat was denied access to work-facilitated accommodation and was homeless until she was taken in by a neighbor, who housed her for some weeks. Heavily pregnant and feeling rejected, she recalls being frustrated and stressed to the point of premature delivery on October 17, 2011.

Fortunately for Aminat she lives in Bazza, one of eight communities which benefited from prevention of mother to child transmission (PMTCT) outreach conducted in Michika, Adamawa State, in September 2011. Sponsored by the USAID-funded Pro-ACT project, the outreach targeted pregnant women and nursing mothers with the aim of preventing HIV infection in women and mother to child transmission. It also aimed to provide access to appropriate treatment, care and support for infected mothers, their infants and families.

The Pro-ACT-driven outreach was supported by religious and other community leaders, and led by State Primary Health Care workers who helped identify schools where it was carried out. About 975 people (all women) were reached. Nine (1%) of 915 pregnant women tested for HIV were found positive, including Aminat, who was subsequently supported by the team.

Having established contact with her, the MSH Adamawa state team discovered Aminat's impoverished situation, later compounded by job loss. The team organized an advocacy visit to her former workplace where a case was made for her; following which she was reinstated in November 2011. Donations were also made by the MSH state team and institution authorities to procure drugs, provisions and a bag of rice, among other supplies for Aminat. Towards the end of her pregnancy and immediately after delivery, she was administered PMTCT prophylaxis and encouraged to breastfeed in line with current protocols. Despite his premature delivery, baby Yohanna is healthy today, and has so far tested negative.

"Almighty God will bless you! You are our angels and my baby is an MSH baby," stated a tearful Aminat, weeping for joy during a post-delivery Pro-ACT visit. She named her baby Yohanna, after the Pro-ACT Clinical HIV/ AIDS Specialist, Yohanna Oluwatobi Adebayo. She focuses now on her child's survival with a renewed sense of optimism though living with HIV.

"Almighty God will bless you! You are our angels and my baby is an MSH baby."

— Aminat Tijjani

Esther Joshua—From Hopelessness to Fulfillment: A life dedicated to living positively serving people living with HIV/AIDS

ADAMAWA STATE, NIGERIA.



Esther facilitating a Support Group Meeting in General Hospital Michika

Esther Joshua volunteers with the Pro-ACT project-supported site in Michika, Adamawa State, Nigeria. She was drawn to volunteer work by a profound life-changing experience in 2009.

"I began to question my status when my husband Pizhe slumped in his work place, was rushed to hospital and had a positive HIV test marking the beginning of our ordeal. I was very scared during this period, though I managed to get some counseling on behalf of Pizhe who could no longer talk at that point. The counselor encouraged me to get tested myself, and I found out to my chagrin that I

was also positive. I had the dual burden of taking care of my sick husband while grappling with my newly discovered positive status." Yet she was undeterred. Two things saw her through this initial trying period: the fact that she was well exposed to information on AIDS from her work in a primary healthcare center; combined with her inner strength, courage and determination. Today, Esther stands at the core of HIV support activities in her community in Michika.

She recounts the humble beginnings of what was to grow into a large movement:

"I was not placed on ART immediately due to my high CD4 count, but I noticed the large number of people gathered for drug collection whenever I came to collect my husband's drugs. I spoke to them one day, explaining that unity is power: they could form a group to help them face the challenges that might come their way during treatment. After much hesitation, they agreed. This was how the support group meeting came to existence in Michika. I started by

single-handedly running it in my house with the low salary I was earning, cooking for them at each meeting until a strong group was formed. In the meeting, we discussed the major problems we encounter from stigma to discrimination to drug collection. We named the group “Living with Hope Support Group”, and I am currently its head.” Esther is also head of her household, taking care of four children (all HIV-negative) along with her husband who became paralyzed after an incident of stroke.

She states that as one wearing the shoe, she knows precisely where it pinches: “I used my experience to help other people going through the type of trauma I suffered.”

On encountering MSH providers in General Hospital, Michika, she quickly identified with the organization, consenting to become a Pro-ACT volunteer. She was trained in various thematic areas, like provider initiated counseling and testing (PITC), home based care and community based care for both orphans and vulnerable children (OVC) and PLHIVs. Today, Esther is rendering selfless service in General Hospital Michika, where she personally counsels and tests more than one hundred persons per week. She also helps in tracking ART defaulters without remuneration and is involved in Pro-ACT community outreach programs, including support to OVC schooling. The less privileged always find comfort in her home and in all she does, her family comes first as her husband affirms.

Indeed Esther is an example of hard worker, who sees challenges and turns them into blessings. She feels indebted to MSH for its support, explaining “after my husband and I were diagnosed with AIDS, I thought that was the end of my children’s education.” She feels overwhelmed that they are all in school today thanks to the volunteering stipend she collects.

A “very big thank you” she shouts to MSH; “may God reward and bless you all!”

“I used my experience to help other people going through the type of trauma I suffered.”

— Esther Joshua

PLHIV Economic Empowerment: The story of Ronke

KWARA STATE, NIGERIA.



Ronke Taiwo (not her real name), is a 45-year old woman who lives with her husband and five children in Omuaran, Irepodun local government area in Kwara State, Nigeria. Ronke and her husband manage a mini patent medicine shop and earn about 2,000 naira (\$6) per month. Supporting her family on this income has been difficult. Ronke is HIV positive and a member of a support group in Kwara called Alaafia Tayo, meaning "There's joy in good health", supported by the PEPFAR-USAID funded Prevention and

Organizational Systems - AIDS Care and Treatment (Pro-ACT) project.

To economically empower people living with HIV who are members of the support group, Pro-ACT selected Ronke and three other women from the support group and trained them on how to set up and successfully manage a Village Saving and Loans Association (VSLA). The goal is for these women to be able to provide for their families without relying on the monthly stipends MSH has been supporting them with since 2009. The women were trained in Minna, Niger state in September 2014 to set up VSLAs in their communities as an income generating activity (IGA) for its members.

Two weeks after the training, Ronke facilitated the formation of a 13-member VSLA called Alaafia Tayo. Members meet once in a month and make monthly contributions of 500 naira each. By December 2015, members had contributed N150,000 (\$477). Members can access a loan of N10,000, repayable monthly within 10 months with an interest of N20 on every N1000. Eleven months after *Alaafia Tayo* was formed, Ronke and other members started accessing loans to improve their businesses.

Ronke said that before the establishment of the VSLA, she used to buy medicines at retail value and resell them at a slight markup. With her loan, her profit has increased because she can now buy larger quantities of medicines at wholesale prices, and sell them to other patent medicine vendors in her community. She makes a monthly profit of 5,000 naira (\$15), which is half the value of the loan she got from the VSLA. Ronke, who is also the coordinator of Alaafia Tayo and an advocate of the VSLA, has been encouraging other PLHIV in her community to join the association and gain financial independence.

“I am so happy that the VSLA has afforded me the opportunity to improve my business. More PLHIV have joined our support group in Omuaran, and the association has enabled us to provide for the needs of our families.”

— Ronke

Safiya: Hope restored

KEBBI STATE, NIGERIA.



Safiya, a single mother of four from Kebbi State in Northern Nigeria, gave up all hope of living another day after she tested HIV-positive in 2006. As she puts it: "My world came crumbling down before me when I heard the news of my status. Fear of death gripped me as my awareness of my status grew. It was a reminder of my husband's death, which occurred a few days before I was compelled to go for testing. I became disillusioned about life as fear filled my mind."

However, Safiya who once dreaded HIV/AIDS, has now become an Adherence and

HIV Testing and Counseling (HTC) Counselor, working in a Pro-ACT project-supported site in Argungu, Kebbi State.

Specialized training programs on HTC and adherence organized by Management Science for Health (MSH) through the Pro-ACT project in 2009 and 2011, spurred Safiya to develop an interest in counseling, after her sister-in-law recommended the training to her. "She encouraged me to take drugs prescribed for me at Usman Dan Fodio University, Sokoto and to continue my education. She also urged me to participate in the Pro-ACT HTC training organized by MSH in February 2009," she explained.

For Safiya the training marked a turning point in her life as she became more knowledgeable about HIV/AIDS. Testimonies from successful people living with HIV shattered her preconceived belief that only the poor are susceptible to the virus, and this made her more confident. The entire experience made her realize she could live longer, positively and impact lives. Now, her hopes for a bright future have been restored.

Today, Safiya provides adherence counseling services at the General Hospital, Argungu and also involves herself in tracking defaulters. "I love what I do" she says. "I want to be a constant source of hope and encouragement to other PLHIV. I want to be a role model to them, encouraging them to know that they can live life positively. At initial disclosure of the news of their status, I want to be the first to birth hope into their hearts, leaving no chance for fear or discouragement," she passionately states.

It was not a rosy experience for Safiya after the death of her first husband, as she found it extremely difficult to sustain their four children from her tailoring job. However, the story has changed as she can now adequately support her family and has trained over fifteen apprentices from her community and support group in one year. As an active member of the Taimako Support Group in Argungu General Hospital, she has also benefited from income generating activities introduced by the Kebbi State Government through the ZADAF Foundation, a community based organization.

Safiya is grateful to MSH for the training that changed her life:

"I believe that if more support group members are trained and involved in community work, it will create a huge impact in the communities and the lives of many will be touched."

—Ibukunoluwa Oni, Communication Intern, Kebbi State.

Aina and Temitope: A new day, a new hope

KOGI STATE, NIGERIA.



Aina and baby Temitope with one of the nurses at GH Kabba.

There is no denying that HIV is a terrible illness with far-reaching implications capable of destroying the fabric of human lives in communities across Nigeria. Almost more devastating than the considerable physical pain suffered by the patient, is the emotional anguish caused by the stigma and the financial stress associated with the disease and its treatment. The story of Aina Babalola provides a real-time example of this all-too common scenario.

In 2002, 19-year old Aina, with the consent of her extended family, moved in with her fiancé, Segun, pending the celebration of their marriage. The couple moved from their rural hometown in Kogi state to Lagos in 2006 with the hopes of a better future. All was going according to plan as the couple made gradual progress towards achieving their dreams; Segun got a job teaching at a private school in Lagos while Aina continued her work as a trained hairdresser in the Ikeja area of Lagos. A short time later, Aina discovered she was pregnant.

Tragedy struck in January 2008 when, then four-month pregnant, Aina got sick with chronic diarrhea. As her condition worsened, Aina sought treatment at several hospitals, depleting the couple's meager financial resources though finding no cure. Still sick after three months, Aina returned home with Segun to their village in Kogi state.

Aina sought treatment at General Hospital Kabba—a PEPFAR funded, and MSH-supported, comprehensive care and treatment site. Her case came to the attention of Dr. Temitope Ewegbemi, whose repeated efforts to help Aina recover went far beyond the call of duty. It was Dr. Ewegbemi who introduced MSH staff to Aina during one of their periodic supervisory visits in the hopes that more attention and support would be given to her case

After staying with Aina for three weeks, Segun had to return to Lagos as the little money he had brought with him to Kogi had finished. Upon his return, he discovered that he had lost his job at the private school as a result of his absence. Back in Kogi, family members were increasingly less able to care for and support Aina in her treatment.

Aina was placed on Highly Active Anti-Retroviral Therapy (HAART) drugs, provided free of charge to the hospital by PEPFAR through MSH. As a result of the efficacy of the drugs and the quality of care she received, Aina was able to deliver her baby girl on the May 28, 2008, two months after she was admitted to the hospital. Sadly, two days after the birth of Aina's daughter, Dr. Temitope Ewegbemi passed away after a brief illness. His death was shattering for the young mother, as the man who had been her benefactor was no more. Aina named her newborn Temitope after the departed doctor in honor of his kind work and dedication.

Segun was only able to make a brief visit to see his wife and new child, leaving them 1,500 Naira (less than \$5 US) towards their upkeep. Life after the birth of baby Temitope and their discharge from the hospital was hard on Aina. With no money, she had to live with her mother-in-law in a one-room apartment, a situation that became impossible for both women. Aina was soon asked to leave.

Alone and caring for a newborn child, Aina contacted the MSH staff in Kogi State who quickly mobilized community support and found her housing. With her health improved and a stable place to live, Aina resumed her hair dressing business. She now runs her business out of her home and with the money she makes is able to take care of herself and little Temitope.

Although their lives are still far from perfect, Aina and Temitope have been given a new sense of hope and the chance of a healthy future as a family. They have benefited from the generosity of a group of strangers, the kind doctor who went beyond what was expected of him, nurses who not only provided quality care as professionals but support as peers, and MSH staff who mobilized a community support network.

Aina has begun talking to her clients about the threat of HIV/AIDS, though she has not yet disclosed her status for fear of a negative reaction. Aina is now in a position to reach out to many other persons in the community and offer preventive counseling and referral services. Although the degree of care and special attention Aina received is beyond typical, she is only one of the tens of thousands of people that have benefited, either through education, or direct care, from the Pro-ACT project of MSH.

ADDRESSING GENDER DISPARITIES IN IMPROVING ACCESS TO AND USE OF HEALTH AND HIV/AIDS SERVICES





Photo by Gwenn Dubourthoumieu

Saving the lives of Nigerian women and children in Kebbi state by involving the men of the community

KEBBI, NIGERIA.



Some of the 700 participants of the male involvement program.

In October, 2009, seven hundred men attended a town hall meeting, hosted by MSH and USAID, to discuss the vital role of men in maternal and child health in order to promote HIV/ AIDS prevention, care, and treatment services in northwestern Nigeria. The Emir of Argungu, representatives of the government of Kebbi state, and Barry Smith, MSH's Country Director for Nigeria at the time, were present to support the launch of this program, which addressed the lack of female autonomy, and the damaging effect this has on the health of a family. This simple program asked the men of Kebbi state to join women in taking responsibility for the health of women and children.

Studies have shown that if men are educated about HIV/AIDS and are encouraged to become involved in women and children's health, there is a dramatic improvement in the success of treatment and the prevention of mother-to-child transmission of HIV/AIDS.

Despite the provision of free HIV/AIDS testing, counseling and treatment in Kebbi too few women and children are being tested and treated.

On October 20, 2009 in Argungu, MSH launched this campaign to address the high numbers of female patients who do not come forward for, or opt out of, antenatal care, HIV/ AIDS testing and treatment, and hospital births.

The rate of uptake of such services has been proven to be directly related to the support men demonstrate. In a male-dominated society women are often unable to make autonomous decisions for their own and their children's health care. Women usually have to seek their

husbands' permission if they want to participate in free health care programs. MSH is addressing this problem in Kebbi by appealing to men to acknowledge their role in the health of women and children.

The Gulma Village Head took up the challenge of the day's events saying: "I am so happy to hear that the American government is supporting a rural community like Argungu. Now I will urge all women to seek health care and ensure no life is lost for which can be prevented."

This occasion was one of the collaboration for forward-looking action. The men who attended accepted that the responsibility for the health of their community starts at home, and pledged to support their women and children in the uptake of health services.

The Emir of Argungu endorsed this important message. He spoke about the damaging effects of the stigma of HIV and AIDS and encouraged members of his community who are living with HIV or AIDS to join his skills development network for employment.

There was a lively discussion about the issues surrounding HIV/AIDS and maternal and child health. One participant commented: "My joy is learning that HIV is not so deadly after all and help is available here in Kebbi, even to the extent of the dramatically increased possibility of a positive mother giving birth to a negative child."

On October 20, 2009, these 700 men became united and powerful advocates for child and maternal health and for reducing the stigma surrounding HIV/AIDS.

One participant's summary of the day illustrated the positive outcome:

"I have learnt today that it is not only the duty of government to provide health care, I can also do my own part by accepting the services, encouraging others, and volunteering to help my community members demand available services."

— Participant

Tungan Magaji Support Group members benefit from MSH facilitated interest free loan scheme

NIGER STATE, NIGERIA.



Hauwa Bala head of the rice sellers group and other members

Our lives have been improved with small loans,” said members of Nasara Support Group in Tunga Magajia, Niger State at a meeting where members shared testimonies. The support group is facilitated by the Pro-ACT project being implemented by Management Sciences for Health in six Northern-Nigerian States. They have access to an interest-free loan scheme stimulated by a Pro-ACT Community Care Outreach from October, 2010, encouraging members to mobilize finances from within and outside the group, to empower them economically.

During a meeting on September 28, 2011 the group resolved to raise baseline capital by taxing themselves, and conducting advocacy visits to community leaders like the District Head and Local Government Council Chairman of Rijiau. This work yielded donations of ₦100,000 (part cash, part pledge) by the Chairman of Rijiau Local Government Council and ₦80,000 from other community members, including ₦2,000 and some grains from a religious group. These sums were leveraged into a revolving fund, empowering the group to give small interest-free loans to those most in need. Group members also bought large food stocks for distribution to members, especially OVC. The loan distribution system is a unique one. Group members are divided into cells (along career lines). Beneficiary groups include farmers, oil palm traders, grain, groundnut oil and “kulikuli” (beancake) sellers, weavers and blacksmiths, etc. The groups were given loans in tranches, with each group supported with ₦10,000 (about \$60). Of the 95 support group members, 52 members (46 women, 16 men) have so far benefitted.

According to Edward Ugba, Pro-ACT Community Care Specialist, “Prior to the loan disbursement, many members could not afford transportation to treatment facilities, to pay their children’s school fees or even feed them well. Most had difficulty with handling minor domestic issues. With the support group loans, they engaged in small businesses that quickly bore fruit. Today they can afford to pay school levies, cook good food to improve family nutrition and transport themselves to the facilities for drugs.”

Group member testimonies support these claims of success. Kobo Musa, head of the groundnut oil sellers group, Hauwa Bala, head of the rice millers group says “We bought rice, milled it for sale, and made a good profit like sometime ₦1500 and sometimes even ₦2000 each market. It is from this that our children’s school fees are paid and we transport ourselves to hospital for drugs and buy food to feed us” The highlight of the support group meeting came with a “freedom dance,” when the women danced with the Pro-ACT HIV Prevention Specialist Ngozi Uzoegwu, sharing their delight at the life-transformation that has come with the small interest-free loans.

“We shared the funds we got and bought groundnuts. Each of us produces at least ten bottles of oil and one basin of cake (kulikuli), from each bag of groundnuts. The profit is helping us feed our children; you can see us happy and dancing today. We want to thank MSH for all it has done for us.”

— Kobo Musa



Members of the Trust Support Group in a group picture as they hail MSH for its good work in Zamfara State

152 members of the Trust Support Association (TSA) made up of 49 males and 103 females had their monthly meeting on Saturday September 24, 2015 at in Gusau with support from MSH. During the meeting, the association expressed its appreciation to MSH for its good work. The Chairman of the Association Mallam Mohammed Adamu Balarabe says, "While we recognize the support given by USAID through the ProACT project that is closing out this year to people living with HIV in the state, I want to assure you that the leadership of this association will do its best to ensure that we engage with the state government for the sustainability of HIV intervention for the survival of people living with the HIV in Zamfara State".

Tao of Leadership

*Go to the people
Live with them
Love them
Learn from them
Start with what they have
Build on what they know.*

*But of the best leaders
When their task is
accomplished
The work is done
The people will say
We have done it ourselves.*

— Lao Tzu



Photo by Gwenn Dubourthoumieu

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