



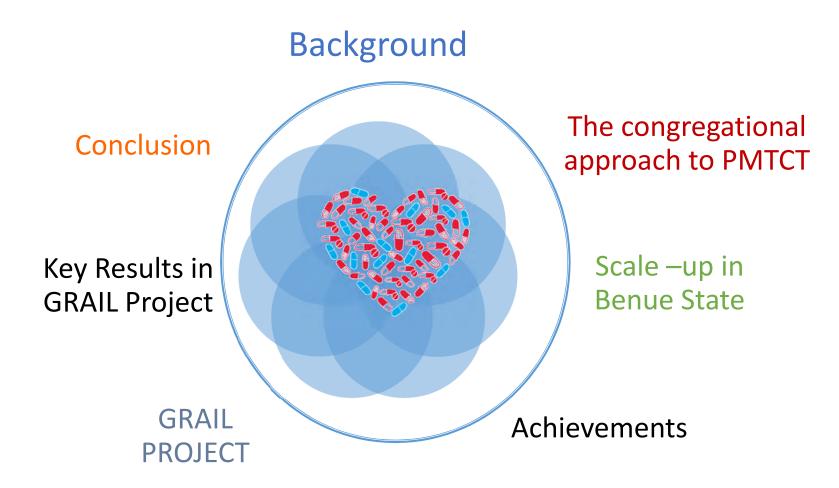


Catholic Caritas Foundation of Nigeria

Congregational
Approach for PMTCT
(BABY SHOWER INITIATIVE)

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Outline



Background

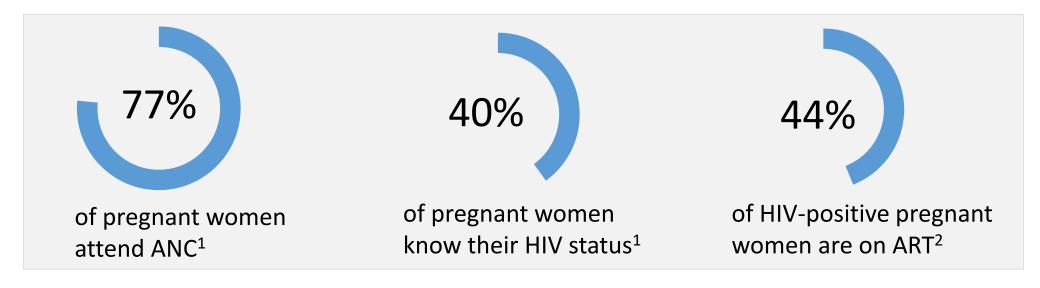
Number of HIV-positive pregnant women annually

New HIV infections in children annually

Mother-to-child HIV transmission rate in Nigeria

24%

- Nigeria has high religious service attendance and strong role of religion in daily life
 - Religion: 49% Christian; 49% Muslim; 2% other



¹ UNAIDS 2019 estimates

² National HIV/AIDS Indicator and Impact Survey (NAIIS) 2018



Congregational Approach to PMTCT (Baby Shower Initiative)



Introduction

- The Congregational Approach to PMTCT (aka Baby Showers)
 - First Piloted in Enugu State, South East Nigeria (2013)
- Integrated approach to HIV testing in pregnant women using the sociocultural influence of religious leaders in communities
- Health talks, counselling and testing services are offered to pregnant women and their partners identified during church services
- Involves testing for HIV, Hepatitis B and Sickle cell; alongside weight, height, and blood checks



The congregational approach to PMTCT



Church sensitization, enrollment and training



Baby Showers: pregnant women and their partners



Baby Receptions: new parents and their babies



Community follow-up:
Church Health Assistants support linkage to PMTCT

Images courtesy of PBS News Hour https://www.pbs.org/video/why-nigeria-has-morehiv-positive-infants-than-anywhere-else-1528930210/

Findings From the Pilot - RCT

- Randomized controlled trial of a congregational approach to prevention of mother-to-child transmission (PMTCT) in Enugu State, Nigeria demonstrated improved uptake of HIV testing during pregnancy²
 - HIV testing uptake: 92% in intervention group vs. 55% in controls, p<0.0001
- We report here results of the randomized controlled trial that implemented an adapted congregational approach to PMTCT in Benue State

¹ Pew Research Center surveys, 2008-2017

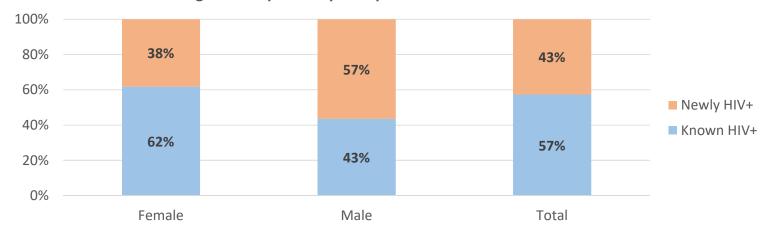
²Ezeanolue EE, Lancet Global Health 2015

Results of the Original Randomized Trial, presented at IAS: HIV testing

HIV positivity by gender

| | Females | Males |
|-------------------------|------------|------------|
| HIV positive, n (%) | 696 (7.3%) | 223 (4.0%) |
| Newly diagnosed, n (%) | 226 (2.8%) | 126 (2.2%) |
| Previously known, n (%) | 470 (4.5%) | 97 (1.8%) |

Percentage of HIV-positive participants with known vs. new HIV status



BENUE STATE **NIGERIA**

THE SCALE UP IN NORTH CENTRAL



Promoting HIV prevention

stock-outs and

the quality of services

COMMUNITIES ARE AN ESSENTIAL PART

OF A MODERN HEALTH SYSTEM





Congregation Engagement

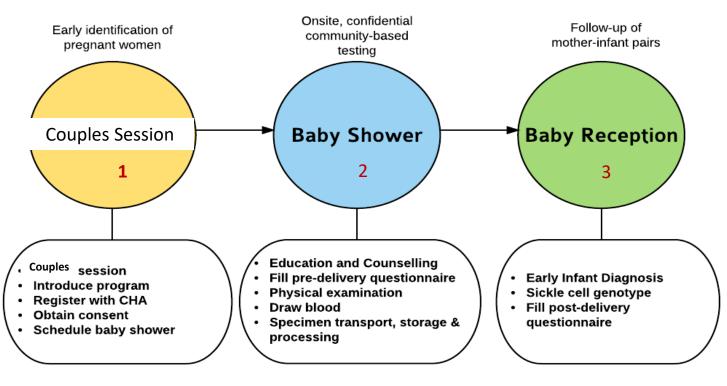
- Mapping of congregations (faith communities)
- Advocacy visit to religious & community leaders
- Assessment of communities using a checklist
- Formation of a church health team (priest, women leader, men leader, church-based Health Advisors and youth representative)
- Activation of communities for "Baby Showers"
- Hands-on mentoring
- Data collection and analysis



Couples Session

- Congregational leader calls a session for pregnant women & their male partners
- Church leader introduces the baby shower program and church health advisors (CHAs)
- CHAs meet with each interested pregnant woman and her partner
- CHAs explain the baby shower program to pregnant woman and partner
- Couple opts in and give consent
- CHAs enrolls couple for the baby shower and fill Demographic Form and Baby Shower Scheduling Log

Steps in a typical Baby Shower Session













Congregational Approach Achievements in the Field

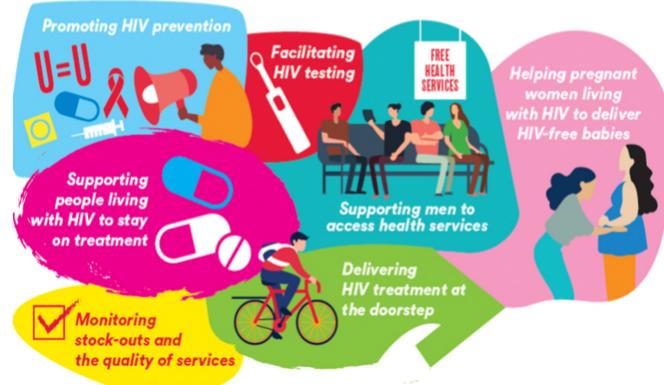
| No. LGAs | Congrega tions | Baby Showers | No. Tested | No. Mothers Tested | Partner Testing | Mothers/ Spouses (Positivity) | Naïve HIV+ | Tx_New | Linkage |
|----------|-------------------|-----------------|---------------|--------------------------|--------------------|-------------------------------------|---------------|--------|---------|
| 12 | 81 | 519 | 14,847 | 9,382 | 61% | 7% vs. 4% | 164 | 136 | 82.9% |

| No. Hosp. | No. | Baby | No. |
|------------|----------|------------|-----|
| Deliveries | Newborns | Receptions | EID |
| 4,181 | 4,216 | 271 | 228 |



Going a Step Further-The GRAIL Project

OMMUNITIES ARE AN ESSENTIAL PART OF A MODERN HEALTH SYSTEM





The GRAIL Project

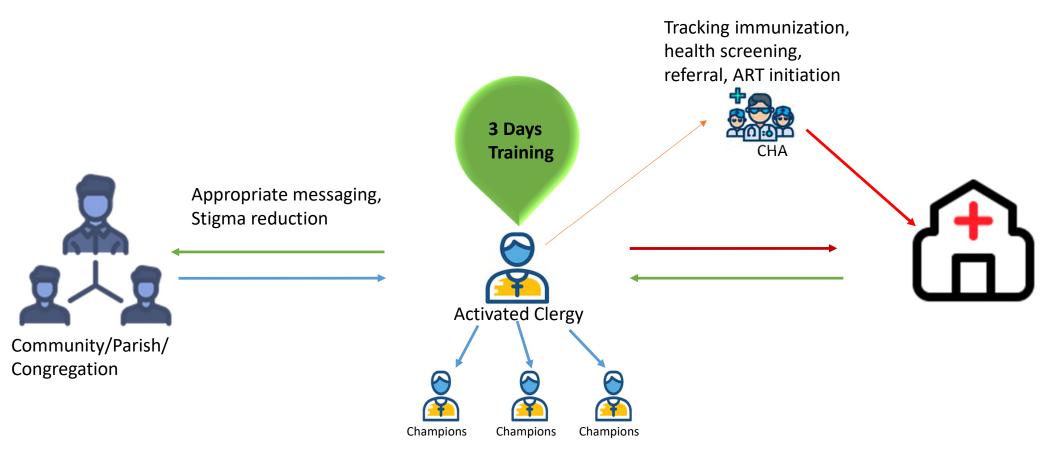
"We Cannot Make A Priest Into A Doctor In A Three Day Training"....... "But We Can Capitalize on their pastoral leadership, training and compassion to address public health problems"

GRAIL = Galvanizing Religious Actors for Identification & Linkage to Pediatric ART <u>Justification for GRAIL Project</u> - "Allow the Children to Come To Me" Luke 18: 16

- The Congregational Approach to PMTCT (aka Baby Showers)
 - Implementation Location: Nigeria, Congo DR
- Nigeria is the largest single contributor to the 2.6 million children living with HIV (CLHIV)
 - Estimated 320,000 CLHIV requiring ART
 - ART coverage (CLHIV) 52,000 (21%)



How GRAIL Project Works

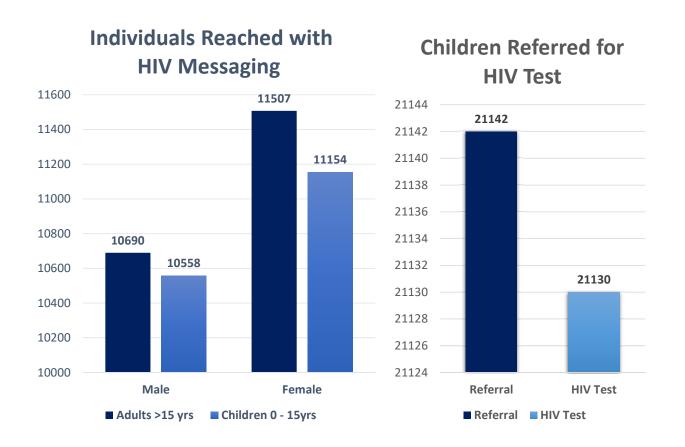


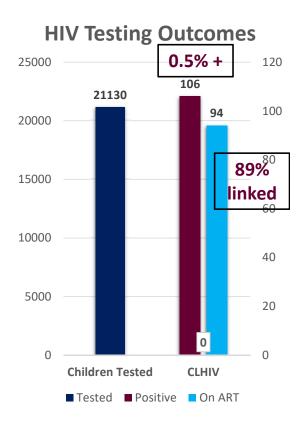
Key Results and Impact

- Training of 179 religious leaders (including 89 priests) covering 21 states in Nigeria (including the 6+1 UNAIDS priority states).
- Reaching out to over 21,712 adults > 15 years with age-appropriate HIV messaging promoting diagnosis and treatment of children living with HIV.
 - Female 11,507
 - Male 10,690 and
 - 22,197 children aged 0 15 years [F 10.558; M 11.154].
- Referral of 21,142 children for HIV testing with 21,130 being tested for HIV and 106 of those diagnosed HIV-positive were commenced on ART [F 49; M 15 – less than 5 years; and F 29; M 13 – 5 to 10 years].



GRAIL Results: Expanded Messaging and Testing, with Low Yield





CONCLUSION





Congregational Platform

represents an innovative approach of using Faithbased Platforms to increase uptake of HIV testing services among the underserved (pregnant women, their partners, pediatrics & adolescent populations)

APPENDICES

Tools

Laboratory Results

Healthy Beginning Initiative



| Test | Result | Interpretation |
|----------------------|--------|----------------|
| Blood Pressure | | |
| Hepatitis B | | |
| HIV | | |
| Sickle Cell Genotype | | |
| Height | | |
| Weight | | |

If you see a '+' in any row, one of your measures is abnormal and you should see a doctor. Bring this result to the doctor. If you do not understand your result or have any questions, contact your CHA.

Tools

Baby Shower Participant Log

| ate and | |
|----------|-------|
| Site ID: | Date: |

| S/N | Member ID | Gender | Surname | Name | Partner's Member ID | Consent | Bio Data | Questionnaires | Vital Signs | Specimen | Grd | Mama Pack |
|-----|-----------|--------|---------|------|------------------------|---------|----------|----------------|-------------|----------|-----|-----------|
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |

Tools

Specimen Log Hepatitis B and HIV



| Site | e: | | Date : | | | | | |
|------|-----------|-------------|---------------|----------|---------------|----------|--|--|
| | | | Hepatiti | s B | HIV | | | |
| s/N | Member ID | Gender | NON- REACTIVE | REACTIVE | NON- REACTIVE | REACTIVE | | |
| 1 | | Female Male | | | | | | |
| 2 | | Female Male | | | | | | |
| 3 | | Female Male | | | | | | |
| 4 | | Female Male | | | | | | |
| 5 | | Female Male | | | | | | |
| 6 | | Female Male | | | | | | |
| 7 | | Female Male | | | | | | |
| 8 | | Female Male | | | | | | |
| 9 | | Female Male | | | | | | |
| 10 | | Female Male | | | | | | |
| | | | | | | | | |

| Completed by: | Date: | Sign: |
|--------------------|-------|-------|
| Test Performed by: | Date: | Sign: |
| Reviewed by: | Date: | Sign: |



