

Review of intervention to reduce spread of HIV infection at bageza in the MSH pro-act project

Abstract

High level advocacy and behavioral change interventions was also carried out on the 3rd and 10th of October 2013 (During their market days) which yield some positive result as four others were tracked back to care with referral to GH Argungu.

Keywords: HIV, Biomedical intervention, STI, AIDS, Stigma, HTC, LGA

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Abbreviations: CPI, Combine Prevention Intervention; MPPI, Minimum Prevention Package Intervention

Introduction

Arewa and Dandi Local Government Area in Kebbi State, Nigeria, are sharing a boundary with the Republic of Niger. Both LGAs covers an area of 3,901 km² and a population of 184,030 at the 2006 census. Bageza community is one of the rural communities at Arewa LGA that are close to the boundary. The occupation of most of the inhabitants of these communities is farming during the raining seasons and migrant workers at dry seasons. Rural and urban migration is a common characteristic of the men folks to earn a living.

These characteristic has been identified as the driver of HIV epidemic in this area. Other investigations carried out shows that teenage girls between the ages of 11-18 years and above are already sexually active or married. Most of these teenagers have completely no knowledge of HIV, AIDS and STI and lack essential life skills which makes them vulnerable. Other observation made by trained outreach volunteers is the presence of a child sex vendor who receive token to present these girls to visitors of the community for transactional sex. The recent HTC outreach conducted at the community in August 2013 shows that 80 people were tested and 11 positive cases were confirmed {8.8% of people tested (mostly women of reproductive age) are HIV positive, While 2.2% out of them are breast feeding mothers that never had an access to hospital delivery}.tg

Challenges

The challenges encountered by these rural dwellers are the unavailability of means of transportation, communication network, and electricity, nearby health facility and access road, poor knowledge of HIV/AIDS and STI (with poor health seeking behavior).

Actions taken

Taimako support group at Argungu LGA and Argungu Health Initiatives Society (Support group and CBO) with support from Management Sciences for Health, Kebbi-State Agency for Control of AIDS (KBSACA) and Arewa LGA LACA are carrying out Combine Prevention Intervention (CPI) at the community targeting community leaders with routine advocacy through community dialogue, the teenagers and their males with comprehensive biomedical intervention (such as HTC and STI management and referral and treatment services). The volunteers will require adequate support from the state to help convey clients from their community to the facility and

vice-versa. The state also initiated a mobile clinic team to reach the community with these services and other general health needs.

CPI is carried out through the provision of Minimum Prevention Package Intervention (MPPI) by Argungu LGA peer educators who are employed to the local government to reach out to the community with behavioral, biomedical and structural intervention for at least two months. The intervention is ongoing; Feedback was given to the district head that consented for the outreach involving his village heads who were very supportive. However, these stakeholders will need to be continuously sensitized more on the roles they need to play to tackle most of these issues identified, especially the vulnerability of the teenage girls.

The involvement of stakeholders within the community, Arewa Local Government, Kebbi-SACA, Ministry of Health, NEPHWAN, support groups and CSOs will generate a stronger response to the situation. However, intervening with Combine Prevention Interventions (CPI) in the community also helped increase the community knowledge and the risk of transmission and infection and drivers of the epidemic. This will also help to increase community awareness on the uptake of HTC and PMTCT. The presence of NEPHWAN and support group will help tackle self denial and stigma and discrimination against PLHIV. The intervention is aimed at promoting safer sex practice and to curb transactional sex practice with teenage girls at the community and to also promote positive health seeking behavior amongst the general community.

Conclusion

The final phase of the intervention will be carried out with the inauguration of the HIV post-test and anti-stigma club formed from the 6 cohorts (of 60 persons (30 male and 30 females) that are carried through the Minimum Prevention Package Intervention (MPPI) meant to serve as community structure aimed at combating stigma and discrimination and promoting positive health seeking behavior. The 60 individuals were selected from the three hamlets (20 each {10males and 10 females} from Bageza, Bagezaillela and Tudunwadabageza).

Acknowledgments

None.

Conflicts of interest

None.