

Minimum Prevention Package Intervention (MPPI) A simple Implementation Guide

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Abbreviations

AIDS – acquired immunodeficiency syndrome
ANC - antenatal care
ART - antiretroviral therapy
ARV - antiretroviral
CBO – community-based organization
CC - community committee
CRs - community researchers
DIC – drop-in centre
DOTS - direct observed therapy
FCT - Federal Capital Territory
FP- Family planning
FSW - female sex workers
GBV – gender-based violence
HAART - highly active antiretroviral therapy
HIV – human immunodeficiency virus
HPV – human papillomavirus
HSV-2 – herpes simplex virus 2
IBBS - integrated biological and behavioural surveillance
IDU - injection drug users
LGA – local government area
MARPs - most at risk populations

M&E – monitoring and evaluation
MSM - men who have sex with men
NACA - National Agency for the Control of AIDS
NGO - non-governmental organization
OI - opportunistic infection
PE - peer educator
PEP - post-exposure prophylaxis
PEPFAR - President’s Emergency Plan for AIDS Relief
PHC – public health centre
PITC - provider initiated counseling and testing
PLACE - Priority for Local AIDS Control Efforts
PLWHA - people living with HIV/AIDS
PMTCT - prevention of mother-to-child transmission
PTB - pulmonary TB
SACA – State Agency for the Control of AIDS
SOP – standard operating procedure
STI - sexually transmitted infections
TB - tuberculosis
VCTC - voluntary counseling and testing centre

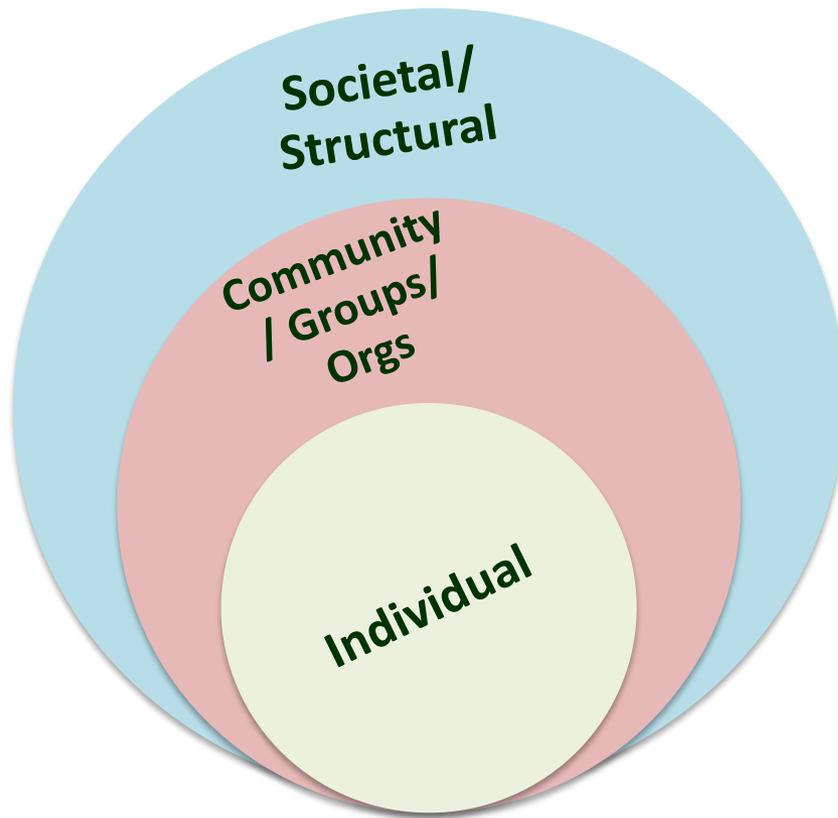
Background

- The goal of the NSP 2010-2015 is to reduce the incidence of HIV/AIDS. This will be done by improving the efficiency and effectiveness of HIV prevention intervention in Nigeria using HIV program science principles.
- The HIV prevention intervention in Nigeria has evolved over the years in response to available program and research evidence. Priority in the past for service delivery was on number of persons reached rather than quality in terms of dosage and intensity. Currently the emphasis is on effectiveness and efficiency which would produce impact in reduced incidence. The introduction of MPPI in the national response between 2007 and 2010 by the National Prevention Technical Working Group (NPTWG) marked a significant shift from numbers to quality service delivery. Interestingly successes were achieved as a result of the paradigm shift as shown in the prevalence rate which reduced from 4.6% to 4.1% from 2008 to 2010 respectively (National HIV and Syphilis Sentinel survey of 2008 and 2010).
- Behavioral, biomedical and structural interventions are a critical component of the MPPI. A combination of these 3 interventions is necessary in order to achieve a comprehensive prevention intervention. This document therefore provides a simplified guide for the implementation of the MPPI as outlined in the National Prevention Plan (NPP) 2013-2015. It also contains sessions on the intervention prongs for both MARPS and the general population including specific activities for each level of intervention.

Objectives of the guide

- To provide a simple, standardized guideline for implementers of MPPI in Nigeria
- To remove any ambiguity related to implementation of the MPPI

Definition of MPPI (combination prevention approach)



The MPPI - the Nigerian version of the combination prevention approach is defined as, “The strategic, simultaneous use of different classes of prevention activities (biomedical, behavioural, structural) that operate on multiple levels (individual, community and societal/structural), to respond to the specific needs of particular audiences and modes of HIV transmission, and to make efficient use of resources through prioritizing, partnership, and engagement of affected communities”

(UNAIDS Prevention Reference Group Definition)

Description of the MPPI

- A strategy to operationalize the combination prevention framework in Nigeria
- Uses information about the drivers of the epidemic as it relates to various target populations
- Emphasises on **dosage** and **intensity**
- Recognises the **processes of behaviour change** and **structural and environmental influencers** of behaviour



Rationale of the MPPI

- It is important to understand that implementers may be aware of programs and services to provide, yet they may not know the nationally accepted approach to provide such services.
- There is also a public health obligation to protect and promote the health of populations, and to interrupt transmission to and from these populations as a means of controlling STIs and HIV epidemics more broadly in Nigeria.
- Clearly, standardised HIV prevention programming plays an important role in focus-setting and national direction. In Nigeria, the implementation of the MPPI targeting general and key populations provides a prioritized, population-informed and evidence-driven platform.

Implementing MPPJ in the field



For ease of implementation and focus, interventions are considered at the entry, intensive and exit levels. Also make sure you have implementation tools to support the activities at those levels and have your list of expected results and indicators.

Key services for peer educators

Outreach and regular contacts



Ensure at least two and maximum three **regular contacts** with the individual or groups. 10 to 15 day interval between contacts is recommended for the provision of the following services below:

IPC or small group sessions



In each contact, ensure a more **dialogue-based** approach focused on discussing / solving problems and group norm. These discussions will provide direction for the kind of BCC topics to discuss using the PE manuals

HCT and STI



Conduct or refer for HCT and STI

- Create demand for these key services during regular contacts
- Ensure complete referrals for HCT and STI clinic visits

Condoms and lubricants



Multiple distribution channels to ensure availability

- **Peer educators** need to ensure accessibility and usage of condoms by target population – using problem solving dialogue based methods to ensure usage

Key indicators

- People contacted at least once by a peer educator.
- People contacted regularly (i.e. at least 2 times per month and at most 3 times) by a peer educator, and provided with education and BCC messages.
- People receiving sufficient condoms (directly through PE or indirectly through other outlets).
- People utilizing STI services and receiving STI testing results.
- People receiving an HIV test and knowing the result.
- Pregnant women receiving PMTCT services.

Behavioral interventions

- Are targetted at the **individual and community levels** through outreach and peer education to **promote individual risk reduction**.
- Outreach is used to make initial contact with the individual ior community . Outreach is done using Interpersonal communication (IPC) and small group discussions targetted at key stakeholders, influencers, gate keepers and potential peer educators to connect them with programs and services .
- Peer education is an approach which empowers people to work with people of similar characteristics - age, social or occupational settings (peer group). It makes them become active players in the educational process rather than passive recipients of a set message

Biomedical interventions

- These interventions are targetted at the **individual level** through community outreach and clinic based activities **to reduce exposure, transmission and/or infection.**
- Biomedical interventions include STI screening and treatment, HIV counselling and testing (HCT), Prevention of mother to child transmission (PMTCT), , condom distribution and other clinical services (tuberculosis (TB) screening and linkages, universal precautions, post-exposure prophylaxis (PEP), reproductive and allied health services FP, ANC, and postpartum/natal care) that promote the health of they targetted population.

Structural Interventions

- Are targetted at the **community** (norms, culture, practices, values, behaviours etc) and **structural levels** (policy, legal etc) through community mobilization and dialogue, advocacy, individual empowerment such as income generating activities. Structural interventions aim is **to** promote the individual's protection and respect as well as societal and cultural norms, practices and beliefs that will **reduce individual vulnerability**.
- In Nigeria, identified issues structural interventions will address stigma and discrimination , gender issues, policy issues, socio-cultural norms and individual empowerment issues.

MPPJ Overview

Programme Component	General Population	MARPS
Behavioural	<ol style="list-style-type: none"> 1. Outreach 2. Peer Education 3. Condom and lubricant programming 	<ol style="list-style-type: none"> 1. Outreach 2. Peer Education 3. Condom and lubricant programming
Biomedical	<ol style="list-style-type: none"> 1. HCT 2. PMTCT 3. Condom and lubricant programming 4. STI control and Treatment 	<ol style="list-style-type: none"> 1. HCT 2. PMTCT 3. Condom and lubricant programming 4. STI control and Treatment 5. Harm reduction intervention for IDUs
Structural (to address gender issues, S&D, policy issues, individual empowerment)	<ul style="list-style-type: none"> ✓ Community mobilization and Dialogue (empowerment and capacity building) ✓ Advocacy ✓ Individual Empowerment/Income Generating Activities 	<ul style="list-style-type: none"> ✓ Community mobilization and Dialogue (empowerment and capacity building) ✓ Advocacy ✓ Individual Empowerment/Income Generating Activities

MPII – interventions, strategies and activities

Interventions	Strategies	Activities
Behavioural	Outreach	Rallies Small group discussions Interpersonal communications Community meetings (marriages, special events etc)
	Peer Education (Age peers Job peers , social peers, PLHIV)	Making contact, referrals, distributing IEC materials, demonstrating and distributing condoms, running education and training sessions, mobilizing community members, advocating
	Condom and lubricant programming	Demonstration, promotion and distribution of male and female condoms and water-based lubricants
Biomedical	HIV Counseling and Testing (Mobile HCT Facility-based HCT Community-based HCT)	Pre-test counselling, Post-test counselling, follow-up counselling, referrals,
	STI Control and Management	Screening and treatment of STIs Training on STI syndromic management
	Condom and lubricant programming	Condom forecasting and quantification Condom procurement systems
	PMTCT	Reproductive and allied health services FP, ANC, postpartum/natal care. HIV treatment, care and support TB screening and referral to treatment
Structural (to address Stigma and discrimination, Gender issues, Policy issues, Socio-cultural norms, Individual empowerment issues)	Community Dialogue	Dialogue sessions (guide available in the community conversations toolkit)
	Advocacy	Advocacy meetings, marches, press releases, position paper, communiqués, petitioning, letter-writing campaigns, debating
	Income Generating Activities	partnerships with relevant public and private sector organization and entities, formation of cooperatives, provision of vocational skills training, provision of seed capital to beneficiaries, financial

Implementation and reporting tools for MPTT



Microsoft Office
Word Document

Activities at each level by intervention



Microsoft Office
Word Document

Please double click on the word document icon above. This will open to show you what activities you should carry for all interventions at the entry, intensive and exit levels of field work. It also shows you the recommended duration for each level.

Other existing tools

- **FSW implementation guidelines** - The purpose of this guidelines is to outline the principles, procedures, and activities to develop, implement, and evaluate evidence-based HIV prevention programs reaching a large proportion of female sex workers in Nigeria.
- **HIV/AIDS SBCC users' guide** derives from the national BCC strategy in a user- friendly manner. It clearly outlines the SBCC process in a do-it-yourself and step-by-step manner. The guide also highlights key objectives, messages, approaches and how to apply to principles to diverse national and local interventions.

Other existing tools

- **The community conversation toolkit** contains the dialogue guide and other community mobilization tools. It provides simple steps on how to conduct community mobilization and dialogues using tools like cards, pictures and discussion points.
- **National PMTCT Demand Creation Communication Strategy** - The purpose of this strategy is to provide guidance on the principles, procedures, and activities to develop, implement, and evaluate evidence-based PMTCT demand creation programs in Nigeria