

FACT SHEET- COMMUNITY PREVENTION DIVISION, CPCS DEPARTMENT-NACA



Background



The Community Prevention Services Division coordinates all HIV/AIDS prevention and Behavior change communication activities in NACA. Prevention remains a key strategy for reversing the HIV epidemic in Nigeria. In recent years, prevention activities have been more targeted to ensure that the greater proportion of the Nigerian population are free of HIV infection and that there is a seamless implementation of the HIV cascade (prevention, treatment, care and support services). The prioritization of prevention in the national response is to ensure the reduction of the rate of new HIV infections. Over the years, prevention programming in the country have been standardized, coordinated and context and audience-specific.

The three units in the division are:

- o **Prevention Services** – AYP, Key Populations, Other Pop, Biomedical (HTS, HIVST PrEP, PEP, PMTCT), and Condom Programming
- o **Social and Behaviour change communication**
- o **MDA-HIV Mainstreaming**

Achievements



KEY POPULATIONS



The focus on programming for key populations has led to a higher level of HIV prevention awareness and improved HIV combination prevention practices among KPs. There is also a reduction in the rate at which new infections are occurring in these KP groups now. The prevalence is rising among KPs but at a lower rate based on IBBSS surveys.

- o Establishment of National Prevention Technical Working Group (NPTWG) in 2007 with Sub- committees based on the four pillars of prevention. The KP sub- committee is one of them. Most states also have State Prevention Technical Working Groups
- o Development of a National Prevention Plan which was reviewed in 2018 (2018-2021) with targets around 4 prevention pillars.
- o Development of Implementation guidelines for prevention of HIV among Key populations (PWID, MSM and FSW) in 2020.

- NACA is currently being supported by Henry Jackson Foundation for Medical Research International (HJFMRI) to develop harmonized national service delivery guidelines for KPs (MSM, PWID, FSW, People in Closed settings and Transgender) using a Human Centred Design approach.
- PWID Advocacy toolkit developed, disseminated and distributed, Trainings conducted with CSOs on this.
- Needle Syringe Program developed in Nigeria with support from GF. Partners worked with FMOH DDR and NACA to ensure that this happened.
- Naloxone Program for drug overdose established in Nigeria with GF support. NACA also played a major role in this.
- Harm Reduction Technical Working Group established in Nigeria. NACA is an integral part of this.
- Worked with Partners and other countries to develop a Regional Framework on HIV, TB, Hepatitis and SRHR for KPs. There is also a similar National Framework for KPs.
- IBBSS surveys for KPs were done in 2007, 2010, 2014 and 2020. This ensures that we have evidence - based programming for KPs in Nigeria.
- Size estimates for KPs have been done in 17 states of Nigeria with support from World Bank and CDC. Nigeria is about to do size estimates of the remaining 20 states in Nigeria with support from the Global Fund.
- The Non - Health sector data capturing tools which captures data for KPs is being reviewed for better data transmission from states to Federal level.
- There is a plan to ensure that data on KPs is available in the National Data repository.

- Provides support to the UNODC Project on the response to HIV/drug use component on the National Drug Control Master Plan (NDCMP)

ADOLESCENTS AND YOUNG PERSONS (AYPS)



- Development of National Strategy for AYPs (2016- 2020). This is about to be reviewed in 2021 with support from the Global Fund.
- Secondary analysis of NAHS (2018) Data done on AYPS. Detailed analysis of the HIV epidemic and response focused on AYP conducted. AYPs discovered to have the highest rate of new infections.
- Strategies are being outlined specifically to reduce new infections among AYPs in Nigeria.
- Research activities on AYPs generally increasing to ensure evidence based programming. Evidence generation on risks and vulnerabilities in 4 states planned for 2021. Operations research on Community Directed Initiatives on HIV among AYPs and KPs to be conducted in 2021. Support for this studies is from Global Fund
- Establishment of AYP sub- committee under the NPTWG.
- Investment Case developed for AYP program in Nigeria with support from UNFPA and UNICEF.
- Worked with Partners to ensure the inclusion of AYP programming under the Global Fund grant in Nigeria.
- Working closely with the Regional and National Offices of UNICEF to develop a Regional Framework for AYP programs in West and Central Africa.

- Development of Guidelines for Implementation of AYP programs in the Community. To commence training of CSOs on the developed tools.
- Development of the Parent Child Communication toolkit for HIV PREVENTION AND SEXUAL REPRODUCTIVE HEALTH in NIGERIA for parents and guardians of AYPs. AYPs can also read it themselves.
- All newly developed documents are widely disseminated and distributed nationwide. Soft copies are also available on NACA website to ensure easy access to national and international programmers.
- Non- health sector data reviewed to capture data on AYPs adequately. AYP data will soon be available on National Data Repository.
- National consultations on AGYW HIV Prevention
- Learning Collaborative on HIV and Adolescents and Young People: capacity of stakeholders including community implementers built on scientific communication. Promoted experience sharing and identification of promising practices. Supported by UNICEF. Knowledge products were shared as an output of the collaborative.
- AYP learning workshops planned for 2021 to 2023 with support from the Global Fund
- HIV addressed in the National Adolescent Health and Development Policy 2020-2024
- Review of FLHE curriculum

BIOMEDICAL INTERVENTIONS



a) PreP

PreP study done by NACA among sero-discordant couples in Nigeria. PreP is currently being administered to KPs and discordant couples in Nigeria. About 16, 000 KPs are currently on PreP.

b) PEP

A package on PEP was produced and distributed by NACA to HCWS and community workers.

c) PMTCT

Increased partnership among stakeholders to improve PMTCT especially among KPs and AYPs

d) HTS and HIVST

Efforts have increased to continually improve the first 95 in the 95: 95: 95 cascade developed by UNAIDS. NACA worked with FMOH to help develop guidelines for HTS, training manuals, job aids, etc.

Willingness to pay study for HIVST and PreP was conducted in Akwa Ibom, Lagos and Cross Rivers.

CONDOM PROGRAMMING



- Increased condom programming and adoption of the total market approach (TMA) which has led to an increase in condom distribution.



585 Million Condoms

Distributed in 2017 in Nigeria according to Condom Use Landscape study of 2017

- National Condom Operational Plan developed in 2020 under NACA's supervision with support from FMOH, UNFPA, USAID, JSI for the existing National Condom Strategy.
- National Condom/Lubricants Quantification of 2017 reviewed in 2020.
- Harmonisation of Condom Quantification at National level by NACA, NASCP, FMOH /FHD and other Partners. This ensures that we have a better coordination of the condom program in Nigeria as we monitor from HIV and Family planning areas.
- Condom Market Study 2020
- TMA dashboard developed to monitor condom distribution nationwide.

SBCC

- Development of a national condom and lubricants communication strategy
- Development of a national HIVST and PrEP Communication Strategy
- Material development workshops for IEC materials on HTS and all other areas of prevention programs.
- Parent Child Communication toolkit.
- Willingness to pay studies on HIVST and PrEP in Akwa- Ibom, Lagos and Cross- Rivers states done with support from JSI/Heartland / PEPFAR.
- Willingness to pay studies for condoms among KPs. With support from AIDSFREE project.
- Integration of SBCC courses in tertiary institutions - UNICAL, CruTECH, Schools of Nursing and Health Technology. Done by C-Change

HIV program mainstreaming into MDAS

Coordination of the HIV/AIDS Mainstreaming interventions at the MDAs. MDAs Critical Mass Teams (CMTs) were inaugurated and trained. This has created an enabling policy environment and facilitated a stable on-going proactive multi-sectoral HIV response at each of these MDAs.

Appreciation



We thank all our Partners i.e. UN . PEPFAR, IPs, CSOs, MDAS of government for the Partnership that led to these achievements.

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