



# Contribution of Community-Led Monitoring (CLM) in Nigeria

A Documentation of CLM Interventions in  
Nigeria



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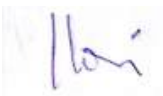


# Foreword

The HIV response has seen significant progress. However, there remains a critical challenge in ensuring HIV services are user-friendly and cater to the specific needs of people living with HIV (PLHIV). This assessment report provides insight into the impact of Community-Led Monitoring (CLM) in Nigeria as a solution for people-centred HIV services.

I recognize the collaborative efforts of the Research Monitoring and Evaluation Department NACA, the NACA Global Fund Resilient & Sustainable System for Health (CSS-RSSH) grant, and the Network of People Living with HIV/AIDS in Nigeria (NEPWAN) in conducting this assessment of CLM across nine states (Gombe, Jigawa, Jos, Kaduna, Kano, Kwara, Nasarawa, Ondo, Oyo). Their collaboration demonstrates the power of partnership in accelerating progress towards a more effective and responsive HIV response.

This report showcases the findings and transformative potential of CLM. It is a call to action for stakeholders across the HIV response to embrace this approach and empower communities to be architects of their health and well-being.



**Dr. Temitope Ilori**  
Director General,  
National Agency for the Control of AIDS

# Acknowledgement

The Global Fund's Community Systems Strengthening Towards Resilient & Sustainable Systems for Health (CSS-RSSH) grant was instrumental in driving the implementation of Community-Led Monitoring (CLM) initiatives in nine (9) states of the country from 2022-2023.

I would like to appreciate the Director General of the National Agency for the Control of AIDS (NACA), Dr. Temitope Ilori, for her unwavering support for this initiative by NACA and NEPWAN to verify the achievement of community-led monitoring in 9 project states.

The successful assessment of community-led monitoring (CLM) and the development of this report would not have been possible without the dedication and expertise of the CLM Research Team of NACA under the leadership of Mr. Francis Agbo, the Director of Research, Monitoring, and Evaluation.

I extend my deepest appreciation to the Network of People Living with HIV/AIDS in Nigeria (NEPWAN) for their invaluable role in the research team and for supporting the conduct of this CLM assessment.

I also extend my gratitude to the staff of the National Agency for the Control of AIDS (NACA), particularly members of the research team whose dedication and tireless efforts in data collection, analysis and report writing were instrumental to the success of this assessment.

I also acknowledge the patient community (PLHIVs), healthcare workers and community leaders who participated in this study and shared their stories through focus group discussions. Their voices are the heart of this report, and their experiences provide invaluable insights into the impact of CLM in the lives of PLHIVs in Nigeria.

This assessment is a testament to the power of collaboration in achieving positive change. We are grateful for the contributions of all those involved and hope this report serves as a valuable resource for stakeholders committed to strengthening the HIV response in Nigeria and beyond.



**Mr. Francis Agbo**

Director, Research Monitoring and Evaluation  
National Agency for the Control of AIDS



# Introduction

Globally the number of people who are being diagnosed with HIV and are on treatment has increased. To effectively deliver services for this growing population of PLHIV, HIV services need to become more user-friendly. Community-led Monitoring (CLM) addresses this need because it makes health services fit for purpose, people-centred and stigma-free. It is also led and implemented by support groups of People living with HIV (PLHIVs), networks of key populations, other affected groups or other community entities making it patient-centric.

Since the inception of the HIV response communities affected by HIV have been providing feedback on the quality of health service provision. However, gathering, collating and using this information, has not been systematic. Consequently, decision-makers often lack data from the perspective of service users, and interventions may not accurately respond to PLHIV priorities and experiences. Getting feedback from service beneficiaries could encourage healthcare workers to improve person-centred service and address issues, such as stigma, that cause low uptake of services and poor health outcomes.

Therefore, CLM describes a collection of processes that engage PLHIVs in HIV service delivery monitoring, feedback and advocacy. It also leverages the experiences of people living with HIV to improve services that affect the health and well-being, particularly for marginalized and underserved people. The advent of Community-led monitoring has provided a systematic approach for communities of PLHIVs to collect and use their data to improve their health and broader societal situations and to hold decision-makers and service providers accountable. This makes CLM an accountability mechanism for HIV. Additionally, it is an effective instrument for providing HIV prevention and care to PLHIVs while ensuring services are stigma-free for all recipients.

Through the CLM process, community-led organizations and key population groups increase their technical capacity to gather, analyse, secure, use and own data. The data collected complement local and national monitoring and provide key information to fill critical gaps in the decision-making process that lead to evidence-informed action to improve services. Through CLM structured platform, trained peer monitors systematically and routinely collect and analyse qualitative and quantitative data on HIV service delivery and establish rapid feedback loops with programme managers and health decision-makers.

CLM enables PLHIVs to strengthen relationships with other partners in the HIV and AIDS response to improve services. It has the potential to be an effective mechanism for organized and systematic advocacy led by PLHIVs. The immense benefits of CLM have prompted many countries including Nigeria to establish and implement it.



# CLM Implementation in Nigeria

The National Agency for the Control of AIDS implemented a Community Systems Strengthening Towards Resilient & Sustainable System for Health (CSS-RSSH) grant in Nigeria funded by the Global Fund from 2022 to 2023 with NEPWHAN as its Technical Service Organization. CLM was implemented for 2 years under this grant.

NEPWHAN provided oversight across the 9 implementation states to support community-strengthening interventions through a series of strategic activities such as community-led monitoring, Gender-based violence, response to human rights, Advocacy, and coordination. NEPWHAN set up community-led monitoring teams (CLMTs) in the states to empower communities to monitor and conduct advocacy on issues of human rights violations, gender infractions and discrimination at the Primary Health Care (PHC). The 9 states were Kwara, Kaduna, Kano, Plateau, Ondo, Oyo states, Gombe, Jigawa and Nasarawa.

CLM plays two roles: ensuring data-driven evidence on issues affecting PLHIVs and providing PLHIVs with a platform to share their views confidentially. Therefore, NACA worked in collaboration with NEPWHAN in 2023 to verify the achievements of CLM and document the evidence from the 9 states. This assessment was conducted to:

- Verify the achievements of CLM. To determine if CLM and Advocacy have strengthened our health system in the states.
- To showcase the gains and weaknesses of implementing CLM
- Make recommendations that will improve the implementation of community-led monitoring

Support groups were trained to do community-led monitoring. Data collection consisted of in-person qualitative and quantitative interviews that covered issues affecting service delivery. Therefore the data collected would provide valuable insights into how PLHIVs perceive they are being served at facilities.

NACA and NEPWHAN visited communities and health facilities where CLM activities and advocacy had occurred and conducted Focus Group Discussions (FGDs) in the 9 states. The stories in this report are the findings from the assessment. These stories demonstrate the power of CLM in promoting positive change by empowering communities to monitor service delivery, raise awareness, and advocate for their rights.



# Enhancing Access to HIV Services

**Access to HIV/AIDS services remains one of the greatest challenges faced by People Living with HIV in Nigeria.** These challenges include but are not limited to inaccessibility of the health facility due to bad terrain, financial incapacity on the side of the PLHIV for transportation to facilities, cultural and social barriers etc.

Through Community-Led Monitoring, PLHIVs are empowered to bridge the gaps and tackle some of these challenges thereby enabling access to needed services.

Reports from the states in the various zones of the country where CLM was implemented provide evidence of interventions by the project in tackling some of these challenges.

On the side of the health workers, Rashida, a health worker at Tudun Kaura PHC, in Lafia LG of Nasarawa State relayed that using the CLM project, NEPWAN through their engagement with health workers have enhanced the availability of HIV services within the facility as they are readily accessible to provide support in form of testing and dispensing of ARV medications etc which has made a positive impact on the access to services in Tudun Kaura Nasarawa state.

Speaking further, she stated that, NEPWAN in collaboration with IHVN has given health workers in Tudun Kaura Nasarawa state training on how to engage with PLHIV, like calling the patients and sending reminders to patients, so services are easily accessible. In the same vein, health workers in PHC Sabon Tasha, Chikun Kaduna state, stated that, NEPWHAN's engagement through the CLM is notably improving the availability of HIV services in the facility.

Through proactive measures such as tracking clients to their homes and delivering medications to those unable to come due to illnesses or lack of transportation fees, NEPWHAN ensures a more inclusive and accessible approach to healthcare. These interventions contribute to the increased availability and continuity of HIV services for individuals facing various challenges in reaching the facility. Similarly, according to a healthcare worker in Oyo State, all services for HIV, TB, and Malaria are all available in the facility much more than before the inception of the CLM project”

PHC Maraban Rido in Kaduna state is the major public health facility with General Hospital Sabo that is 15-minute drive away being the closest secondary health facility to PHC Maraban Rido. Through some community-led activities undertaken by Life Anchor International Development (LIDF) which involves the Interaction with facility officials, community stakeholders and clients receiving treatment from the facility, it was discovered that that the PHC has been lacking essential equipments which include inadequate beds for in-patients and wheel chair for patients who can't walk by themselves.



Even though we need so many equipments and consumables to help us function optimally, we strongly need more beds and wheelchairs for patients who deserve to be admitted and those who need to be wheeled especially during emergency

Rahab Jacob

# Enhancing Access to HIV Services

In response to the needs and through advocacy by the CLM state team, in the month of March, 2023 the State Ministry of Health delivered to the PHC Brand New Wheelchair, Five (5) Patients Admission Bed, and One (1) Delivery Bed for the labour Room. These provisions have led to a significant increase in patronage at the facility from 4 clients per week to 7 clients per week.

The story is not different from Plateau state where MRS GRACE a Health Worker in the PHC located at Diye community in Jos South LGA revealed that there is “increase in clients personally walking into the facility to request for HTS because of CLM involvement in the community” she also stated that “**services are readily accessible to members, and it is free of charge in the facility**, and again that women now turn out for Anti-natal services and immunization. Stating further, she said “**referrals are done for further services and follow up**”.

The success story is also not different among the service takers, the community of People Living with HIV. Speaking on how the CLM program has impacted the community on access to service the group said services are readily accessible to members”.

A member of the Support group an PLHIV accessing HIV services at PHC Tudun Wada in Jos North LGA in plateau state Hajiya Zainab said that through the CLM, support groups were engaged in the creation of awareness in the community and provision of psychosocial support to members. The CLM supports PLHIV members to hold monthly meetings where they give health talks, other community members with success stories equally share, to motivate other members. The support group members all agree that the community meeting encourages them to continue treatment.

Members of Isaipe Support Group in Owo, Ondo state, said that the CLM program has been diligent in ensuring the provision of ARVs, upon request they readily get supplied their medication. The ARVs are free and readily available and accessible with no stress. In Doma LGA of Nasarawa state, the Nasara support Group members us that engagements between NEPWHAN and their support group has greatly improved the availability of HIV services within their community because if they are due to collect medications or do a Viral load test, they even get messages or calls from the CLM state team to remind them about these services. A community leader and beneficiary Hamisu in Kano State also stated that Support group members assist others to take their medicines and deliver to their homes there by owning the program.

The Salama support group in Nasarawa spoke about the past struggles of accessing vital medications before the intervention of CLM. Now, thanks to NEPWAN's involvement, obtaining medicine is much easier, especially for those with low viral loads. Pharmacies are now readily available, eliminating the need for frequent hospital visits.





# Minimizing Treatment Disruption

Community-led monitoring brought people together to minimise disruptions in treatment and enhance the well-being of People Living with HIV (PLHIV). Through collaborative efforts and innovative strategies, PLHIVs are involving relevant stakeholders in ensuring consistent access to medication and fostering adherence to treatment regimens. Through Community-led monitoring, support groups identified treatment disruption as an important issue faced by PLHIVs. As such, proactive steps were taken to strengthen treatment adherence among People Living with HIV (PLHIV) and overcome barriers to accessing medication. These stories explore the combined resolve of PLHIVs, health facilities, government agencies and communities as they strive for continuous and uninterrupted HIV treatment and care.

## **CLM Minimizes Disruptions in HIV Treatment by Eliminating Transportation Barriers**

Mr. Bala coordinator of NEPWHAN Kaduna state, said that to address treatment adherence PLHIV in Kaduna state were given transportation allowance to ensure they have access to ARVs. In addition Everest a Community Leader in Sabon Tasha, Chikun Kaduna state, "that the provision of transportation funds, and the additional strategy of phone call reminders for appointment dates have collectively contributed to ensuring consistent access to medications for People Living with HIV (PLHIV) in the community. These approaches enhanced the continuity of treatment and overall well-being of PLHIV.

The Healthy Living Sunshine Support Group of the CHC Oba Ile PHC, Akure North Ondo state, stated: **"Support groups also help those without transport to receive their medicines. They also helped with food support and transport money."**

According to the community leader of Balanga LGA Gombe state, "Drugs are being given via groups especially when the PLHIV have no transport to get to the facility, the house-to-house approach and giving drugs for 6 months has helped to improve drug adherence among PLHIV, therefore, resulting in viral load suppression for PLHIV's in the community."

Comrade Nuhu, a NEPWHAN state coordinator in Kano, shares, "In Kano, they assisted a woman in relocating her TB drugs and HIV medication collection point closer to her community."

## **CLM Identifies that Multi-Month Dispensing of ARVs and Contact Tracing Reduced Treatment Interruption**

In communities like Angwan Akasa and Doma in Nasarawa State, uninterrupted HIV treatment is ensured through bulk medication distribution, proactive tracking, and seamless administration. This proactive approach has minimized interruptions and improved health outcomes for PLHIV. Alhaji Ibrahim, a community leader of the Angwan Akasa community stated: "There has been no interruption in treatment because PLHIVs are given medications in bulk and they are being tracked to ensure compliance. Medications are also administered before the previous one has been completed". Members of the Nasara support group, Doma LG, Nasarawa State voiced: **"There is no interruption in treatment (IIT) in our group because we are given the medications in bulk, sometimes for 3 months, even 6 months, and we get reminders to collect our medications"**,

# Minimizing Treatment Disruption

Hon. Ogubayode, a community leader in Okeayo, Ibadan South West, Oyo state said: **"Drugs defaults are hardly recorded among PLHIV in Okeayo community."** According to a beneficiary (PLHIV) in Adeoyo MTH facility, Ibadan North, Oyo:



The introduction of community pharmacy, mentor mothers, and multi-month dispensing of ARVs has reduced drug interruption except in the case of PLHIVs who do not belong to any support group

PLHIV Beneficiary, Ibadan North, Oyo

Rashida, a health worker at Tudun Kaura PHC, Lafia LG, Nasarawa State said: **"There is no interruption in treatment as we send reminders to patients when it is time to collect medications and medications are always readily available."**

A healthcare worker in Oyo State: **"Due to the support of PLHIVs for drug adherence, they are involved in contact tracing, community awareness, house-to-house drug outreaches, and so forth. This has contributed to the drop in ARV interruption or defaulting observed in Oyo state."**

According to Zainab, Head Nurse at PHC town clinic, Doma LG, Nasarawa State: **"There are no interruptions in treatment because patients are sent reminders to collect their medications at the appropriate time. This has also reduced the cases of mother-to-child transmission of HIV."**

Similarly, the Adolescence and Young People (AYP) PLHIV Support group in Unguwan Rimi, Kaduna North, Kaduna state, "Community Led Monitoring (CLM) engagement has been instrumental in reducing Interruption in Treatment (IIT) among People Living with HIV (PLHIV) in our facility. Adopting a proactive approach, we employed a pre-appointment strategy through phone calls, ensuring that individuals are reminded of upcoming appointments. Additionally, the delivery of drugs directly to patients and the tracking of missed appointments further contributed to minimizing interruptions in treatment."

Health workers in PHC Unguwan Rimi, Kaduna North, Kaduna state, also affirm, " Through joint systematic tracking of People Living with HIV (PLHIV), we have ensured consistent follow-up and adherence to treatment plans by actively monitoring and reminding PLHIV about drug pickups and appointments. This has significantly contributed to minimizing interruptions in treatment."

A healthcare worker from Unguwan Uku Primary Health Care Center Kano state stated, "When we have a loss to follow up, we use the facility program officer (PO) or the community to track the client. Support group members and mentor mothers help us to track the clients as well as take drugs to the clients."

# Minimizing Treatment Disruption

## CLM Reduces Disruption in Viral Load Testing Among PLHIVs

Abdullahi, a community leader at Tudun Kaura PHC, Lafia LG, Nasarawa State stated: "Viral load tests are being carried out every six months and as a community leader I am aware that a significant number of PLHIVs within my community, are suppressed"



There is continuous treatment without interruption and there are people employed by the implementing partner in Nasarawa i.e. IHVN that check on PLHIVs and administer medications, they also ensure check the viral load of members and make a report. The report has shown a great improvement in viral load suppression

Hamza, NEPWHAN Coordinator



the support group also does home visits for clients who miss viral load test appointments and the Support group is also used it as a means to track clients who default on their clinic appointments.

Abdulgafar, Nasarawa

Finally, the Healthy Living Sunshine Support Group of the CHC Oba Ile PHC, Akure North, Ondo stated: "We share our experiences on sticking to the time of taking medicines consistently and promptly. We also get mentorship, psychosocial support, adherence counselling, and sensitization on viral load and viral load testing periodicity, which helps with viral load knowledge such that we have a set target to achieve 20cc/ml and target not detected (TND).

In the words of health workers in PHC Sabon Tasha, Chikun Kaduna state, "PLHIVs support group proactively collects names and phone numbers of those who miss appointments, facilitating direct communication. Additionally, support group ensures the timely collection of samples from individuals due for viral load testing. These efforts contributed to minimizing interruptions in treatment by addressing potential gaps in follow-up and testing, thus promoting continuous and effective care for individuals in the facility."



# Personalized HIV Services

In Nigeria's HIV response, the transformative engagement initiated through Community-led Monitoring (CLM) brought significant improvements to services for those living with the virus. Through CLM the diverse needs of PLHIV were identified. These needs were not just based on medical issues but included other unique challenges faced by individuals living with HIV. Therefore solutions were people-centered and targeted the real needs of PLHIVs.

## **CLM makes Implementation of Personalized Solutions Possible: Home Delivery of Medications to PLHIVs**

Health workers in PHC Sabon Tasha, Chikun, Kaduna State recognised the dedication of Support group's in bringing services directly to the doorsteps of People living with HIV (PLHIV) and that this has further enhanced the accessibility of crucial care. CLM efforts of PLHIV in Kaduna State were praised for breaking down financial barriers and ensuring easier access to essential care. Similarly, Everest, a Community Leader in Sabon Tasha village where the PHC is located, appreciated the innovative approach of PLHIVs working with facilities to make HIV services more affordable through the introduction of home delivery of medications which reduced transportation costs, and enhanced accessibility. Youth Alive Initiative support group in PHC Sabon Tasha, Chikun, Kaduna state likewise celebrated the home drug delivery and transportation support initiative, which not only made HIV services more accessible but also more affordable for the community.

Similarly, the Living with Hope Foundation and AYP Support Group in Unguwan Rimi, Kaduna North, shared how their CLM personalized approach of delivering medications directly to PLHIV had enhanced accessibility and adherence to treatment regimens, fostered a more inclusive healthcare model that embraced the unique needs of each PLHIV.

In Doma Local Government Nasarrawa state, Alhaji Ibrahim, a respected community leader in Angwan kasa/Andoma community, shared a tale of PLHIV CLM activities and their profound impact on the availability of HIV services. According to Alhaji Ibrahim **“Even in the farthest villages on the outskirts of Doma, access to HIV services was now a reality, thanks to proactive efforts of support groups and health workers** in ensuring patients received their medications promptly, even going the extra mile to deliver medications to those in need.

In Akure North Ondo state, members of the Healthy Living support group narrated stories of medicines being delivered directly to homes, fostering a sense of community care and support. Their accounts highlighted the diligent reminders for appointments, viral load tests, and clinic visits, with follow-ups meticulously conducted even three and seven days after appointments, showcasing the provision of personalized care.

Prince, the State Coordinator in Ondo State, recounted a pivotal incident in Ifon, where personalized care through a home visit identified a client in need, underscoring the power of community support in safeguarding the health of those requiring assistance.

These success stories stand as a testament that CLM is a platform that motivates unwavering dedication for the transformation of HIV services, breaks barriers, and creates a more inclusive and accessible health system. CLM helps stakeholders identify and prioritize the individual needs of PLHIV so that people-centered solutions can be provided.



# Integrating HIV/TB Malaria Services for Healthier Communities

Millions of lives are impacted globally by HIV, tuberculosis (TB), and malaria. These diseases disproportionately burden low- and middle-income countries, hindering development and overall well-being. However, integrating services to combat these diseases can significantly improve health outcomes and empower communities.

In Nigeria, CLM activities for HIV, TB and malaria were implemented following an integrated approach. Networks of HIV, TB and Malaria collaboratively conducted CLM in 9 states in the country. These findings represent the voices from the states on the integration of services:

## KANO STATE

Comrade Nuhu, the NEPWHAN State Coordinator in Kano, emphasised the dual role of HIV support groups in facilitating sample collection for the TB Network and distributing insecticide-treated nets (ITNs) as part of the malaria program during community outreach initiatives.

## ONDO STATE

Prince, the coordinator of NEPWAN in Ondo State, affirmed that since the commencement of CLM in 2012, **it has strengthened the integration of AIDS, TB and Malaria, especially at the health centres. He also confirmed that the Network of people living with HIV/AIDS**, was involved in ATM (AIDS, TB and Malaria) programme in Ondo State. In Ondo State PLHIV Support groups conduct health talks at health facilities regularly on HIV, TB and the use of mosquito nets. These sessions are dedicated to counselling and delivering prevention messages for both HIV and TB.

## GOMBE STATE

A community leader from the Kalarin community in Kaltunga LGA, Gombe state confirmed that CLM has strengthened awareness of HIV testing, Malaria and TB services in the selected PHCs across Kalarin community of Gombe State. Another community leader from Balanga LG of Gombe state said; **“The team reported that services for HIV testing, Malaria & TB are available and always in the facility except for HIV treatment services.”**



# Building Bridges, Breaking Stigma

## STIGMA

Across Nigeria, these are stories of community monitoring and action—inspiring change in HIV care. This story isn't about a single victory, but a chorus of triumphs echoing from towns and villages determined to tear down the walls of stigma and discrimination. At the heart of this movement are PLHIVs and their powerful tool: Community Led Monitoring (CLM). This chapter reveals the inspiring progress made in various communities across Nigeria in tackling stigma and discrimination related to HIV/AIDS. It highlights the crucial role played by Community Led Monitoring (CLM) efforts spearheaded by PLHIVs in achieving these positive changes.

This showcases success stories from several states, including:

- **Kaduna:** Increased access to HIV services and reduced stigma thanks to support group awareness campaigns.
- **Kano:** Reduced stigma against PLHIVs in healthcare facilities and communities through community engagement and interventions.
- **Nasarawa:** Improved access to HIV medication, legal support for PLHIVs facing discrimination, and a significant decline in stigma due to community education programs provided by support groups.
- **Kwara:** Increased knowledge and support for PLHIVs within the community, leading to a more inclusive environment.

The voices gathered at NACA's assessment of CLM confirm that through education, community-led monitoring and community engagement, PLHIV support groups are slowly dismantling the walls of stigma and discrimination. The progressive reduction in HIV stigma is not only for PLHIVs but for everyone who believes in a more just and supportive society.

In Sabon Tasha Kaduna, a community leader Everest shared that People Living with HIV/AIDS were feeling more comfortable seeking help thanks to Community-led advocacy. Support groups held workshops and talks to educate the community about HIV and AIDS, dispelling myths and encouraging empathy. This welcoming approach made a big difference!

Similar stories came from Unguwan Rimi, Kaduna state. Shehu, another community leader, explained how PLHIV support group awareness campaigns had changed things for the better. By educating people about the virus, they were reducing fear and prejudice. Even health workers in PHC Sabon Tasha, Chikun Kaduna and PHC Unguwan Rimi, Kaduna North noticed a shift. People were coming forward for services and feeling more supported.

Support groups like Living with Hope echoed these sentiments. Community-led monitoring activities weren't just educating the community, they were empowering those affected by HIV/AIDS. Through workshops and discussions, they helped people overcome their fears and navigate the challenges of living with the virus. This created a more inclusive environment where everyone felt supported. Support groups organized programs to educate the community, leading to a more understanding and accepting environment.

In Kano, Comrade Nuhu, the NEPWAN coordinator, had this say. Stigma against people living with HIV/AIDS (PLHIVs) was finally decreasing, thanks in part to their tireless work. Hospitals like Aminu Kano Teaching Hospital (AKTH) were becoming more welcoming environments.

# Building Bridges, Breaking Stigma

However, challenges remained. Waziri Gidado Hospital Kano lacked private spaces for consultations, leading to confidentiality concerns. Nuhu also encountered a situation where a non-PLHIV visitor felt uncomfortable around a patient, fearing they might be mistaken for having HIV. This incident became a valuable teaching moment for the group, fostering understanding and resolving the issue.

Out in the community, Abdulgafar, a leader in Taurani Kano, saw positive changes too. Support groups offered a safe space for PLHIVs to connect and combat stigma. **He even joked that sometimes, PLHIVs seemed healthier than others!**

Alhaji Sali, a leader in Unguwa Uku, Kano, echoed this positive outlook. He credited support groups' collaboration with the community development committee for raising awareness and reducing stigma. **People interacted freely, confidentiality was respected, and relationships with PLHIVs thrived.**

Hamisu, a community leader and beneficiary from Kano, confirmed the improvements. community-led monitoring interventions led to better services, and PLHIVs felt empowered to protect themselves and each other. He remembered the dark days of stigma, when people wouldn't even help a sick student for fear of HIV. But now, with increased awareness, the virus no longer defines a person. Even a family member living with HIV, once ostracized, could now enjoy a normal life.

The fight against stigma wasn't over, but thanks to NEPWHAN's dedication and the community's growing understanding, Kano was moving towards a brighter future for everyone.

In Nasarawa state, a wave of hope was washing over communities. Alhaji Ibrahim, a leader in Angwan Akasa/Doma, shared how access to HIV medication had vastly improved. Thanks to home-based care and increased awareness campaigns, people no longer hid away for fear of stigma. They even offered PrEP, a medication to prevent HIV, to victims of sexual assault in remote areas.

This wasn't just about medicine. Alhaji Ibrahim of Nassarawa, with support from NEPWHAN, also educated the community about the dangers of discrimination against people living with HIV/AIDS (PLHIVs). This led to a remarkable shift, with people treating each other with respect and understanding.

Similar stories emerged from Lafia. Abdullahi, a leader in Tudun Kaura Nasarawa, felt safer knowing NEPWHAN had lawyers ready to fight against any stigma PLHIVs might face. This legal support, along with awareness programs, significantly reduced prejudice within the community.

A healthcare worker at Magaji Aare 1 Basic Health Care Centre Kwara shared the positive shift. As a result of increased awareness, the stigma and discrimination that once plagued the community had reduced. People understood that HIV, when managed with proper medication, need not be a death sentence.

# Building Bridges, Breaking Stigma



PLHIV's involvement in service monitoring has fostered a more compassionate and understanding space for everyone in the community

**Hamza, NEPWHAN Coordinator**  
Nasarrawa

A wave of change was also washing over Ondo State, and Mr. Prince emphasised that the law has also played its part. The bill on stigma and discrimination against PLHIV sends a strong message. This legislation provides legal protection for those living with HIV, ensuring they are treated with dignity and respect. Mr. Prince further reiterated the importance of community engagement. Support groups, along with Community-Based Organizations (CBOs), were organizing dialogues, activities, and even media events. These initiatives have created a platform for open discussion, breaking down barriers, and building bridges of understanding.

The change was palpable as Olufadi, a person living with HIV at the PHC Oke-Ogun, Oyo state confirmed that reports of **stigma and discrimination have reduced drastically. The community had embraced understanding and compassion.**



there has been a dramatic decrease in stigma thanks to widespread awareness campaigns. The Nasarrawa support group confirmed their tireless work in organizing educational programs and raising awareness had improved the community's attitudes

**Zainab, Head Nurse**  
Doma, Nasarrawa





# Eradicating Gender Based Violence (GBV) in Communities

Gender-based violence is one of the most prevalent human rights violations in the world and is rooted in gender inequality. Gender-based violence increases the risk of HIV transmission and fuels HIV stigma. One important objective of Community-led monitoring and advocacy is to respond to human rights and gender-related barriers to HIV service. These findings represent the impact of CLM on GBV in 9 states assessed:

## **GBV Responses in Kaduna State**

In the heart of Sabon Tasha, Chikun LGA, Kaduna state, Mr. Everest a community leader reported that PLHIV support groups worked with local organizations to launch awareness campaigns, educating people about GBV and its dangers. However, knowledge is only the first step. When someone experiences GBV, they need support to heal and support groups are important in this regard. Support groups have provided vital psychosocial support which helps victims recover from the trauma they have experienced. Through education, support, and partnership with local groups, support groups are making a real difference in Sabon Tasha Kaduna because they are not just fighting GBV but they are building a community where everyone feels safe and supported.

Similarly at the local health clinic in Sabon Tasha, Chikun LG of Kaduna State, health workers are seeing a positive shift. These health workers affirmed that support groups are making a difference in the fight against GBV.

Support groups held community meetings, and face-to-face interactions where they talked openly and honestly about GBV. They don't just tell people it is wrong but how they can address it too. At these meetings, they give people information, on what GBV is, how to recognize it, and most importantly where to get help if it happens. They hand out contact details for support groups and NGOs, so that no one has to face this alone. Due to increased knowledge and resources on GBV, the atmosphere in Sabon Tasha Kaduna is changing. People are becoming more aware of GBV and are more likely to speak up if they see it happening while those who are aware know where to turn for help. Community-led monitoring efforts have given the PLHIVs community the tools they need to fight back.

The Youth Alive Initiative (PLHIV support group) in PHC Sabon Tasha, Chikun LG of Kaduna relayed, that through informative sessions, they have been equipped with knowledge on addressing GBV situations. Additionally, NEPWHAN offered essential support, including psychosocial assistance and legal aid when necessary.



NEPWHAN's targeted sensitization efforts directed at youth and women in the clinic was having a real impact

**Shehu, Community Leader**  
Unguan Rimi, Kaduna

# Eradicating Gender Based Violence (GBV) in Communities

## GBV Responses in Ondo State

Religious institutions are joining the fight too. According to Mr Prince who is the NEPWHAN State coordinator for Ondo State, churches and mosques are using their platforms to spread awareness about HIV and the dangers of Gender-Based Violence (GBV). They also highlighted the penalties for GBV and encouraged zero tolerance for violence within the community.

At the PHC Araromi Owode in Akure North, health workers are champions of client confidentiality. They also go into the community, educating people about the damage caused by spreading negativity about someone's HIV status. When GBV cases come to the facility, they are provided counseling and support for those caught in the crossfire.

A wave of change was also washing over Ondo State, and Mr. Prince emphasised that the law has also played its part. The bill on stigma and discrimination against PLHIV sends a strong message. This legislation provides legal protection for those living with HIV, ensuring they are treated with dignity and respect. Mr. Prince further reiterated the importance of community engagement. Support groups, along with Community-Based Organizations (CBOs), were organizing dialogues, activities, and even media events. These initiatives have created a platform for open discussion, breaking down barriers, and building bridges of understanding.



Oba Ile market was once a place where domestic violence simmered beneath the surface but it has been transformed.

**Olowode, Community Leader**  
Akure North LGA, Ondo State



Through engagement with support groups If a whisper of GBV dares to slither in, it is met with swift action. Community meetings erupt in discussion, and penalties are swift sending a clear message that violence has no place in Emure Ile Ondo state

**High Chief Soma, Community Leader**  
Emure Ile PHC Ondo state

Awareness campaigns about GBV have reached every corner, its message resonating loud and clear. The result is quieter homes and happier families. Parents are more attentive, and the sting of violence is reducing and the market bustles with a newfound energy, a testament to the power of education and community action.

These are just a few glimmers of hope from Ondo State. As more communities embrace confidentiality, education, and zero-tolerance for GBV, the future for people living with HIV grows brighter. The whispers of stigma are fading, replaced by the chorus of acceptance and support.

# Eradicating Gender Based Violence (GBV) in Communities

## GBV responses in Nasarawa state

Deep within Nasarawa State, the fight against Gender-Based Violence (GBV) is taking hold with community leaders, health workers, and support groups, all working hand-in-hand to address GBV.

In Angwan Akasa/doma community Nasarawa, Alhaji Ibrahim, the Community Leader, stands shoulder-to-shoulder with the support group and together, **they've seen a dramatic drop in GBV cases.** They have raised awareness in the community leaving no place for ignorance to hide. NEPWHAN linked the community to lawyers ready to defend GBV survivors ensuring justice is served. In Angwan Akasa/doma community, attempts to hide crimes, like rape within families, are reducing because perpetrators of rape are held accountable which sends a clear message that GBV will not be tolerated.



It has been a direct result of their deep involvement within the communities, they are not outsiders, they are partners working tirelessly to build a safer future for everyone

**Hamza, NEPWHAN Coordinator**  
Nasarawa State

At Tudun Kaura PHC Nasarawa, Rashida, a health worker, echoes the success story that due to community-led monitoring activities of the support group, GBV cases have plummeted, and those that do arise are tackled head-on. The community leader, Abdullahi of Tudun Kaura said that although no cases of GBV have been reported they are prepared nonetheless. The support group have drilled the importance of reporting any incident, and Abdullahi confirmed that they will be there to provide vital services to victims. The Salama support group in Tudun Kaura PHC in Nasarawa State confirmed that GBV is a rare occurrence within their community and increased awareness has created a powerful shield of protection.

Nasarawa State's story is a beacon of hope. It is a testament to the power of collaboration, awareness and unwavering support. It is a story where communities, health workers, and PLHIVs stand united, proving that GBV can be defeated, one step, one voice, one act of courage at a time.



we have a dedicated team working directly with the support group and together they have made significant progress, especially in empowering people with knowledge, the channels for reporting, and the unwavering support of lawyers ready to fight for them

**Zainab, Head Nurse**  
Doma, Nasarawa

# Eradicating Gender Based Violence (GBV) in Communities

## GBV responses in Kano

In the bustling heart of Kano State, Comrade Nuhu, Kano NEPWHAN coordinator shared concerns that the walls of Murtala Muhammed Specialist Hospital echoed daily with the stories of GBV. A young girl, barely seven years old, was violated and another woman living with HIV, had her trust shattered by her husband's violence. Through Community-based monitoring interventions in Kano, stories of triumph were recorded. A PLHIV woman, battered by her husband, found solace in the support group. NEPWHAN, working alongside Human Rights advocates, intervened, ensuring her abuser was held accountable. AbdulGafar, a community leader and fellow PLHIV, echoed Nuhu's sentiment. He spoke of a non-member, a woman suffering silently, who found her voice through the support group. They championed her cause, escalating the issue to the authorities, and finally, towards justice. The statistics in Kano spoke volumes.

Alhaji Sali Garba, a ward head at a local health facility, stood tall. He spoke of a **dedicated GBV unit within the clinic, a space where victims no longer felt silenced. Police reports were being filed, court cases pursued.** A 43-year-old abuser, once free to roam, now faced the consequences of his actions thanks to the relentless efforts of the Women's Development Committee.

Even within families ravaged by discord, hope emerged. Hamisu, a community leader in Gwale, LGA of Kano State shared the story of a couple on the brink of collapse. The husband, fueled by fear and misunderstanding, resorted to violence against his HIV-positive wife. But through education and support, the tide turned. The husband learned how to protect himself from the virus, dismantling the wall of fear and paving the way for a more peaceful future.

In Kano State, the fight against GBV wasn't a solitary one. It was a collective effort, led by NEPWHAN, community leaders, health workers, and the unwavering spirit of the victims themselves. They were weaving a safety net, one thread at a time, to protect the vulnerable and build a future free from violence.



NEPWHAN has documented over 200 cases of GBV, affecting not just PLHIV individuals, but also key populations and young people. 80% of these cases have been resolved through various interventions

~NEPWHAN~

# Eradicating Gender Based Violence (GBV) in Communities

## GBV response in Plateau

In the heart of Plateau State, fueled by the tireless efforts of support groups and community leaders, whispers of change rippled through communities as the fight against Gender-Based Violence (GBV) gained momentum.

Within the Diye Local Government Area Plateau, **support groups tackled GBV prevention through awareness educational campaigns and community sensitization programs, shattering the silence surrounding GBV.** People were learning to recognize the signs, to speak up against violence, and to create a safer space for everyone.

This newfound awareness was not just empowering individuals, it was transforming the way GBV cases were handled. In Jos North LGA, the PLHIV support group at Tudun Wada PHC, alongside their counterparts in Diye, formed a powerful alliance. When a survivor reported a case, NEPWHAN (Network of People Living with HIV/AIDS in Nigeria) and the CLM (Community Led Monitoring) team sprung into action. They became fierce advocates, walking with survivors every step of the way, ensuring they received the support and services they desperately needed.

The impact was undeniable. the community leader in Tudun Wada Plateau couldn't have been more proud. He spoke of how the **awareness campaigns had not only increased knowledge about GBV but had also significantly reduced the stigma surrounding it. This shift in attitude was life-changing.** People, especially those living with HIV, felt empowered to seek help.

Down south in Diye, health workers echoed this sentiment. They spoke of how CLM's awareness creation programs had dramatically reduced the stigma associated with HIV.

People living with the virus no longer felt ostracized. Instead, they could confidently walk into health facilities and access vital services, such as HIV Testing Services (HTS).

This was just the beginning. In Plateau State, a wave of change was rising, fueled by a united front comprising of the support groups, community leaders, health workers, and survivors themselves. They were weaving a web of support, dismantling the walls of violence, and creating a future where everyone felt safe and empowered.



# CLM Facilitates Infrastructural Upgrade

Health facilities in low- and middle-income countries (LMICs) like Nigeria, face significant challenges like environmental conditions and lack of standard precaution items and equipment. The condition of health facilities directly affects the uptake of services including HIV treatment and care. In addition, the infrastructural and environmental conditions of health facilities can have an impact on the well-being and performance of healthcare workers.

## **Provision of DOT and ART centres at health facilities**

Dakata PHC Kano lacked centres for Directly Observed Therapy Shortcut course (DOTS) and Antiretroviral Therapy (ART). But due to the CLM carried out by PLHIVs in Kano, the State coordinator NEPWAN Kano, Comrade Nuhu shared that they successfully established DOT and ART centres at Dakata PHC Kano State, which previously was unavailable.

## **Support Group and Community Working Towards Connecting Health Facility to Electric Power Supply**

Electricity is needed to power the most basic services in health-care facilities, from lighting, laboratory, and operation theatre, to clean water supply in a hospital.

In Ondo State, Eniola, the community leader in Akure North, stated “Our group of elders presented requests to the Support group to provide support to the facility. We requested for electricity enhancement, fencing and security because there is no electricity in the facility due to a huge electricity bill.

Eniola, also confirmed that “the issue of unavailability of electricity in this community is due to an outstanding bill of one million Naira. The support group contacted the electricity provider and the electricity bill was reduced by some amount but the bill hasn't been cleared. The community leader considered using solar power and held a meeting with Owode community heads but the funding to implement the project is still yet to be raised.

## **Upgrade of health facility makes CHILD DELIVERY SAFE AGAIN IN THE MAKERA COMMUNITY**

The community called Makera is located at the rural part of Igabi Local Government in Kaduna state. Taro Taro facility health centre is one of the oldest health centres built in 1992 to cater for the community but unfortunately, the facility needs renovation, ‘which was last done in 2001’ to enable the provision of modern service delivery.

Pregnant women have to travel for more than 30 minutes to access care in other communities, which is a cause of great discomfort because of the absence of an alternative power supply. There were reported cases of delivery complications such as excessive bleeding of women during childbirth in the Taro Taro facility especially during night sessions. Also, there has been very low patronage of the facility with an average of 12 clients per week. Lack of Microscopes, benches/chairs for patients, and alternative power supply among others have been the major hindrances for better health services.

Alumma Support Group, working in the community in collaboration with the community stakeholders conducted a series of advocacy to local philanthropists which led to the provision of a generator, microscope, 15 metal waiting benches and other vital facility equipment.

# CLM Facilitates Infrastructural Upgrade

As a result of the intervention, delivery of children at night is now possible. 3 community women testified of having safe child delivery sessions; community members expressed happiness about getting more accurate tests done at the facility without going far and spending more. The facility therefore experienced a boost in patronage by 233%.



On the 17th of December, 2022 when I was in Labor at this facility, Power was interrupted and I was so scared but to my surprise I saw that the generator was turned on in seconds which has never happened based on experience shared by some of my friends who had late night deliveries in the facility. The generator helped the Matron and other nurses to see the process completed in less than the estimated time”.

Mrs. Franca Markus

As a result of the upgrade of the facility through CLM efforts, community women can now have safe delivery at the Taro Taro health centre without having to travel a distance to other communities.

## END OF THE ROAD FOR POOR DRUG STORAGE AT ODO- ONA PHC

Odo-Ona PHC in Ibadan Southwest LGA of Oyo state lacked proper medication storage. The drugs are stored in a room with high temperature and relative humidity (RH) which are the greatest factors that tend to affect the potency of drugs. It also exposes the drugs to degradation and contamination that can result in complications and death for patients who use such drugs.

Involvement of the Community Led Monitoring Team (CLMT) in the Center for Community Health and Poverty Alleviation (CHEPA) to Odo-Ona PHC in August 2022, a Key Informant Interview (KII) with the Officer in Charge of the facility was conducted and a lack of proper drug storage was identified as one of the challenges faced by the facility. In August and September 2022, the issue was further discussed at the Focus Group Discussions (FGDs) sessions with the community Stakeholders who made commitments to look into it and provide the facility with a shelf for drug storage.

In September 2022, following a series of follow-up visits with the Community Stakeholders by the CLMT, Odo-Ona PHC was provided with a shelf that can be used for drug storage with consideration for the right Relative Humidity (RH) and temperature.

The provision of the shelf for their drug storage has met with the WHO guidelines on storage conditions for pharmaceuticals and medical products which has also mitigated the challenge of drugs losing their potency thereby saving lives.



# CLM Igniting Engagement of Community Leadership

The fight against HIV/AIDS requires a multifaceted approach. While medical advancements are crucial, social awareness and community engagement are equally important. This chapter explores the inspiring community-led monitoring efforts of People Living with HIV/AIDS in Nigeria and how these efforts rallied community leaders across various Nigerian states to fight HIV/AIDS. Reports from Kano to many more states reveal how CLM brought about collaboration and empowerment with traditional leaders that transformed the landscape of HIV care and prevention.

In Sabon Tasha Kaduna, a community leader named Everest spoke of a powerful change. Everest went on to share that PLHIVs support groups, worked hand-in-hand with traditional and religious leaders and ensured that life-saving HIV medications were reaching more people. These respected figures within the community helped break down any remaining stigma and encouraged others to accept the vital treatment available. It was a team effort, with everyone working together to ensure vital medication was readily available.

Up north in Unguwan Rimi Kaduna, another community leader, Shehu, echoed Everest's sentiments. Support groups were conducting awareness campaigns and spreading the word about HIV services. People who may have been hesitant before were now feeling empowered to get tested and counselled. This surge of interest meant the facility was busier and more people were getting the essential support they needed.

These stories from Everest and Shehu showed that support groups' community-led monitoring and advocacy did not just raise awareness but built bridges within communities, empowering individuals, and ultimately saving lives.

In Ondo State, the fight against HIV gained momentum thanks to community-driven efforts of PLHIV support groups. Prince, the coordinator of NEPWAN, explained that by educating community leaders, support groups armed traditional leaders with knowledge. These leaders became messengers, spreading awareness about HIV testing services to market women, key populations, and other community groups.

At Primary Health Centers Araromi Owode in Akure North, Ondo state. Health workers supported by PLHIV provided vital information about HIV testing services available in their facility to community leaders. This awareness trickled down to the very heart of the communities. High Chief Soma, the leader of Emure Ile PHC in Owo, spoke with enthusiasm about the sensitization he'd received on HIV. Similarly, Chief Olowode, the leader of Owode Araromi in Akure North, echoed this sentiment. He and his community actively participated in health talks, learning not only about HIV services but also about the availability of drugs for those living with HIV.

In Nasarawa State, leaders like Abdullahi, from Tudun Kaura in Lafia, were at the heart of the movement. Every month, he and other community leaders met with support groups. At these meetings, nothing was off-limits. Complaints and observations were openly discussed, paving the way for solutions.



# CLM Igniting Engagement of Community Leadership

This open communication with community leaders trickled down from community-led monitoring activities. Alhaji Ibrahim, the leader of Angwan Akasa/ doma community, Nasarrawa said that he understood the importance of listening. This is the reason he made it a priority to hear the concerns of people living with HIV which ensured their voices were heard and their needs addressed.



A woman had tested positive for HIV, but her husband remained unaware. This leader stepped in. He carefully invited the husband, offering him guidance and ultimately revealing the wife's status. Through his compassionate counselling, both husband and wife accepted the news and began treatment together. As a testament to the power of community support, the couple returned to express their gratitude to the leader who had helped them navigate this difficult chapter.

**Community Leader**  
Hadeja LGA, Jigawa state

Support groups, like the Nasara group in Doma, Nasarrawa felt that the PLHIVs were finally receiving the needed support. Together, leaders like Abdullahi and Alhaji Ibrahim, along with support groups, were making a real difference in the lives of those affected by HIV in Nasarawa State.

In Kano state, Comrade Nuhu, a state coordinator for NEPWAN, spoke of the importance of getting everyone involved. Support group CLM teams facilitated focus group discussions (FGDs) where community members, from market women to religious leaders, all had a seat at the table. These open discussions fostered a spirit of support, with communities rallying behind their local health facilities.

Alhaji Sali, a community leader, exemplified this perfectly. He recounted how the community banded together to help new mothers. If a husband travelled on business, the community would chip in for the mother's transport fare, ensuring she could still get her baby the crucial first vaccinations.

This sense of community resonated with Hamisu, a PLHIV beneficiary. He spoke passionately about the support group's life-changing CLM initiatives. Support groups went the extra mile, with home visits to ensure members felt supported.

Comrade Nuhu wasn't finished there. He elaborated on the CLM efforts of support groups, highlighting their monthly interactions with community leaders. Through these meetings, leaders received training on PMTCT (prevention of mother-to-child transmission) and adherence counselling, empowering them to become beacons of knowledge within their communities. Together, support groups, community leaders, and everyday people were weaving a strong social fabric that would protect their community's health and well-being.

These stories paint pictures and provide shining examples of how through CLM, PLHIVs, traditional leaders and their people made a real difference in the HIV program.





# Community Ownership and Synergy of HIV Programs

HIV programs require a deep understanding of the communities most affected and a united front against the epidemic. Community strengthening initiatives like CLM empower PLHIVs to collaborate with critical partners and drive HIV programs. These stories paint a clear picture that collaboration and open communication empowered PLHIVs to take charge of their health and well-being. Everyone working together, to build a brighter future for all PLHIVs.

In Nasarawa State, a powerful change is taking root. Abdullahi, a community leader in Lafia, described monthly meetings where PLHIVs and community leaders discuss local concerns about HIV services. Another community leader, Alhaji Ibrahim, in Angwan Akasa/doma, Nasarawa shared how they actively listen to people living with HIV (PLHIV) and address their needs.

In Kwara State, Mr. Yusuf, the NEPWHAN coordinator, noticed that people living with HIV (PLHIV) were disconnected and uninterested in the management of health facilities. They saw health facilities as properties of the "government" and not for them. The introduction of community monitoring helped in bridging this gap. Through participation in community-led monitoring and advocacy, PLHIVs understand that they have a stake in how health facilities are managed because they are benefiting from it. Following this shift in perspective, the PLHIVs in Kwara have become involved in monitoring the facilities, to ensure they live up to their purpose. Now, it's a community effort, to ensure every PLHIV gets the care they deserve.

In Ondo state, advocacy to relevant authorities on challenges with HIV services wasn't easy at first. Prince, the coordinator of NEPWHAN in the state said that through the Community Led Monitoring (CLM) and continuous advocacy, to government agencies and security forces like the police, slowly things began to change. As the understanding of the needs of PLHIVs grew within these agencies, then came the acceptance of the need to support the improvement of HIV services. CLM became a bridge, connecting the PLHIV community with the resources needed to stay healthy.

In Oyo state, a healthcare worker beaming with pride said. "We've seen a huge jump in people coming in for HIV services!" she exclaimed. It all started with the Community Led Monitoring (CLM) program. Their awareness projects spread the word far and wide, and a powerful synergy blossomed between the health facility and the community. People felt informed, empowered, and ready to take charge of their health. It was a beautiful example of community and healthcare working hand-in-hand'.

In Kano state, Abdulgafar, a community leader in the Tarauni community, described the close collaboration with the health facility and support groups in this statement: "If someone's viral load isn't suppressed, the data entry clerk discreetly lets the support group leader know. This triggers a support system to take action".

# Community Ownership and Synergy of HIV Programs

## COMMUNITY OWNERSHIP –SUCCESS STORY 1



a beacon of hope but shrouded in darkness because it lacked electricity. Built-in 2008, it stood silent at night, a deserted shell. Staff felt unsafe working in the dark. The darkness even emboldened thieves who made off with refrigerators, generators, and furniture.

### **Model PHC**

Doma, Nasarawa State

Then the support group conducted Community Led Monitoring in the PHC. They identified the missing piece – electricity. Through tireless advocacy, they contacted Hon. Mohammed Ogoshi Onawo, a PDP Senatorial Aspirant from Doma. Together, they chipped away at the darkness. On November 25th, 2022, after 14 long years, the Model PHC was finally connected to the national grid. A wave of relief washed over the community. The once-abandoned facility roared back to life, offering nighttime services for the first time. Pregnant women could now breathe a sigh of relief, knowing safe childbirth was just steps away, no matter the hour.



With the power back, everything has changed. Night shifts are finally happening, and the community can access care around the clock. Even at 2 am, expecting mothers know they'll be taken care of

Latifatu Musa Idris

**But the light didn't stop there. The borehole, long dependent on a temperamental generator, was now powered by the grid. The electrical power supported by the generator offered a steady stream of clean water – which is a blessing for both the facility and the community.**

The story of the Model PHC is a testament to the power of community. It's a story of darkness overcome, hope rekindled, and a shining example of how collective action can illuminate the path to a healthier future. The restoration of electricity improved facility operations, supply of potable water; community access to potable water; and uninterrupted service delivery through night shifts at the facility.

# Community Ownership and Synergy of HIV Programs

## COMMUNITY OWNERSHIP –SUCCESS STORY 2

Millennium Village is a community situated in Oshodi/Isolo ward of Akure South Local Government Area of Ondo State. The Basic Health Centre is a facility provided by the government to the inhabitants of Millenium community which often time is mostly underutilized. The facility staff have embarked on outreaches to boost service uptake, but the issue still lingers. This issue has persisted for over five years and has become a huge concern to the facility staff.

A Focus Group Discussion (FGD) session with the community people and Key Informant Interviews (KIIs) with the facility authority and the community leadership were conducted by CLM team of HESGEV a PLHIV support group in August 2022, where it was observed that most of the community people are not aware of the existence of a facility in the community. As part of the root causes of the facility's low patronage, it was discovered that the facility has no signpost that gives visibility to the facility. As part of the community efforts, following advocacy to community stakeholders by HESGEV, a signpost was erected in October, 2022 to give visibility to the facility. In the same month, the HESGEV also paid advocacy to various community gatekeepers and influencers soliciting their support to further create awareness of the health services offered by the facility to their followers in their various fora. Community members are becoming increasingly aware of the presence of the facility in the community and the services offered and this translated into increased uptake of services at the facility.



I thank God for this development because I could recall that one of my neighbours who newly moved to the community and did not know a facility exists in Millenium Community so called me to describe the health centre to them. We wasted a lot of my call cards for about 20mins as we kept using the building beside the hill to describe the facility building, yet they couldn't locate the facility. But with the intervention and community strengthening this project has brought to my community, I can boastfully describe the facility to people or new migrants in my community using the signpost we all provided and also with less energy and less resources'

**Engineer Osanugba**

The facility Officer in-charge Mrs Olarewaju expressed gratitude in the quote: "I'm so glad the intervention had increased the patronage we record on a monthly basis at our facility. Before we usually saw 20 clients in a month, we were unhappy with ourselves as though we are not doing what we are supposed to do or we are not efficient in our duties but now we have 30 to 40 clients patronage in a month. This has brought so much joy to us as a team and as health workers in the facility." This intervention has helped to foster healthy relationship between the health workers at the facility and the community people.

# Challenges and Recommendations

NACA in collaboration with NEPWHAN assessed Community led Monitoring and Advocacy and documented evidence to determine if CLM has strengthened our health system in the states. Conducting this exercise brought to the fore the achievements and weaknesses of community-led monitoring implemented across the nine states. Study participants also made the following recommendations to improve community-led monitoring implementation.

## Recommendations

The hindrances limiting PLHIVs access to HIV treatment and care are multifaceted and go beyond just medical factors. Community-led monitoring puts PLHIVs in the driver's seat and enables the examination of HIV programs from the perspective of the service beneficiaries. The following represent challenges faced by PLHIVs within the HIV program and recommendations:

- **Free HIV testing and ARVs** are available at health facilities yet PLHIVs are unable to access these services because they lack resources to purchase transportation and food. Therefore, PLHIVs urgently need sustainable financial assistance and skill acquisition training. PLHIV need to be empowered so that they can have money to buy food and live healthily, they cannot be taking drugs without food.
- **Inadequate understanding** or implementation of confidentiality protocols for HIV services among healthcare providers serving PLHIV is still a challenge. PLHIVs get discouraged by breaches of confidentiality when accessing HIV services. Government agencies and NEPWHAN need to enhance confidentiality awareness for health workers, including implementing partners (IPs) and Civil Society Organizations (CSOs).
- **PLHIV support group members need condoms** in the community to facilitate easier access and usage. The government and implementing partners should work in collaboration with PLHIVs to increase condom accessibility and usage.
- **It is important to reinstate the provision of supplements**, home-based care (HBC), and water guards within the HIV program because they play a crucial role in ensuring the well-being of PLHIVs.



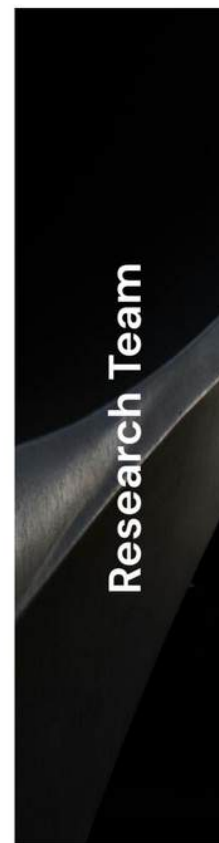
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