

# MSH/ARRDEC Story Reporting Template

**Reporter** (name, phone number, email, project)

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Project: Promoting Uptake of Antenatal Care (ANC) & HIV Testing and Counseling (HTC) at 3 Primary Healthcare Facilities in Eyo Abasi and Esin Ufot Communities, Oron LGA, Akwa Ibom State for Improved PMTCT Coverage in the Communities

**Suggested title**

**Saving Unborn Children from HIV Infection**

**Date/Venue/Location of event (activity)**

Date - August 2013 to July 2014

Venue - Primary Healthcare Centres

Location - Esin Ufot and Eyo Abasi Communities in Oron Local Government Area, Akwa Ibom State of Nigeria

**Activity Description (who was involved, what happened, why and how); what role did MSH play?**

Glory Edet, an HIV positive pregnant woman who was in her third trimester was identified, counselled and made to access Antenatal Care (ANC) and HIV Counselling and Testing (HTC) at Esin Ufot Primary Healthcare Centre (PHC) by Antof Rural Resource Development Centre (ARRDEC) in April 2014 during a project on the Prevention of Mother-to-Child Transmission of HIV (PMTCT).

The project assisted Glory to enrol for PMTCT services at Esin Ufot PHC and in May 2014, Glory was delivered of a baby.

Glory's joy knew no bounds in February 2015 when HIV test was conducted for Robinson Paul Edet (Glory's 9-months old baby) and the test result showed her baby was free of HIV! "What a good God, I serve"! Mary exclaimed. Her mother-in-law also broke out into praise songs, thanking God who made it possible for ARRDEC to have discovered her daughter-in-law's situation while she was pregnant.

ARRDEC successfully broke the barrier and the reluctance of pregnant women, such as Glory Edet, to accessing PHC services through sessions with spouses, Community Women Associations, Traditional Birth Attendants and PHC staff, Faith-Based Organizations (FBOs), community/opinion leaders and other relevant stakeholders. This consequently resulted in increased uptake in Antenatal Care (ANC) and HIV Testing and Counselling (HTC).

Management Sciences for Health (MSH) sponsored the PMTCT project and provided technical and oversight support during the implementation of the project by ARRDEC.

## **Key Changes that occurred/Quotes from Beneficiaries /Further action proposed**

### **Changes that occurred**

The cultural belief in Oron town that AIDS was a disease caused by Pile was debunked by ARRDEC. ARRDEC communicated to various stakeholders that AIDS was caused by HIV. ARRDEC communicated this fact during sessions with spouses, Esin Ufot and Eyo Abasi Community Women Associations, Traditional Birth Attendants in Oron and all stakeholders engaged during the project. ARRDEC also published a one-page Newsletter on this fact in December 2013 and distributed it widely.

Prior to the PMTCT Project, pregnant women reposed all their confidence in Traditional Birth Attendants (TBAs) and do not visit PHCs for delivery. The project facilitated and established a mutual relationship between TBAs and PHC staff, who hitherto, perceived themselves as enemies to sources of livelihood. With ARRDEC guidance, TBAs worked closely with the PHCs and even referred pregnant women to PHCs for ANC and HTC. There are 37 documented referrals done by TBAs for pregnant women to access services in the PHCs.

There was consensus at the Stakeholders Interactive Session held on June 17, 2014 that a Unit should be established in Oron Local Government Health Department to work directly with pregnant women for PMTCT purposes.

A total of four hundred and sixty-five (465) pregnant women were identified and sensitized in Eyo Abasi and Esin Ufot communities during the PMTCT project. Out of this figure, two hundred and thirty-three (233) were counseled and screened for HIV, one hundred and twenty-two (122) attended ANC sessions for a minimum of four times and fifty (50) pregnant women were delivered of their babies at the PHC or by Skilled Birth Attendants. Prior to the project, there could be no single delivery in the PHC within 6 months).

Eyo Abasi and Esin Ufot PHCs became quite operational due to the sudden surge in pregnant women's visit to the PHCs. The PHCs capitalized on this surge and increased registration fees from three hundred naira (N300) to five hundred naira (N500), thereby, improving the PHCs Internally Generated Revenue (IGR).

### **Quotes from Beneficiaries**

**“The rashes on my body have disappeared and I now have the strength to take care of my baby”** - Glory Edet's comment in July 2014.

**“Before this (PMTCT) project, there may not be a single delivery in my (Esin Ufot) PHC within 6 months, but things have changed now”**. Comment by Mrs. Jenny Anwana, the Supervisor-in-Charge of Esin Ufot PHC, during a Monitoring Session by ARRDEC to Esin Ufot PHC in April 2014.

ARRDEC established that there were 8 deliveries in Esin Ufot PHC within two months, February 2014 to April 2014, during the Monitoring Session.

**“My pregnant daughter-in-law stopped coughing after she visited the PHC”**. Comment by a Mother-in-law to ARRDEC staff in February 2014 during a follow-up visit to the woman's HIV positive pregnant daughter-in-law. The status of the daughter-in-law was discovered during the PMTCT project and she was placed on ARV drugs.

**“This kind of project should be a two or three years project”** - comment by His Highness, Chief Francis Eyo, the Clan Head of Eyo Abasi community during ARRDEC's sensitization visit to him in August 2013.

### **Further Actions Proposed**

1. The PMTCT Project was quite successful as confirmed by the outcomes achieved. However, pregnant women in contiguous communities and Local Government Areas are in dire need of this intervention, therefore, **the project should be replicated and sustained in other Local Government Areas (LGA) in Akwa Ibom State such as Udung Uko, Urue Offong/Oruko, Mbo and Okobo LGAs.**
2. ARRDEC subsidized the registration fees paid by the pregnant women at the PHCs which became a key motivating factor for them. **Hence, we suggest that subsequent programs on PMTCT should take cognizance and provide for this component so that pregnant women won't resort to patronizing the TBAs who do not charge registration fees.**
3. We also suggest that **further training of PHC staff on service delivery** should be incorporated in future PMTCT programs.