

**Meeting Targets and Maintaining
Epidemic Control (EPIC) Project**

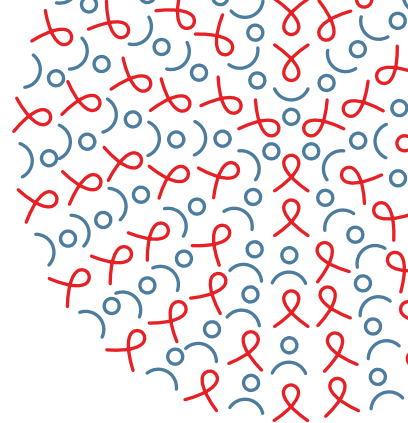
COOPERATIVE AGREEMENT NO.
7200AA19CA00002

EpiC/KPIF Nigeria: Summary of Achievements

OCTOBER 1, 2019 TO FEBRUARY 28, 2022



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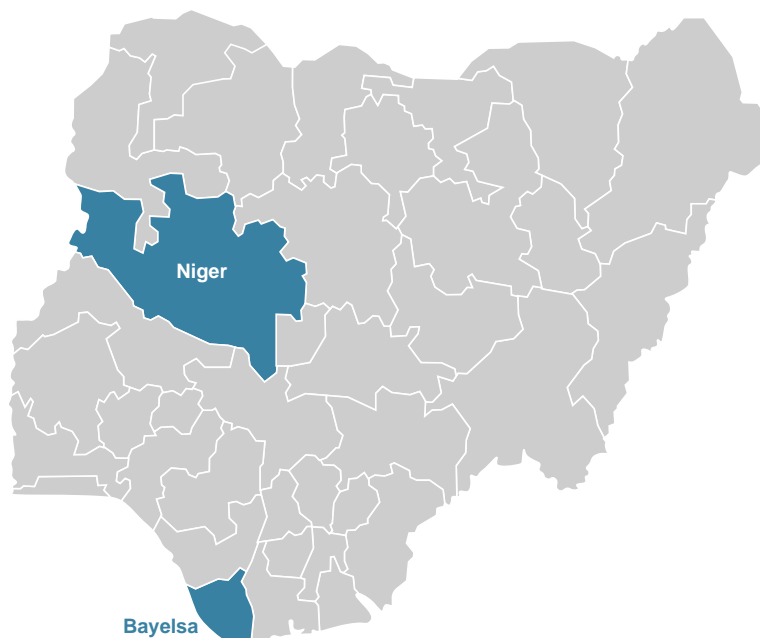


BACKGROUND

The Key Populations Investment Fund (KPIF) was a global, US\$100 million investment from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) (2019–2021) to increase access to and retention in high-quality HIV prevention and treatment services for key populations (KPs)—men who have sex with men, sex workers, transgender individuals, and people who inject drugs—in sub-Saharan Africa, Southeast Asia, Latin America and the Caribbean, and Ukraine. The goal was to provide funding to KP-led, -trusted, and -competent community-based organization (CBOs) and build their capacity to use their expertise to the benefit of the KP communities they serve.¹ The Meeting Targets and Maintaining Epidemic Control (EpiC) project led by FHI 360, one of several projects that received KPIF funding, worked with 99 local CBOs across 20 countries to implement KPIF-supported activities.

In Nigeria, EpiC worked with seven local KP-led and KP-competent partners to implement a KPIF-supported portfolio of activities designed to reach KPs most vulnerable to HIV, including female sex workers (FSWs), men who have sex with men (MSM), people who inject drugs (PWID), transgender people, and people in correctional settings, as well as clients of sex workers—a priority population (PP) (Table 1). The KPIF Nigeria project focused on provision of a comprehensive package of HIV prevention, care, and treatment services for KPs in Niger and Bayelsa states (Figure 1).

FIGURE 1.
LOCATIONS WITH
KPIF-SUPPORTED
ACTIVITIES



¹ U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Key Populations Investment Fund. Fact sheet. Washington (DC): PEPFAR; 2020. Available from: https://www.state.gov/wp-content/uploads/2020/07/PEPFAR_Key-Populations-Investment-Fund_Fact-Sheet_2020.pdf.

TABLE 1. KPIF NIGERIA LOCAL CBO PARTNERS

BAYELSA STATE	NIGER STATE
Passion and Concern for Women Welfare and Empowerment Initiative (PACOWWEI)	Centre for Communication and Reproductive Health Services (CCRHS)
Kindling Hope Across All Nations (KHAN)	Community Health Initiative for Youth in Nigeria (CHIYN)
Initiative for Advancement of Humanity (IAH)	Elohim Foundation
Cross-cutting operational support in Bayelsa, Niger, and Abuja Achieving Health Nigeria Initiative (AHNi)	

KPIF-supported activities took place in Niger state from October 2019 to September 2021 and in Bayelsa state from October 2019 to December 2021. The subaward with Achieving Health Nigeria Initiative (AHNi) was extended through February 2022 to support KPIF closeout.

KPIF Nigeria had four program objectives:

- **OBJECTIVE 1:** Increase availability of comprehensive prevention, care, and treatment services, including reliable coverage across the continuum of care
- **OBJECTIVE 2:** Enhance and sustain demand for comprehensive prevention, care, and treatment services among key populations
- **OBJECTIVE 3:** Strengthen systems for planning, monitoring, evaluating, and assuring the quality of programs for key populations
- **OBJECTIVE 4:** Support the transition of prime funding and implementation to capable local partners to meet the PEPFAR goal of 70% of funding to local partners by 2020

The project successfully demonstrated that strategies and interventions such as peer education and navigation, enhanced peer outreach approach (EPOA), index testing, pre-exposure prophylaxis (PrEP), training for health care providers and police officers to reduce stigma and discrimination, and prevention and response to sexual and gender-based violence (SGBV) all help to engage and serve previously unreached KP members and clients of FSWs and link them to high-quality services. Over the life of the project, KPIF Nigeria was dedicated to sustainability, supporting a locally led response to the HIV epidemic. This document summarizes the achievements of the EpiC KPIF Nigeria project.

KEY PROGRAMMATIC ELEMENTS

FHI 360 and its local partners worked together to deliver a comprehensive set of behavioral, service delivery, and structural interventions designed to improve KP members' and clients of FSWs' engagement in HIV prevention, care, and treatment (Table 2). The project also worked to strengthen local data collection and management systems as well as the organizational and technical capacity of local partners.

TABLE 2. KPIF NIGERIA PROJECT ACTIVITIES BY OBJECTIVE

OBJECTIVE	CORRESPONDING ACTIVITIES
<p>OBJECTIVE 1: Increase availability and access of comprehensive prevention, care, and treatment services, including reliable coverage across the continuum of care</p>	<p>Programmatic mapping and size estimation</p> <p>Safe engagement of KPs through online platforms, including social media</p> <p>Creation of safe spaces and one-stop shops in the two states of Bayelsa and Niger</p> <p>Efficient HIV case detection through targeted approaches: EPOA, index testing, and HIV self-testing</p> <p>Linkage to prevention, care, and treatment through peer navigation</p> <p>Implementation of “test and treat” at outreach, one-stop shops, and facilities</p> <p>Provision of integrated family planning, sexually transmitted infection (STI) screening, and tuberculosis (TB) preventive therapy services</p> <p>Rollout of differentiated treatment models</p> <p>Scale-up of viral load (VL) testing, monitoring, and reporting through sample tracking and referral</p> <p>Mainstreaming of gender-based violence prevention and development of a system for identifying and responding to violence</p>
<p>OBJECTIVE 2: Enhance and sustain demand for comprehensive prevention, care, and treatment services among key populations</p>	<p>Strengthening treatment continuity (early and long-term) through peer navigation and other community-based support strategies</p> <p>Demand creation for and delivery of services for KPs and clients of FSWs including logistical support, training and mentoring of government staff, and updating of national guidelines</p> <p>Development of strategies for reducing stigma in health-care settings</p> <p>Introduction of measures to strengthen the safety and security of KP implementers and community members</p> <p>Delivery of integrated antiretroviral therapy (ART) training for care providers</p> <p>Integration of gender and sexual diversity (GSD) training into health facilities’ continuing professional development (CPD) events</p>
<p>OBJECTIVE 3: Strengthen systems for planning, monitoring, evaluating, and assuring the quality of programs for key populations</p>	<p>Development of KP and clients of FSWs-specific data capture tools</p> <p>Quality improvement of data collection, analysis, and reporting</p> <p>Participation in national and state-level technical working group (TWG) meetings</p> <p>Monthly/quarterly supportive supervision visits to CBOs</p>
<p>OBJECTIVE 4: Support the transition of prime funding and implementation to capable local partners to meet the PEPFAR goal of 70% of funding to local partners by 2020</p>	<p>Capacity building of CBOs in compliance with U. S. Agency for International Development (USAID) rules and regulations, and strengthening of financial reporting competencies for USAID subawards</p> <p>Training of selected KP-led CBOs on subaward management and work plan development</p> <p>Mentoring of CBOs on the development and use of organizational policies and procedures</p> <p>Support to CBOs to ensure implementation of all award conditions as contained in subaward documents</p>

CUMULATIVE ACCOMPLISHMENTS

The KPIF Nigeria project deployed innovative strategies to increase access to and uptake of services by KPs and clients of FSWs. These strategies included key stakeholder engagement from the design stage, incorporating a peer-to-peer approach, community-based service provision, hot spot profiling for optimization, and programming tailored to KP subgroups and clients of FSWs, among others. The project was the first to roll out EPOA in Nigeria, which further supported the engagement of KPs in recruitment and testing services. The strategies were implemented using an adaptive approach based on timely tracking of data and lessons learned during implementation that were then used to adjust programming and further build CBO capacity. The project also opened five new one-stop shops that offered KP- and clients of FSWs-friendly health services, social activities, and income-generation activities.

Using these strategies, the project reached 109,734 KP members and clients of FSWs with prevention services, of which 104,445 (95%) were tested for HIV and received their results. The testing strategies resulted in an 11.5% case-finding rate, with 11,988 testing positive, and 12,122 initiated on ART, including those previously diagnosed but not on treatment.

KPIF Nigeria surpassed most program targets, some exponentially. The only KP group the project had some difficulties reaching was people in correctional settings, due to prohibitions on testing and prevention as they are viewed by government as contradictory to prison policies on no drugs and no intercourse. While only 90% of the overall testing target was reached, the project achieved 141% of the case-finding target, indicating that the HIV testing strategies implemented were highly efficient (Table 3).

Overall achievement on key performance indicators, Bayelsa and Niger States,

OCTOBER 2019–DECEMBER 2021

Number of KPs and clients of FSWs reached with prevention services: **109,734**

Number tested for HIV: **104,445**

Number newly diagnosed with HIV: **11,988**

Number newly initiated on PrEP: **18,837**

Number newly initiated on ART: **12,122**

TABLE 3. PROGRESS TOWARD TARGETS BY POPULATION GROUP OVER LIFE OF PROJECT

Population	KP_PREV and PP_PREV	Target	% Achieved	HTS_TST	Target	% Achieved	HTS_TST_POS	Target	% Achieved	% Case Finding	TX_NEW	Target	% Achieved	% Linked to ART
FSW	45,019	38,681	116.4%	43,767	56,009	78%	4,417	3,928	112%	10%	4,422	3,535	125.1%	100.1%
MSM	31,878	15,409	206.9%	29,579	22,969	129%	4,422	2,036	217%	15%	4,538	1,870	242.7%	102.6%
Clients of FSWs	3,175	1,752	181.2%	3,126	4,018	78%	789	161	490%	25%	792	151	524.5%	100.4%
People in correctional settings	5,341	5,508	97.0%	4,911	7,600	65%	105	668	16%	2%	101	594	17.0%	96.2%
PWID	16,306	11,189	145.7%	15,816	17,192	92%	1,329	931	143%	8%	1,329	799	166.3%	100.0%
Transgender people	8,015	5,522	145.1%	7,246	8,089	90%	926	775	119%	13%	940	697	134.9%	101.5%
Total	109,734	78,061	140.6%	104,445	115,877	90%	11,988	8,499	141%	11%	12,122	7,646	158.5%	101.1%

Pre-exposure Prophylaxis (PrEP)

Partners accomplished notable achievements in PrEP screening, PrEP acceptance by those eligible, and sustained PrEP continuation. The project expanded access to PrEP for most eligible KP members and clients of FSWs, in part linked to improved, expanded, and intensified quality counseling. The project surpassed PrEP targets overall as well as for each KP group, apart from people in correctional settings. The project faced challenges to PrEP initiation with inmates in correctional centers where government policies do not support screening for eligibility or use of PrEP.

Of the 104,445 individuals tested for HIV during the project, 92,457 (or 89%) tested negative. Among those testing negative, 57,331 (62%) were screened for PrEP, and just over a third (35%) were determined eligible. The vast majority (95%) of those eligible started on PrEP. The number of new clients on PrEP (“PrEP_NEW”) was also assured by the project’s attention to availability of PrEP commodities in the two project states.

TABLE 4. PROGRESS ON PREP TARGETS BY POPULATION GROUP

Population	HIV Negative	PrEP_SCREEN	% PrEP Screen	PrEP_ELIGIBLE	% PrEP Eligible	PrEP_NEW	Target	% Achieved
FSW	39,350	26,302	66.8%	8,352	31.8%	8,022	6,003	134%
MSM	25,157	15,411	61.3%	7,074	45.9%	6,424	3,010	213%
Clients of FSWs	2,337	1,630	69.7%	400	24.5%	400	105	381%
People in correctional settings	4,806	564	11.7%	22	3.9%	22	874	3%
PWID	14,487	10,571	73.0%	2,843	26.9%	2,841	1,487	191%
Transgender people	6,320	2,853	45.1%	1,144	40.1%	1,115	971	115%
Total	92,457	57,331	62.0%	19,835	34.6%	18,824	12,450	151%

Some key lessons learned from the project’s PrEP implementation efforts include:

1. When PrEP was rolled out, there was a shortage of PrEP drugs; however, PrEP screening continued, and the project collaborated with the Global Health Supply Chain-Procurement and Supply Management (GHSC-PSM) program to ensure the drug was made available to all eligible clients.
2. Willingness to start PrEP was one of the eligibility criteria for PrEP; therefore, unwillingness was a predominant reason for PrEP ineligibility.
3. Some clients who started PrEP were not returning for refills due to changes in risk perception, burden of taking the pill, and fear of side effects. To address this, CBOs engaged PrEP champions to encourage their peers to return for refills and continue with PrEP.

Social Network Testing and HIV Case Finding

The project ensured testing efficiency across the different KP groups and clients of FSWs, producing a case-finding rate of 8–25% (except for people in correctional settings for whom the rate was 2%).

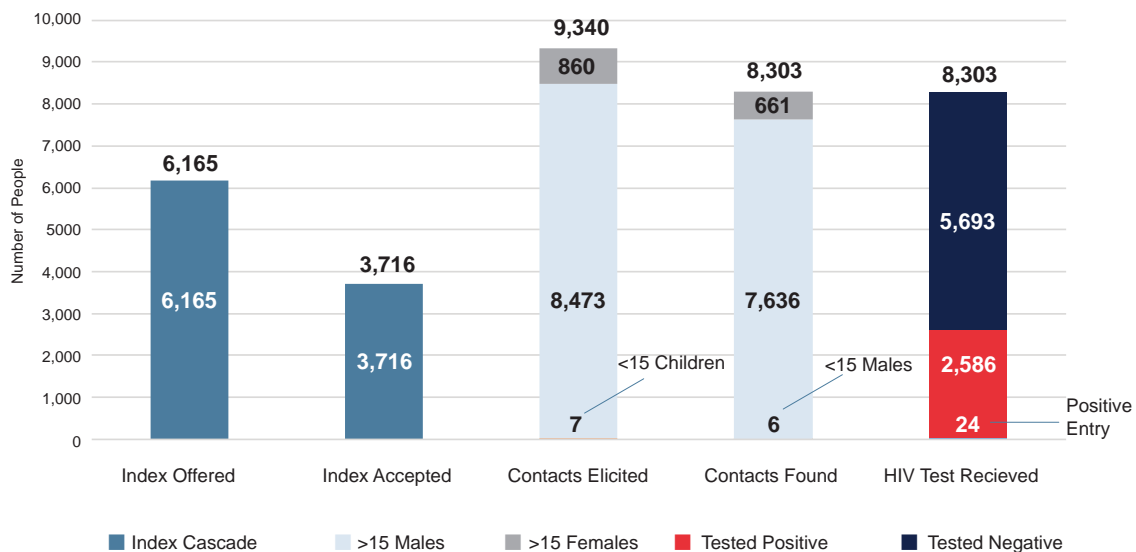
Index testing services produced the highest case-finding rate (31%) among the different testing modalities (Figure 2) implemented by the project.² The project

trained and mentored frontline workers on motivational counseling to encourage clients to accept index testing services and elicit their partners and biological children to test as well. Index testing services proved most efficient among MSM with a case-finding rate of 40%. Case finding among transgender people and PWID was 32%; among FSWs, 28%; and 10% for clients of FSWs. Case finding was higher among males (32%) than females (28%), reflecting greater case finding among MSM (Table 5).



Transgender community members in Niger state (Credit: EpiC Nigeria).

FIGURE 2. INDEX TESTING RESULTS



² EpiC. Index Testing and Risk Network Referral: Program Implementation Orientation and Training Package. Durham (NC): FHI 360; 2021. Available from: <https://www.fhi360.org/resource/index-testing-and-risk-network-referral-program-implementation-orientation-and-training>.

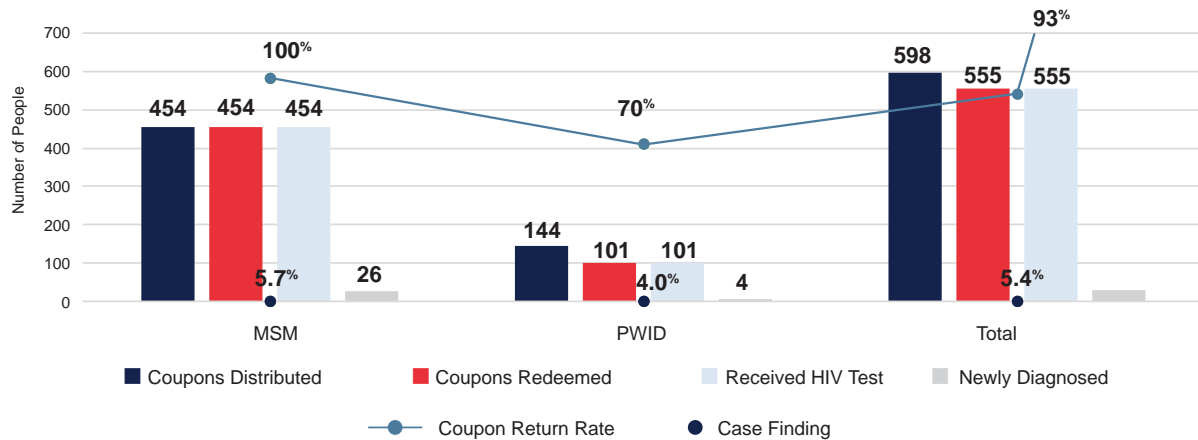
TABLE 5. INDEX TESTING RATES

Index Testing Accepted	60.3%
Contacts Tested (All)	88.9%
Female Contacts Tested	76.9%
Male Contacts Tested	90.1%
Child Contacts Tested	85.7%
Case-Finding Rate (All)	31.2%
Female Case Finding	28.4%
Male Case Finding	31.5%
Child Case Finding	16.7%

Both PWID and MSM were targeted for testing through **EPOA**.³ The offering of modest cash incentives proved a successful strategy for motivating KP members to encourage peers to redeem their coupons. For MSM, this also helped reach KP members in rural areas who would not have been reached through traditional testing approaches.

MSM aged 20–29 were the majority (86%) of clients reached through EPOA (Figure 3). Case finding was also highest among this age group—24 of 26 MSM newly diagnosed. The majority of PWID reached were male clients aged 25–39 (74%). Of PWID reached, 15% were female, with one newly identified positive (6.6% case-finding rate).

FIGURE 3. ENHANCED PEER OUTREACH APPROACH BY KP GROUP



3 LINKAGES. LINKAGES enhanced peer outreach approach (EPOA): implementation guide. Durham (NC): FHI 360; 2017. Available from: [resource-linkages-enhanced-peer-outreach-implementation.pdf](https://www.fhi360.org/resource-linkages-enhanced-peer-outreach-implementation.pdf) (fhi360.org).

With respect to correctional settings, testing was initially conducted for all inmates; however, case finding was poor. The project then designed and deployed a risk assessment tool, which was used to screen out inmates who were considered not at high risk. This increased testing accuracy and efficiency among inmates.

Treatment and Viral Load Testing Coverage

The project achieved 98% treatment continuity by scaling up strategies such as multimonth dispensing of antiretroviral (ARV) drugs for eligible clients, home service delivery, support groups, close tracking of clients due for refills, and provision of other services such as STI screening and treatment, GBV prevention and response, and psychosocial support. Service provision at the one-stop shops also enhanced treatment continuity as KP members and clients of FSWs received stigma-free services tailored to meet the unique needs of each population.

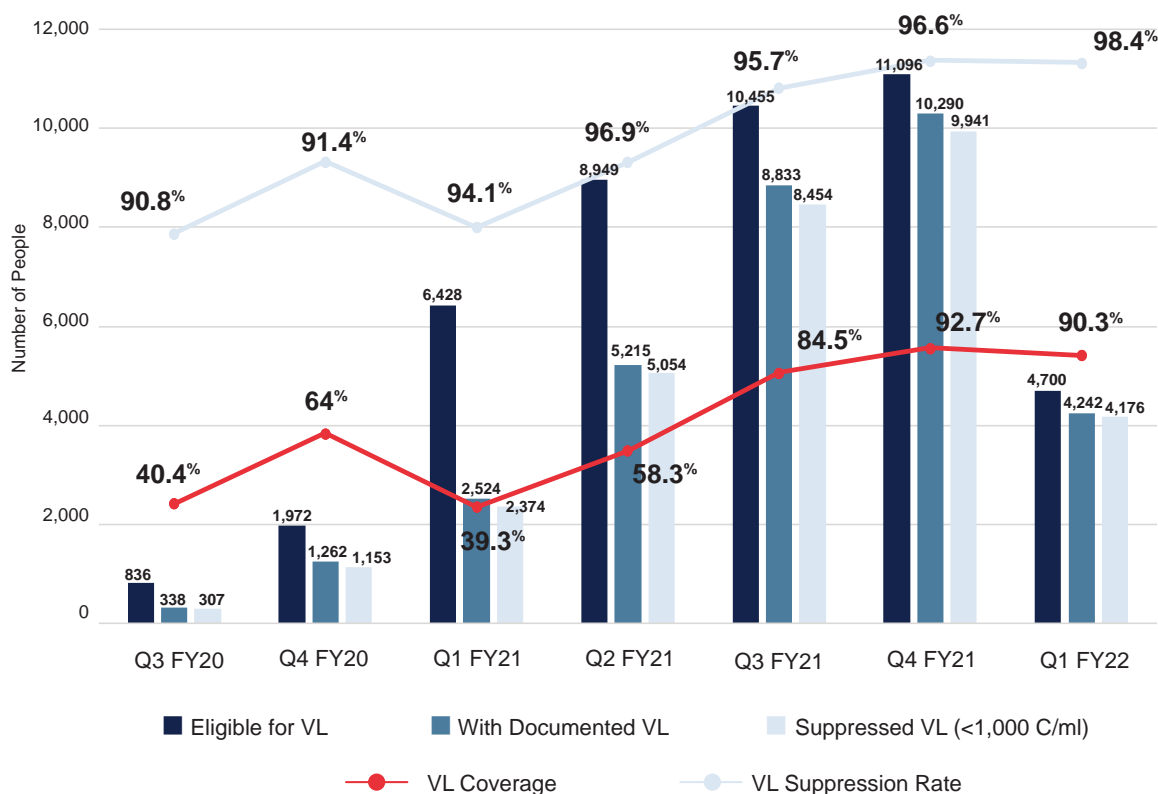
Table 6 below shows the number of KP members and clients of FSWs on treatment by quarter and group. Note that Q1FY22 reflects only Bayelsa data as activities ended in Niger the previous quarter: Q4 FY21.

TABLE 6. NUMBER OF PEOPLE ON TREATMENT BY PROJECT QUARTER

Population	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22
FSW	315	743	2,922	3,704	4,135	4,260	4,307	1,935
MSM	380	805	1,813	2,994	3,753	4,149	4,326	1,434
Clients of FSWs	13	53	448	586	661	718	736	516
People in correctional settings	5	26	23	45	66	62	35	0
PWID	97	239	741	946	1,073	1,121	1,160	1,057
Transgender people	34	117	486	678	774	823	861	418
Total	844	1,983	6,433	8,953	10,462	11,133	11,425	5,360

The project offered viral load (VL) testing services to eligible ART clients in line with the national HIV care and treatment guidelines, encouraging VL testing six months post-ART initiation. VL coverage consistently improved within the period of program implementation (Figure 4). At the end of Q4 FY21, VL testing uptake was documented at 93% and VL suppression at 97%. At the end of Q1 FY22 in Bayelsa, uptake was documented at 90% and suppression at 98%. Improvement across fiscal years and quarters can be attributed to reduced stock-out of reagents and consumables at the polymerase chain reaction (PCR) laboratories, and at the post-analytic phase in processing and sending results after re-routing samples to other PCR laboratories or facilities.

FIGURE 4. TRENDS IN VIRAL LOAD TESTING UPTAKE AND SUPPRESSION BY QUARTER



Long turnaround time for VL results was a major challenge. The team addressed this by collaborating with the National Specimen Referral Network (NISRN) and PCR laboratories (where samples are processed) to properly track samples and ensure results were returned in due time with the timely intervention of USAID through regular tracking and review meetings. Another challenge was sample collection, storage, and transport for clients in hard-to-reach areas. The dried blood spot (DBS) method was used for those clients, and it proved to be effective and efficient. In addition, the project worked with the specimen transport logistics contractor to improve real-time transport in Bayelsa.

Capacity Building of Government and Partner CBOs

In addition to the cumulative accomplishments directly tied to PEPFAR reporting indicators, KPIF Nigeria strengthened the technical capacity of partner CBOs to deliver high-quality services across the cascade. Key capacity-building activities included:

- Trained all CBOs and project staff on EPOA, VL service provision, PrEP delivery, ART initiation, and rency testing
- Trained CBO staff on financial reporting tools, use of information and communications technology (ICT) tools, and writing of success stories for documentation
- Conducted virtual trainings for CBO staff and frontline workers, as well as the state ministry of health (SMOH) in Niger, on improving case finding using index and risk network testing; built capacity of 111 participants on effective and efficient case finding
- Trained 40 CBO staff members and outreach workers in Bayelsa and Niger states on the use of monitoring and evaluation (M&E) tools in data reporting including data entry into Lafiya Management Information System, (LAMIS) and Infolink platforms
- Trained 192 FSWs, 194 MSM, 51 transgender people, and three PWID on TB preventive therapy

- Trained 38 CBO staff and frontline workers on programmatic mapping and microplanning, building the capacity of participants in identifying locations where KPs meet new sexual partners, mapping of services currently available at those locations, determining how to highlight locations where services should be extended, and estimating the size of KP groups that can be reached by the program



Biometric training participants learn how to collect data (Credit: EpiC Nigeria).

- Identified and hired two trans leaders through two local lesbian, gay, bisexual, transgender, and queer (LGBTQ) organizations; trained all staff on gender and sexual diversity, and provided CBOs with small grants to address structural issues
- Conducted gender sensitization outreach for 75 KP members (32 MSM, 21 transgender people, and 22 FSWs) on prevention and response to GBV to increase access to comprehensive and well-coordinated GBV response services, including livelihood support for survivors
- Conducted “gender and sexual diversity” training for local vigilantes and other security officials to sensitize them on gender identities and expressions with the goal of reducing participants’ prejudice toward KPs and reducing stigma and discrimination against KPs
- Trained KPs on safety and self-security in response to the increasing rates of attack on KP community members, including 25 KP members (14 MSM, 11 transgender people), two participants from Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), two from SACA, and one young person living with HIV
- Trained 192 KP members on “Know Your Rights and Gender Norms” in Bayelsa State to raise awareness of human rights and encourage them to speak up when violated
- Trained 73 MSM and transgender peer outreach workers from Niger and Bayelsa on identifying mental health needs and linking KP members to psychosocial support services which helped to address emotional issues and depression
- Trained four paralegals on subsidiary legal matters to build capacity on how to handle, draft, and document GBV cases among KPs and clients of FSWs in Bayelsa State
- Trained 32 KP members on vocational and small business skills in Niger State (sewing, hair styling, soap making, bookkeeping, marketing); 12 of whom started their own businesses

Advocacy Efforts to Create an Enabling Environment, Improve Access, and Reduce Harassment and Violence

The project conducted advocacy visits with government stakeholders, policy- and decision-makers, law enforcement personnel, and correctional services staff to secure buy-in for

the project, reduce harassment and violence against community members, and pave the way for improved KP access to prevention and treatment services. Some highlights include:

- Visited policy- and decision-makers at national and state levels (State Agency for STI and AIDS Control Program [SASCP], the Director General, State Agency for the Control of AIDS [SACA], and Director Prevention Care and Treatment, SACA) to sensitize them on the KPIF/EpiC project and its implementation approaches and modalities for government engagement in the two states, and to solicit support to ensure rapid start-up and success of the project
- Engaged with government counterparts at national and state levels on KP-related policy issues
- Improved law enforcement and community treatment of MSM and trans people through sensitization sessions on MSM and trans rights, gender identity, and how harassment, stigma, and violence can increase a person's risk for HIV
- Improved violence prevention and response for FSWs through targeted activities with law enforcement, paralegals, and other stakeholders
- Organized a community dialogue among community stakeholders and the law enforcement agency in Niger State to address some of the challenges affecting project implementation; it also provided a platform to seek the support and collaboration of the police force in ensuring protection and freedom of movement to the team, especially CHIYN CBO
- Visited the Comptroller General, Nigeria Correctional Service, to solicit the agency's support and receive the necessary information required to work in the two states. Conducted similar advocacy visits with heads of the five correctional facilities in Niger State to familiarize them with project goals and objectives with particular emphasis on programming among people in correctional settings
- Visited the Director of Comprehensive Health Centre at Borgu local government headquarters in New Bussa, Niger State, to introduce and sensitize the local government chairman on project goals and draw support for subsequent project activity in the local government area as frontline workers operate in the community



Transgender Day celebration (Credit: EpiC Nigeria).

Policy Achievements

In addition to reaching more KP members and clients of FSWs, especially hard-to-reach populations, with HIV prevention, care, and treatment services, EpiC/KPIF in Nigeria contributed to sustainable improvements by effecting change at the policy level. Key achievements include:

- Contributed to the development of a new national HIV strategic plan and national HIV care and treatment guidelines, as well as a national training curriculum and tools on advanced HIV disease
- Contributed to the policy dialogue on decriminalizing KPs
- Supported development of policy documents and tools at national and subnational levels, including:
- The National Care and Referral Model for HIV and Related Health Conditions in Custodial Centers in Nigeria 2021
 - The Standard Operating Procedures for HIV Testing Services in Custodial Settings
 - The Bayelsa and Niger strategic HIV/AIDS documents
 - The Niger and Bayelsa needs and risk assessment for children of people who inject drugs

KNOWLEDGE MANAGEMENT PRODUCTS

The following knowledge management products were developed to document and disseminate the innovations and achievements of the KPIF Nigeria project.

Blog, reports, and papers

- [Breaking ground in transgender HIV programming in Nigeria](#) (EpiC blog)
- [Reaching the unreached with comprehensive HIV services: Lessons from EpiC Nigeria](#) (FHI 360/Nigeria blog)
- [EpiC Key Population Investment Fund \(KPIF\) project director advocacy visit to the former comptroller general of the Nigeria Correctional Service](#) (FHI 360/Nigeria blog)
- [EpiC success story: Turning young professionals to champions](#) (FHI 360/Nigeria blog)
- PrEP uptake among PWID: Lessons from EpiC/KPIF Nigeria (manuscript under review)
- Risks and needs assessment among children of PWID in Bauchi and Bayelsa states (shared with USAID, unpublished report)

Presentations

- [Designing a peer-led comprehensive HIV program for transgender people in Bayelsa State, Nigeria: Early lessons from EpiC Nigeria](#) (presented at 11th IAS Conference on HIV Science 2021 [IAS 2021])
- [Utilizing community-driven strategies to break through barriers to HIV service uptake among people who inject drugs \(PWID\) in Bayelsa State, Nigeria](#) (presented at International Conference on AIDS and STIs in Africa [ICASA 2021])
- [Increasing efficiency in HIV testing services for prison inmates through use of a risk assessment tool: The experience of EpiC Nigeria](#) (presented at IAS 2021)
- Embracing innovative approaches for health care access for unreached populations: Establishment of one-stop shops in Bayelsa State (presented at Bayelsa Health Summit 2021)
- Sexually transmitted infections among vulnerable groups in targeted primary care settings: Lessons from an HIV program for men who have sex with men (MSM) and transgender people in Bayelsa State, Nigeria (presented at Bayelsa Health Summit 2021)

FUTURE DIRECTIONS

With KPIF support, the EpiC project and its local partners made great progress toward expanding access to comprehensive, KP-friendly HIV services in two Nigerian states. The project introduced new strategies to reach and better serve KPs and clients of FSWs, and contributed to a safer, more inclusive environment. However, more work remains to achieve epidemic control among KPs in Nigeria. Structural barriers—stigma, discrimination, violence, human right violations, and criminalization—which hinder KP access to and uptake of programming and services need to be further addressed. Sensitizing and building skills of health service institutions and law enforcement to recognize and address violence and discrimination; while working directly with KP members to understand their rights, responsibilities, and redress will contribute to greater access to required services, improve practices, and build a more enabling environment for epidemic control.

Continued strengthening of CBO capacity to manage donor programs, specifically improved management of electronic medical records to ensure proper documentation across all indicators and compliance with USG contracts, will position CBOs to meaningfully contribute to epidemic control. Enhanced CBO competencies in knowledge management and the collaborating, learning, and adapting (CLA) approach will facilitate sharing and uptake of best practices. Scale-up of key KPIF strategies for case finding, expanded peer outreach, and VL testing is also essential for improved epidemic management. Lastly, engaging KP communities from the start in activity planning, consulting key informants, and incorporating peer intelligence to refine strategies, review monitoring data, identify hot spots, and tap into trusted networks will all improve the reach and effectiveness of future programming.

