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4Children
Coordinating Comprehensive Care for Children

New study reveals nearly one third of HIV clients travel outside of their Local Government Area (LGA) for health care in Nigeria

BACKGROUND

The Coordinating Comprehensive Care for Children (4Children) project is funded by the President’s Emergency Plan for AIDS Relief (PEPFAR) to improve health and wellbeing outcomes for orphans and vulnerable children (OVC) affected by HIV and AIDS and other adversities.

For the most significant epidemiological impact, PEPFAR 3.0 is focusing investments on the highest impact interventions in key geographic areas where data demonstrate the highest prevalence of HIV. In Nigeria, this has resulted in the identification of 32 priority local government areas (LGAs) in six states and the Federal Capital Territory where facilities report the highest prevalence of HIV.

In terms of OVC programming, in 2015 more than 800,000 children and their families in 180 LGAs across the country benefitted from PEPFAR-supported services. In alignment with PEPFAR 3.0 priorities, USAID and CDC have mandated that non-prioritized LGAs transition to “sustained support” by reducing community-based outreach to affected households. 4Children Nigeria is providing technical assistance to USAID and CDC Implementing Partners to support responsible graduation and transition of OVC, households, communities, LGAs and States as part of the PEPFAR geographical pivot.

RESEARCH FOR A REASON

This study was designed to map the catchment area of the comprehensive HIV care and treatment facilities in the scale-up LGAs to show the spatial relationship between the clients’ residences compared to where they access HIV services. The mapping exercise is helping to ensure that PEPFAR-supported activities are located in areas where they will reach as many clients as possible.

METHODS

The study sampled caseloads from comprehensive HIV care and treatment centers in the PEPFAR-supported scale-up LGAs to determine where people were accessing HIV services in relation to their homes. The sampling frame per facility was decided based on the number of adults and children currently on antiretroviral therapy (ART) in the PEPFAR scale-up LGAs. The study sampled 26,365 records from 176 USAID and CDC-supported facilities. The mapping partner, ESRI, and 4Children developed a data collection tool on Survey 123 for ArcGIS.

An assigned focal person at the health facilities—which included clinics that provide ART or help prevent mother-to-child transmission (PMTCT) — facilitated access to the client records. At the facility, data was collected from client folders or electronic medical records and entered into the pre-defined data collection tool. Information was then collected on each facility, including the LGA, the level of health facility (categorized as primary, secondary or tertiary), and the facility location geocode.

The data was synced from the mobile data collection devices into a geographic information system (GIS) database. After the collection phase, these data were downloaded, cleaned, analyzed and mapped using ArcGIS.

RESULTS

SAMPLE CHARACTERISTICS

The sample was calculated from the number of adults and children reported to be receiving ART as of September 2015 and the number of HIV-Positive pregnant women who received ART in the semi-annual reporting period leading to September 2015.



The study helps to ensure PEPFAR supported activities are strategically located to reach the most clients

A total of 26,365 client records were reviewed in 176 comprehensive HIV care and treatment facilities across 31 PEPFAR scale-up LGAs in six States and the Federal Capital Territory in Nigeria. There was a 3:1 female-to-male ratio of clients sampled with 26% of females being PMTCT clients. Nearly 10% of the clients were less than 15 years of age; the median age of all clients was 33 (Male: 37, Female: 32).

CATCHMENT TRENDS

Of all clients sampled 27.5% access services outside of their LGA of residence. Nearly 20% of the total sampled clients reside in LGAs that are contiguous to the scale-up LGA where they received HIV services. This makes about 70% of all clients who do not reside in the LGA where they receive HIV services. The remaining clients will travel farther for services, sometimes across State boundaries.

The results show a statistically significant 3.5% more males than females accessing services outside of their LGA of residence. More than 1 in 5 PMTCT clients travel across LGA boundaries to access HIV care and treatment. Clients less than 15 years old receive services in LGAs other than where they reside; this is 4.3% times more than clients 15 years of age or older. Lagos State presented the highest rate of caseloads, 56.9%, from clients residing in other LGAs. Nasarawa State presented the lowest rate, 14% of caseloads from clients residing in other LGAs.

Health facilities were categorized as primary, secondary and tertiary to reflect their level of services. The rate of travel across LGA boundaries to access HIV treatment was 49.2% for tertiary facilities, 21.8% for secondary facilities and >10% for primary facilities.

RECOMMENDATIONS

This study shows the spatial relationship between the residence of HIV-positive clients and the location of health facilities. The results raise potential challenges of the geographical pivot and point to new strategies that should be undertaken for attaining epidemic control.

SOFTER BOUNDARIES FOR SERVICES

The boundaries for community-based services should be reconsidered based on the catchment data. These reconsiderations will ensure that key and vulnerable populations who require prevention, care, support and treatment are not left out because of their location.

STRONGER MONITORING AND EVALUATION

At the health facility level and other sub-national levels, monitoring and evaluation systems need to be strengthened for enhanced record keeping in client folders and electronic medical records. Granular analysis of catchment data in juxtaposition with linkage and adherence statistics can inform epidemic control; therefore, in-country strategic information systems, especially around the scale-up areas, should be assessed and improved.

CONTINUOUS QUALITY IMPROVEMENT FOR FACILITIES

The study found that there are higher rates of travel to tertiary institutions which may not be sustainable and consequently, affect drug adherence and viral suppression in the long term. Therefore, a minimum service delivery standard should be prioritized for all comprehensive HIV treatment sites irrespective of the level of the facility, so patients can access quality care closer to where they live.

CONCLUSIONS

These catchment data reveal existing and potential challenges for the continuum of care in identifying people living with HIV and effectively linking them to treatment. There may also be secondary consequences for attaining and sustaining viral suppression in HIV-positive clients who are already on treatment. This study highlights the importance of linking adherence statistics with catchment data to inform epidemic control programming.

STUDY LEADS TO PEPFAR CHANGES

The mapping report and recommendations were submitted to PEPFAR Nigeria and have already influenced the future programming direction. Prior to the mapping exercise, LGAs were categorized as 'sustain' and 'scale-up' in terms of the type of PEPFAR support. Because of the key finding from the facility assessment that revealed 27.5% of clients access services outside of their LGA of residence, a new category of support was created. This category is called 'sustain plus' and will be rolled out in October 2017. There will be 13 sustain plus LGAs which are contiguous to scale-up LGAs. The new approach that PEPFAR has created based on the results from this study is called "cluster based targeting" and combines program targeting within scale-up and sustain LGAs. PEPFAR is going to test this approach, and the results will potentially further influence programming decisions in Nigeria and beyond.

For a full copy of the report including mapping results for States and LGAs, please write to the 4Children team at contact@4-children.org

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