Community Volunteers Reduce HIV/AIDS Stigma and Save Lives in Nigeria

For Christmas 2010, Nigerian community volunteer Martin Abor received a generous gift—a fowl—from a man that he had only met a few months before. The gift was personally delivered to him by John Ugwu1, a member of Martin’s community who, because of Martin’s help, was recently diagnosed with HIV and began care and treatment.

When Martin first visited John during a routine one-on-one household visit in the urban community of Nsukka, he learned that John had been feeling ill for some time. Martin talked with John about HIV/AIDS and recommended that he go to the local hospital for testing. When John visited Martin on Christmas Day, he explained that he had taken Martin’s advice and had been put on an anti-retroviral regimen. In addition, he had already scheduled regular visits to monitor his health.

“As part of the University Research Co., LLC (URC)-implemented and CDC-funded HIV/AIDS Comprehensive Care Initiative (HACCI) in Nigeria, community volunteers are educating local populations on HIV/AIDS, reducing stigma associated with the disease, and referring sick individuals to newly-renovated hospitals for testing, care, and treatment.

1 John Ugwu’s name has been changed to protect his privacy.
provide monthly one-on-one and group support to the community volunteers, who maintain full-time jobs while working with HACCI. They meet with various community groups and networks (like farmers’ associations and youth groups) and speak at village meetings, prayer houses, and maternity homes. Martin, for example, has identified more than five community groups with whom he works including prison inmates and the local association of patent medicine dealers.

Successful Community Mobilization Leads to Program Expansion

The community mobilization component of the HACCI program is proving to be very effective. In the ten months since the local volunteers were trained, more than 2,000 people have been referred to counseling and testing services in renovated hospitals. Staff at both HACCI-supported health centers and private maternity homes report an increase in the number of pregnant mothers who seek HIV/AIDS counseling and testing. In addition, volunteers have noted that more people are now aware of how HIV is transmitted and that many are taking steps to keep themselves healthy. In the first year of the project, on average 740 individuals per month received testing and counseling services for HIV and received their test results; now, using community volunteers and upgrading health facilities have led to 1,350 individuals per month receiving HIV testing and counseling services at the five HACCI-supported hospitals and feeder sites.

Community mobilization in the HACCI project will be expanded and strengthened in the coming year. Twenty-five additional community volunteers will soon be trained for home-based care of PLWHAs. In addition, all current volunteers will receive two days of training specifically on palliative care. Plans are also in place to develop relationships between community volunteers and doctors at the HACCI-supported hospitals to facilitate a more integrated plan of care for HIV-positive members of the community. Finally, monitoring and evaluation practices will be strengthened, allowing for comprehensive reporting on the number of individuals receiving care as a result of work done by the community volunteers. By expanding resources in the local community for HIV/AIDS education and reducing the stigma on HIV-infected individuals through community volunteers like Martin Abor, HACCI plans to ensure that more than 20,000 Nigerians in the region receive testing and counseling services for HIV in the coming year.