

## **BRIEF ON NIGER DELTA AIDS RESPONSE (NiDAR) PROJECT – MAY 2007**

### **Community-based Comprehensive HIV & AIDS Care, Support and Treatment Programme: Niger Delta AIDS Response (NiDAR) Project**

**Objectives:** To establish high-quality HIV & AIDS comprehensive care, treatment and support services in 5 Shell Petroleum Development Company of Nigeria (SPDC) -supported cottage hospitals in the Niger Delta - the first such facilities of their kind in Nigeria.

**Partners:** Shell Nigeria, Family Health International (FHI), National Action Committee on AIDS, Ministries of Health, and State Action Committees on AIDS, NASCAP

#### **Brief**

Nigeria, with a population of more than 130 million, has the second highest number of HIV infections in sub-Saharan Africa, with an estimated 3.5 million persons living with HIV & AIDS (PLWHA). Sentinel survey data indicate that HIV sero-prevalence has increased from 1.8% in 1991 to 4.4% in 2005. Higher rates - 23 % among persons with sexually transmitted infections (STI), 35% among patients with pulmonary tuberculosis (TB), and 65 % among female sex workers - point to an epidemic that has reached critical levels within core transmission groups.

The Niger Delta region of Nigeria with a population of 20 million and a prevalence rate of 6% is home to an estimated one million PLWHAs with about 100,000 of them believed to be in need of treatment. However, HIV comprehensive care service delivery centres are few in the zone as the treatment centres are in the major hospitals in the big cities like Abuja and Port Harcourt with less than 10% of those in need of the HIV & AIDS care services having access to them. Key challenges for scale-up of HIV & AIDS prevention, care and treatment include shortage of health sector human resources and treatment skills and low community education about prevention, testing and treatment. There is also limited capacity for management of opportunistic infections (OI), sexually transmissible infections (STI), and home-based care (HBC).

SPDC, in partnership with Family Health International (FHI), signed an MOU in December 2006 towards the joint setting up of facility-based but community-oriented comprehensive HIV services including PMTCT and the management of Opportunistic Infections including TB in 5 of the 27 community health facilities it is presently supporting. The 5 facilities are Otusegha Cottage Hospital (Bayelsa), Erhoike Cottage Hospital (Delta), Oben Cottage Hospital (Edo), Edagberi Cottage Hospital (Rivers) and Owaza Cottage Hospital (Abia state). The capacity of Okolobiri General Hospital and Federal Medical Centre (both in Yenagoa, Bayelsa) will also be strengthened.

The NiDAR Project will bridge a critical gap in providing high quality integrated community-oriented HIV programmes in the Niger Delta, and the highly specialized services and facilities will be available to surrounding communities, health care providers, social workers and local/international professionals.

#### **Current Status:**

VCT, PMTCT have commenced in all 5 facilities while ART (antiretroviral treatment) has commenced in 3 facilities i.e Owaza (Abia), Erhoike (Delta) and Oben (Edo). Laboratory upgrades and capacity building are being completed and in progress, while data management activities and monitoring and evaluation are ongoing. Renovations and upgrading have been completed in most of the facilities and stakeholder engagement meetings held with partners like National Agency for the Control of AIDS (NACA), State Action Committees on AIDS

(SACAs), World Health Organization (WHO), NGOs and local partners. Internal advocacy is ongoing.

The implementing NGO, FHI, has already dedicated 5 project staff for the successful implementation of the program, with a project office set up at Warri and work has commenced fully.

**The initial project timeline is for 18 months. (April 2007 –October 2008).**

