



**How to tell children living with HIV the truth in a way they understand? 'KidzAlive' in South Africa does it successfully, the intervention is piloted for possible adoption in Nigeria. Aidsfonds spoke with Godpower Omoregie and Aisha Dadi from Society for Family Health in Nigeria, who took the initiative to apply the South African child-friendly approach, as well as Nokuthula Heath and Dewald Heath from Zoë-Life, the South African organisation that developed the KidzAlive intervention. What has been the road to actual implementation, what was needed to adapt it to Nigerian context and why is having governments on board so important when adopting local solutions?**

### How did you come into contact with each other?



*Top: Aisha Dadi and Mr Godpower Omoregie. Below: Dewald Heath and Nokuthula Heath*

Aisha: "In December 2019, there was ICASA in Kigali, Rwanda, where the Aidsfonds Linking & Learning Initiative brought us all together. In Nigeria, we see that most kids were taking HIV medication, unaware of what they are taking. The meeting was a very good opportunity for us to see what other paediatric HIV partners were actually doing to see how we can improve treatment continuation among children. This led to an exchange programme between Zoë-Life in South Africa and Society for Family Health, along with the Paediatric and Adolescent Focal Person from National AIDS and STI Control Programme from Nigeria."

### What were the exchange visits about?

Nokuthula: "So we had planned that, when Aisha comes, we're going to do a site visit so that she can see where we are implementing our KidzAlive intervention. COVID came, so they had to postpone. And then in 2022, in April, Aisha and Dr. Ehimen Etiobhio from the

Ministry of Health came to South Africa. They visited for one week and a half, going to different communities, asking questions to understand the program better, giving us recommendations. We got invited to Nigeria as well, we went in May and provided a training on child-friendly disclosure. This was the first step towards implementation of KidzAlive in Nigeria."

### How did the trainings go for the healthcare workers?

Aisha: "We've currently trained a total of 122 healthcare workers from 22 health facilities. We have set up a total of 15 child-friendly spaces in these healthcare facilities. And we plan to see, at the end of one year, how the program will impact positively to children and adolescents, especially those who were born with HIV and how they've been able to have age-appropriate disclosure of their HIV status."

Nokuthula: "Prior to the training, we gave them a set of questions to answer. This also included a self-efficacy scale, where they scaled their confidence in doing the work providing child-friendly disclosure services. After this training they answered these questions again and rated themselves much higher. They seemed more confident and very excited to do their work. Now they could provide better services to children and caregivers."



*Trained healthcare workers in Taraba State, Nigeria*



## What are 'feeling faces' posters?

Aisha: "We have some materials that KidzAlive brought, like clay, colouring pencils and crayons. Also workbooks: having to colour the HIV virus, and having to call its different names, like germs. So we have something for the children when we have them all clustered together, according to their age. Somebody is attending to the kids and some other person is providing information to the caregiver on how to go about their medication and all that.

The healthcare workers also got benefits of working with the 'feeling faces' posters on the wall of the healthcare provider. The child could be anxious or maybe angry. You can ask the child: "Please, can you show me what you're experiencing right now", the child could just point at the angry face, "oh, you're angry, what's making you angry," and the conversation will start from there."



*Nokuthula demonstrates use of Feeling Faces posters, using a kid-friendly mask*

## Why is it so important to have the Nigerian government engaged?

Godpower: "For us at Society for Family Health, we actually work with governments a lot. So while we had this opportunity of introducing the KidzAlive approach to our HIV programme, the first thing was to invite government and other partners to be part of it. Our Ministry of Health has a department that is known as the National AIDS and STD Control Programme (NAS COP). We needed to speak with them, because we wanted this

not to be a local affair for Society for Family Health, we wanted to be able to institutionalise the process. If there is a need for scalability, it solidly provides that platform for that to happen. So getting government involved was key."

Dewald: "If I can just add to that, I'm just from an observation, there was this passion that the representatives of the Ministry of Health in Nigeria were showing, as we were cascading that training down to others. It had all proven valuable to the continuation of the process."

### **To what extent is the South African government involved in KidzAlive?**

Nokuthula: "For us in South Africa, we pretty much follow the same pattern, as Godpower mentioned. KidzAlive is an intervention endorsed by our government as the model of care for paediatric HIV. Our government gave the mandate to all the implementing partners, with things like budgets for KidzAlive trainings in their programming. So, the government is very involved on a national, provincial and district level, and also on local level. They recommend KidzAlive as a local solution."

### **What was needed to adapt the intervention to Nigerian context?**

Aisha: "I think one of the things that we needed to look at was age of consent. For South Africa it's twelve years while for Nigeria age of consent is eighteen years. We didn't get it down to twelve". Godpower adds: "So you definitely will need your parental consent before you get access to things like services for HIV."

"We also had issues around having to domesticate a name for the cartoon characters used in the KidzAlive tools, because we have different regions with different languages," Aisha



*Participant showing child-friendly*

continues. "With an English name, you have maybe the North that says it is synonymous to Christianity. If you use an Islamic name in the South, or where Christianity is rooted, you're going to have issues, too. We just couldn't have one uniform name that could work for everybody. So you can use any other name, depending on the popularity or the local government. Some of the states, they said they'll just come up with a new name."

## What can be the impact for health organisations when link & learn?

Dewald: "I think it's very important. We don't work within a vacuum. Organisations don't exist on their own. We all have learnings; we all have something to bring to the table. But it's key for us all, too, I think, to take our learnings and share with each other. As Africans, sometimes we have our borders that we are working in but I think this linking & learning process has shown that we can take our local solutions and actually expand it into other countries."

Nokuthula: "To bring someone from the Nigerian Ministry of Health to South Africa and actually witness the work that we are doing here, I would say that was the best practice."

## Why is funding linking & learning activities so important in the paediatric HIV response?

Nokuthula: "I've worked with Zoë-Life for many years, we've had many projects. Aidsfonds gave an organisation the opportunity and funding to actually link and learn. I haven't seen many funders doing this. You only get money for conferences, but you don't get money for exchange visits. Just having that as part of our budgets, I think that was a huge help for both organisations to learn from each other and enabled us to improve our interventions for children living with HIV and their caregivers."

***At Society for Family Health in Nigeria, Mr Godpower Omoregie is HIV and Social Protection Practice Area Lead, Aisha Dadi works as Programme Manager. Its Lafiyan Yara project, started in 2019 and funded by Aidsfonds, aims to increase uptake of HIV services among children up to 14 years and reduce vertical transmission.***

***Nokuthula Heath is Maternal and Child Health Programme Manager and Dewald Heath is Programme Manager, both at Zoë-Life in South Africa. The KidzAlive programme, developed by Zoelife, is a child-centred, holistic model to help children living with HIV by using age-appropriate language and fun tools. In 2019, KidzAlive was expanded with a community component with funding from Aidsfonds. The intervention is currently being contextualised and piloted in Mozambique in collaboration with N'weti.***