



SHIPS for MARPs

SHIPS News

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FEATURE

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Briefly On Logistics Management

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Credit: Kheng Guan Tan

Summarily, logistics management, a component of supply chain management, is focused on determining goods to supply, where or how to procure or obtain the goods, when to supply, how to supply (storage, distribution and transportation), where and who to supply to. It therefore requires a lot of

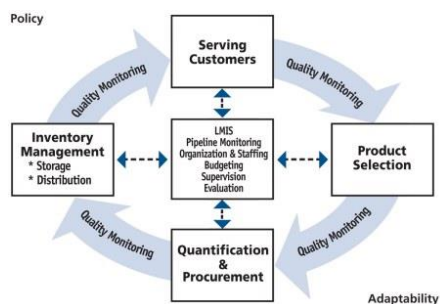
research, planning, information gathering and quality control to ensure cost-efficient and timely delivery of goods and services to satisfy customer needs.

The Council of Supply Chain Management Professionals (CSCMP) defines logistics management as the operational component of supply chain management responsible for planning, controlling and implementing the forward and backward movement and storage of goods, services, and relevant information between their points of origin and service delivery points.

When it comes to health logistics management, it involves more than simply ensuring goods are delivered to the right place and on schedule. The ultimate goal of every health logistics management system, therefore, is to ensure every beneficiary (customer, client, patient) has commodity security; which basically means they are able to access and use quality essential health commodities whenever they need them. A health logistics system can thus determine the failure or success of any public health programme.

A well designed and functioning health logistics system is vital for every public health programme because it can increase programme impact, enhance quality of care and improve cost effectiveness and efficiency; which ultimately enhances beneficiaries' confidence in the programme, motivates health care providers and assures donors. Essentially, no public health programme can succeed in the absence of a well-designed logistics management system which reliably and continuously delivers quality health commodities to its customers. To ensure commodity security, every health

logistics system must meet the 'six rights' of logistics; that is, it must provide the RIGHT GOODS in the RIGHT QUANTITY and RIGHT CONDITION delivered to the RIGHT PLACE for the RIGHT COST and at the RIGHT TIME. Without meeting these rights, commodity security cannot be achieved.



The Logistics Cycle

Logistics management includes activities that support the 'six rights'; relationship among these activities are illustrated in the logistics cycle. The cycle indicates that activities within it are not one-off but repetitive and each activity is dependent on and influenced by the other activities. Looking at the logistics cycle you begin to appreciate the importance of the customer represented in the cycle by 'Serving Customers', which indicates that all other activities in the cycle—selecting, procuring, storing/ distributing goods – are there to meet the needs of customers.

At the centre of the logistics cycle are activities that support and drive any logistics system. Importantly, at the centre is the Logistics Management Information System (LMIS), which is referred to as the heart of the logistics system. Information is said to be the engine of any logistics system. This is because without information no logistics system will function as expected. I will go a step further and add that without the right kind of information provided at the right time and to the right person, a logistics system will not function as expected.

Where Health Management Information Systems (HMIS) gather information on the total number of patients seen or diagnosed in any health care system, LMIS collects information or data about commodities/goods/products, and the information collected is utilised much more frequently for decision making compared to information collected by a HMIS.

To be continued.....

Developing a Critical Mass of STI Providers

In preparation for the provision of syndromic management of Sexually Transmitted Infections (STIs) as directed by the project's donor, USAID, the SHiPS project embarked on the selection and training of health care providers in syndromic management of STIs in line with national standards. These providers will be responsible for providing counselling and STI management services to the project's key populations. The five-day training took place simultaneously in Rivers and Kaduna States from April 27th to May 1st, 2015.

A total of 45 individuals attended the training comprising nurses, midwives, community health extension workers, community health officers and the project's state programme officers. To ensure that the training met national standards and for support, the project collaborated with the Federal Ministry of Health (FMOH) to engage two national Master Trainers to facilitate the trainings and two FMOH representatives to monitor the quality of each training, along with representatives of State Ministry of Health in both States.

A pre-test was used to assess participants' knowledge level at the start of the training while a post-test was used at the end of the training to determine overall improvement in knowledge. Adequate knowledge scores along with demonstrated skills during practicum sessions and overall participation during the training were used to determine those that were awarded national certifications.



Participants simulate couple counselling.



SHiPS project's HIV Prevention Advisor, Chukwuemeka Chima, officially opening the training with a welcome speech and words of encouragement.



Dr. Omede, representing the Federal Ministry of Health, making a contribution during the training.



One of the participants at the training making a contribution.



Participants demonstrate physical examination of the male genitalia.

Towards a More Gender Responsive Project

The purpose of PEPFAR's Gender strategy is to help PEPFAR country teams and implementing partners to (a) develop country and regional operational plans, (b) design programmes that integrate gender issues, and (c) work to advance gender equality throughout the HIV continuum of prevention, care, treatment and support. Following directives from USAID to align itself with the PEPFAR Gender strategy and to report on core PEPFAR gender indicators, the SHiPS project held a five-day workshop on Gender and Sexuality from June 8th to 12th, 2015, in Kaduna to enhance the knowledge and skills of relevant stakeholders on implementing HIV interventions that are responsive to issues of gender and diversity. A total of 42 people, 18 females and 24 males, attended the training drawn from state level government agencies, Civil Society Organisations, and members of key populations.

The training which was aimed at increasing participants' knowledge on gender and sexuality, and the related implications for programming touched on topics such as gender roles and stereotypes, sexual orientation, gender-based violence, sexuality, and frameworks for gender analysis among others. Pre- and post- tests were used to ascertain improvement in participants' knowledge during the training.

Go to www.pepfar.gov/press/2011/157860.htm to read more.



Group tasks during the training



More group tasks.



Participants brainstorming as a group during a breakout session.



Population Council's, Programme Coordinator, Behaviour Change Communications and Advocacy, Mr. Segun Sangowawa, giving a presentation during the gender training.

USAID's AOR for the SHiPS Project Makes His Rounds

The second quarter of 2015 was a very busy one as the SHiPS project scaled up provision of HCT services while setting the stage to commence provision of STI syndromic management services via mobile outreaches and drop-in-centres.

In the quarter in view, the project's Agreement Officer Representative (AOR), Mr. Isa Iyortim, visited Abuja and Akwa Ibom to monitor the quality of project implementation, provide technical assistance to State teams and administer the Site Improvement Monitoring System (SIMS) tool to two Civil Society Organisations affiliated with the project in these states. SIMS is a PEPFAR assessment tool which aims to increase the impact of PEPFAR programmes on the HIV epidemic through standardised monitoring of the quality of PEPFAR support at the site level.

In Uyo, Akwa Ibom State, the AOR interacted with key stakeholders involved in HIV and AIDS response including the State commissioner for Health, Dr. Emem Abasi Bassey, Chairman of Akwa Ibom State Agency for the Control of AIDS, Dr. Francis Udoikpong, and others. During the visit the AOR stated that the project was committed to reducing new HIV infections among Key Populations by saturating the state with appropriate evidence-informed interventions. He added that the implementation of quality HIV prevention interventions by the SHiPS project was essential for the attainment of the project's goals. Those present at the meeting echoed expressed their appreciation to USAID for bringing the SHiPS project to the State and added that they would do their best to support the project as needed.

The AOR's visit to project implementation states was a good opportunity for state teams to share implementation strategies, innovations and successes, discuss challenges and mitigating solutions, get first hand feedback from the AOR, and also advocate to relevant stakeholders for support.

We'll keep you posted on the AOR's visit to the other SHiPS project States when they occur. Go to <http://data.pepfar.net/sims> to read more on SIMS.



Isa Iyortim, AOR SHiPS for MARPs project in a meeting with Dr. Emem Abasi Bassey, Akwa Ibom State Commissioner of Health



Isa Iyortim, AOR SHiPS for MARPs project, administering the SIMS tool

Where are we now? Where are We Going?

How do you determine if, as a project, you are achieving set targets? That One of the ways is by holding periodic reviews of project progress including achievements of targets, challenges and others. The SHiPS for MARPs project held two strategic programme review and planning meetings in the month of June. The meeting for State Programme Officers (SPOs) was held in Calabar, Cross River state, while the one for State Team Leaders (STLs) was held in Akwanga, Nasarawa state. Essentially, the meetings were aimed at ascertaining the quality of interventions and achievement of targets as well as articulating subsequent strategies to improve project implementation.

The meeting with the State programme officers (SPOs) brought them up-to-speed with new developments within the project including the Standard Operating Procedure for service provision, logistics management data collection tools and updated HIV prevention strategy for the project.

In the meeting with State Team Leaders (STLs), which had the project's AOR, Isa Iyortim, in attendance, project implementation progress and challenges faced in the last one year in all project states were discussed and key decisions were reached on strategies to improve the quality of implementation. Like the meeting with SPOs, prevention strategy and logistics management were discussed and revisions made accordingly.

Some resolutions were arrived at in the meetings. For instance, it was agreed that at a minimum 85% of MARPs enrolled into the project's community interventions must be reached with Minimum Prevention Package Intervention (MPPI); state level advocacy would be coordinated by STLs with support from Territorial Managers; each state team would develop an emergency response plan; and the project would strengthen the gender component of its interventions to improve reporting on core gender indicators.

At the end of both meetings, state teams had a better understanding of the direction the project was going in, which will contribute to a more efficient service delivery.



Isa Iyortim, AOR SfoHiPS for MARPs Project facilitating a session.



Participants in a team working on assigned task..



Deputy Chief of Party (DCoP) for the SHiPS for project, Chiemezie Ndukwe, giving a presentation during the meeting.



Participants during a Team Building session.

STUDY

Beginning Treatment Early Benefits People Living with HIV



Three-drug cocktail to treat HIV: retrovir (AZT), hivid (DDC) and viracept (Nelfinavir). Image courtesy Francis Sheehan / Getty

Currently, many countries including the UK and most of Europe defer treatment for HIV positive individuals until their CD4 count (a measure of the functionality of the immune system) is 350 cells/mm³ whereas in the

US treatment is given immediately. However, Scientists

who conducted the START (Strategic Timing of AntiRetroviral Treatment) trial discovered that beginning treatment early when the CD4 count is higher - 500 cells/mm³ and above - is more beneficial to HIV positive individuals as interim analysis of data from the trial showed that the risk of developing serious illness or death was reduced by 53%

among those provided with treatment early.

The trial, which commenced in 2011 in 35 countries was conducted by the International Network for Strategic Initiatives in Global HIV Trials (INSIGHT) with 4685 HIV-infected men and women 18 years and older enrolled. It was supposed to end in 2016 but was stopped and results published upon recommendation by an independent data and safety monitoring board (DSMB) because of the impact the result would potentially have on global treatment of HIV positive individuals.

“We now have clear-cut proof that it is of significantly greater health benefit to an HIV-infected person to start antiretroviral therapy sooner rather than later,” – Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health which provided primary funding for the trial.

Treating people in this way will have financial implications as according to Fauci, “this is going to cost money if you have to go out and treat everyone who is infected,” he said. He added that the results from the study would motivate channelling resources into HIV programmes such as PEPFAR and Global Fund, which fund HIV treatment programmes in poor countries. However, Fauci pointed out that providing early treatment would also be cost-effective because the number of HIV positive persons suffering from severe HIV-related illnesses will reduce.

The results from the START trial have begun to impact global anti-retroviral treatment guidelines as already the British HIV Association (BHIVA) is expected to update its guidelines in light of evidence produced by START. Dr Adrian Palfreeman, vice-chair of BHIVA, stated that his organisation would be publishing a review of its guidelines for anti-retroviral treatment following the study. In light of this development, it is hoped that Nigeria will equally review its anti-retroviral treatment guidelines.

To read more on the START study, go to www.nih.gov/news/health/may2015/niaid-27.htm.

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IN FOCUS: Sexually Transmitted Infections—Chlamydia



Image courtesy www.abc.net.au

Sexually transmitted infections (STIs) - sometimes referred to as Sexually Transmitted Diseases (STDs) - are infections you can pick up and pass on during sex. They are caused by one of three organisms – Viruses, Bacteria and Parasites – and can be spread through semen, vaginal fluid, blood, rectal mucus and breast milk.

When it comes to symptoms of STIs, it all depends on the type of STI. Some STIs cause a few or no symptoms such that you either don't know you have an STI or mistake an STI symptom for something else. This is why regular sexual health check-ups are advised whether you have symptoms or not.

You can protect yourself and others from getting STIs by using male or female condoms.

However, condoms do not offer 100% protection as they may not cover parts of the body where the STI is located or may tear during sexual intercourse if not used correctly. Take for instance Herpes sores or syphilis rash which may appear on parts of the body other than the genitals. Also, STIs can be spread during sexual activities that condoms may not be used for such as oral sex.

Having many sexual partners increases ones risk of getting an STI, especially in instances where condoms or femidoms are not used. So, in addition to going for regular sexual health check-ups and using condoms correctly and consistently, reduction in the number of sexual partners is also advised.

If left untreated, STIs can increase ones risk of acquiring another STI such as HIV. This happens because an STI can stimulate an immune response in the genital area or cause sores, either of which might raise the risk of HIV transmission. Some untreated STIs can also lead to infertility, especially in women.

Chlamydia Trachomatis.

Chlamydia Trachomatis, often referred to only as Chlamydia, is caused by bacteria that live in warm, moist parts of the body, usually the penis or vagina but sometimes in the throat or rectum. It's also found in infected semen and vaginal fluids.

Chlamydia may be difficult to detect because early-stage infections often cause few or no signs and symptoms. When symptoms do occur they might start within one to three weeks of infection, but are often mild and passing making them easy to overlook. About half of men and most women have no symptoms.

Chlamydia is transmitted during vaginal, oral or anal sex without condoms. It can also spread on fingers when you touch an infected part of the body then touch other parts of your or someone else's body. Untreated Chlamydia in HIV positive people increases their likelihood of transmitting HIV to others during unprotected sex.

Signs and symptoms of Chlamydia include painful or burning sensation upon urination, lower abdominal pain, change in vaginal discharge in women, whitish discharge from the penis in men, pain during sexual intercourse in women, bleeding between periods in women and testicular pain in men. If oral sex is involved, Chlamydia may cause sore throat and inflammation of the pharynx, and proctitis (inflammation of the rectum) especially for those who participate in anal sex.

Antibiotics such as Azithromycin, Erythromycin and Doxycycline are used to treat Chlamydia. People with Chlamydia, and essentially all STIs, should refrain from all sexual activities while on treatment or risk passing on the infection to others. Untreated Chlamydia sometimes causes serious problems, including infertility in men and women.

In conclusion, to avoid getting or transmitting STIs use a condom, reduce sexual partners, and get tested regularly. Go to www.cdc.gov/std and www.tht.org.uk/sexual-health/About-STIs to learn more about STIs.

SHiPS STORIES

Inspiring Sex Worker Communities Towards Healthy Living and Economic Empowerment



Binta in a one-on-one peer session with the project's Community Facilitator in her brothel.



Binta's Shop in Kaduna State

Low self-worth, lack of formal education and limited economic empowerment opportunities are some of the factors that make young women particularly vulnerable to HIV infection in Nigeria.

Binta, 32, is a female sex worker in Kaduna State, north-western Nigeria with no formal education and lacking economic empowerment. Binta left her home in Niger Republic with her then boyfriend, a long distance truck driver, for Nigeria with the hopes of getting married and possibly raising a family. However, after five years of living together, the marriage never happened as the boyfriend broke off the relationship and moved on to another woman. Not being able to go back to her family in Niger and with nowhere and no one to turn to in Nigeria, Binta turned to sex work in Sabon Gida, a brothel in Maraban Jos, Kaduna State.

Binta came in contact with the SHiPS project in her brothel during the project's intervention in Maraban Jos, the community where her brothel is situated. Binta was enrolled as a peer and through the peer education sessions was able to improve her knowledge on HIV prevention. She also acquired life skills such as goal setting which made her come to the realisation that sex work is not a sustainable way of making ends meet. At this point Binta made the decision to begin saving monthly towards one day leaving sex work. She joined a local contribution group known as 'Adashe' in Hausa language and saved 200 Naira daily. When she had saved a reasonable amount, Binta used the money to set up a small business selling mobile phone recharge cards in her brothel. Binta has grown the business to a level such that she rented a shop and diversified sales to include soft drinks and 'Kunu' (a local Hausa drink). Presently, Binta has taken over ownership of the shop and has 3 people who temporarily assist her with running the shop. "I was able to purchase the shop I rented from the landlord, opened a personal savings bank account and saved up to one hundred and eighty thousand (N180, 000) in the account. I am planning to convert the shop to a standard restaurant."

Binta has also reconciled with her parents in Niger Republic and has been accepted back into the family. Although, she has not left sex work, Binta is now better able to support herself and her family and has expanded her lifestyle options.

More Than Your Average Sex Worker

Uzor is an easy going, cheerful lady from Enugu State, Nigeria. Because Uzor is from a poor home, her family always found it difficult to pay her fees in school, which usually meant she missed many classes and either failed or did not sit for exams. All these led to her constantly being at the bottom of her class and developing low self-worth. In spite of the many challenges faced, Uzor was able to complete a national diploma programme. To gain some work experience, Uzor sought help from someone she knew in the village who now resided in Lagos to assist her gain internship placement with an organisation in Lagos. However, upon arriving Lagos for work Uzor discovered that the placement was not with any organisation but into commercial sex work. And that's how Uzor found herself as a sex worker.

“Lo and behold we arrived in a hotel, and she told me that actually this is where she works and hustling is her work. When I refused to do sex work, she swore not to give me food. I stayed there for two days with no money to eat, and so decided to meet clients that she introduced to me to survive”.

While carrying on with her trade, she was impregnated by her “special boyfriend” and gave birth to a baby girl. At some point, Uzor encountered the SHiPS project, was recruited and trained as a Peer Educator. Through the training and her interaction with the project Uzor began to gain back her self-worth. She is a major activist on the dangers of having ‘Special Bobo/ boyfriend’ as she calls it, particularly as many female sex workers do not use condoms with their special boyfriends.

After the intensive (active implementation) phase of the project came to an end in her community, Uzor was empowered to continue risk reduction activities in five brothels. She has since handed over to a Peer Educator whom she mentored and is now a Community Facilitator supervising behaviour change activities targeted at changing risky behaviour that makes sex workers vulnerable to contracting HIV. She supervises four Peer Educators in three hotels.

To add another feather to her cap, Uzor is a certified HIV counselor-tester having been trained by the project to provide HIV counseling and testing services to her peers. She was also one of the



Uzor taking blood for HCT

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few facilitators selected to pilot cohort peer sessions among non-brothel based sex workers; a feat that is near impossible due to their high mobility.

“A lot of things motivate me to continue to do HIV prevention work. The empowerment I have gotten so far is the major drive. I started as a Peer Educator, and then moved up to become a Community Facilitator, then Supervisor. To crown it all, I was selected and trained as an HIV Counselor-Tester. I am very happy with these achievements because they have made me a better person”.

Uzor has worked very hard and come very far from the days of being just a sex worker. She is more confident, is able to make decisions to protect herself and her daughter in her trade, and has profoundly increased her knowledge about HIV and its prevention; she is looked on as an inspiration by other sex workers in her community. She is currently working towards using her influence and acceptance among her peers to set up a female sex worker focused Community Based Organisation (CBO) and her daughter has since been enrolled in school.

Trivia

Answers to Issue 2 Trivia

1. Monogamy is when you have....	Answer: One sexual partner
2. Which normally rare cancer is often associated with AIDS?	Answer: Kaposi's Sarcoma
3. Where does latex used to make condom come from?	Answer: Trees
4. Which is the most common STI transmitted through oral sex?	Answer: Herpes
5. Which of the following can pass through latex condoms?	Answer: None of the above
6. If someone with HIV has a CD4 count of 350 or less, what does this mean?	Answer: They should probably start antiretroviral therapy

Issue 3 Trivia

1. Herpes can be transmitted through?	A. Oral and Anal sex B. Vaginal and anal Sex C. Oral, Anal and Vaginal Sex
2. What is the HIV prevalence in Nigeria?	A. 3.4 % B. 2.1 % C. 12.2% D. 5.6%
3. Which of the following is a misconception about HIV/AIDS ?	A. An HIV-positive person who receives antiretroviral treatment will not spread the virus. B. HIV can be contracted by sharing toilet, cooking utensils with an infected person. C. HIV infections can be cured by having sex with a virgin. D. All of the above.
4. The most standard HIV blood test:	A. Predicts how fast you will develop AIDS B. Measures the amount of virus in your blood C. Detects antibodies to the virus D. None of the Above



DAVID HORSEY
The Seattle Post-Intelligencer
USA

Credit: David Horsey

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Have a news or story tip or question? Email us at ships4marpsng@gmail.com

Primary Business Address
#8 Port Harcourt Crescent
off Gimbiya street
Area 11, Garki

Tel 1: +234 709 882 2791
Tel 2: +234 709 822 1447
Tel 3: +234 709 873 1139,

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