



## SHIPS for MARPs

# SHiPS NEWS

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## FEATURE

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## Briefly On Logistics Management—Cont'd

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As stated in issue 3, 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.

The Logistics Management Information System (LMIS) gathers, organises and presents it in a way that is useful for making logistics decisions. It therefore means that for decision to be made in logistics management there must be data which drives the process. However, not all data emanating from a logistics process are useful for decision-making, so one must know those data set that are relevant and those that are not to prevent unnecessary expenditure. Data that are absolutely required for decision-making in logistics management are stock on hand, consumption, and losses and adjustments; they are collectively called *essential data*.

Without essential data decisions about commodities such as decisions to resupply, procure, and redistribute from point A to B and so on cannot be made. This is why it is crucial to monitor commodities and gather information on them as they make their way along the logistics pipeline – the entire chain from manufacturer to consumer through storage facilities and transportation links.

Three types of logistics records are used to track and gather information on commodities in logistics management: **stockkeeping** records, track commodities or stocks in storage; **consumption** records, track quantities of commodities used by or dispensed to consumers (e.g., condoms, medication, etc), or used in providing services to consumers (rapid test kits used for HIV testing – these are not consumed directly by the consumer); **transaction** records, track the movement of commodities from one storage point to another.

Regarding essential data, stockkeeping contains information on stock on hand and losses and adjustments while consumption records contain information on commodities that have been consumed or used. Although, transaction records are important for tracking movement of commodities they do not hold any essential data.

Once essential data have been collected, they must be organised into forms that will make them available to managers for decision-making. Reports are the means through which essential data are made available to managers for decision-making. For a logistics system to be efficient, it is paramount that a reporting system is put in place to ensure information flows consistently to the right people and at the right time. Summary and feedback reports are the two major categories of reports used in logistics management. Summary reports are used to move all essential data items for commodities - stock on hand, consumption and losses - to decision-makers while feedback reports, as the name implies, are used by managers to give feedback on performance to lower levels. Feedback reports also provide higher level managers with information on the performance of the logistics system. It must be noted that if reports, whether summary or feedback, don't provide relevant persons with the right information at the right time, in the right place, in the right quantity, at the right cost and of the right quality, the decision-making process would be compromised.

The importance of a well-defined logistics management system for public health organisations cannot be overemphasised. This is because logistics systems, if well integrated and utilised, can enable these organisations achieve commodity security by ensuring consistent availability of quality medicines and other health commodities; when there are no commodities there cannot be a programme. It is also important to note that health logistics management involves more than just the movement of commodities from point A to point B; it encompasses all the coordination and control of operations involved in ensuring the right commodities get to the end user in the right quantity and condition, at the right time, at the right cost and at the right place.

To read more about logistics management go to [www.iaphl.org](http://www.iaphl.org).

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## Knowing the Numbers: SHiPS Conducts Mapping and Characterisation Study

In the third quarter of the year, the SHiPS for MARPs project after successfully obtaining ethical approval from the National Health Research Ethics Committee (NHREC) embarked on a mapping of populations most vulnerable to HIV in an attempt to obtain reliable estimates on the numbers and locations of these populations. This mapping and characterisation was conducted in the project's seven focal states, Akwa Ibom, Benue, Cross River, Kaduna, Lagos, Nasarawa, Rivers, and the Federal Capital Territory (FCT). It was specifically aimed to provide information on the size, locations and operational characteristics of key populations, (MARPs) to enable improvement in the scale, quality and impact of HIV prevention programmes among these populations.

The mapping was conducted in collaboration with the National Agency for the Control of AIDS (NACA) and its state level counterparts (SACAs), whose representatives were on hand to assist in supervising and observing the process. The SACA Executive Secretary/Programme Manager in each study location also chaired the State Technical Team which was constituted to coordinate activities and supervise state level data collection. The project's donor, USAID, along with representatives from other United States Government agencies such as the Centre for Disease Control and Prevention (CDC) and the United States Department of Defense (DoD) also observed and provided technical support during the exercise in different states. Other key stakeholders that were part of the exercise included Civil Society Organisations and networks working in partnership with the project such as Civil Society on Health and Rights of Vulnerable Women and Girls in Nigeria (CiSHRWIN).

The exercise was successfully completed and the project, after analysing data collected, will be producing state-based reports.

## Condom Promotion Campaign Message Development

The SHiPS for MARPs project is in the process of launching a campaign to promote consistent and correct condom use as a means of preventing HIV and other STIs. The campaign is primarily focused on men who engage in high risk sexual activities including transactional sex.

In September, 2015, the project organised a message development workshop in Akwa Ibom state with relevant stakeholders in attendance to develop messages and decide on suitable communication channels that will be used for the campaign. Stakeholders present included the representatives of the project's beneficiaries, representative of the National Agency for the Control of AIDS (NACA) and representatives of the project's donor, USAID.

With Nigeria having the second highest burden of HIV globally, addressing this epidemic has justifiably been a national priority over the years. With this campaign, the project hopes to remind people that HIV is still a threat and that for those who cannot abstain, condom is the best and only means of preventing infection; if used correctly and consistently.



Pre-workshop data cleaning led by SHiPS M&E Manager, Mr. Samuel Ikani.



Owen Akpoti of Population Council and a representative from one of the US government agencies contributing during the workshop.



Group deliberation during the workshop.



Groups reviewing barriers and motivators to condom use, and other information from survey conducted.



## Our Stories

### Deciding on Change: Longjohn's story



A SHIPS peer educator conducting a peer education session in LongJohn's bunk.

*"I wish to contribute the little I can to fight HIV/AIDS by creating awareness and behaviour change in my community."*

My name is LongJohn Samuel and I am from Okrika Local Government Area of Rivers state. I am the only surviving child of my father; my mother is late also. I started taking drugs from a very young age to enable me cope with misery, misfortune, heartache and all other difficulties I had experienced as a child. I got exposed to drugs because of the bad

company I kept.

At a very young age I had already been exposed to so many bad habits including taking drugs, needle sharing, and unprotected sex. As I continued with these habits, I soon became addicted to drugs and the thought of using condoms never occurred to me.

I was introduced to the SHiPS for MARPs project, an HIV prevention project, in 2014 by Mr. Collins Kalio, a peer educator on the project. He approached me in the 'bunk' [spot] where I hang out and told me about the project's behaviour change interventions and how beneficial it would be for me to participate in sessions. I was initially reluctant to join the programme but the refreshments provided at each session and the teachings caught my attention. I made the decision to join the programme and, after my first session as a peer, kept going back.

I got very serious with attending sessions and took the knowledge I gained to heart. I soon discovered that I was very ignorant about many things and that I was putting myself at risk for a lot of health problems if I continued with the unsafe practices I had become accustomed to. I took the decision to make changes in my lifestyle and stop taking drugs. During my rehabilitation journey, I relapsed a few times, but with support from the SHiPS project team I eventually rehabilitated myself.

I am grateful for the knowledge I have gained from the project, which influenced me to stop bad habits and make better decisions about my health. "I wish to contribute the little I can to fight HIV/AIDS by creating awareness and behaviour change in my community."

## Refocussing Life Goals



Photo courtesy: Seanwes.com

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why I took to this profession...to keep body and soul together.”

Angel’s path crossed that of the SHiPS project in Aso B, the hotspot from which she conducts her sex work. The project, funded by USAID, carries out behaviour change activities aimed at preventing the transmission of HIV and other sexually transmitted infections. The project provides mobile HIV counseling and testing services, peer education sessions to encourage reduction of risky behaviours, opportunities for setting goals and acquiring skills, among others. Aso B is one of the sites in Karu where the project has been implementing activities and Angel had been diligently attending these peer sessions, and also assisting the project to mobilise other sex workers in the area to participate.

According to Angel, participating in the project’s activities has helped her regain her focus, especially with revisiting her goals and planning for a future that does not involve sex work. “I lost focus, I never thought of doing any other thing because I dey see money.” She told the SHiPS project team that since participating in the session on goal setting and being asked the question “what is your goal?” her mind had not been at rest as she could not answer the question. Also, the session reminded her of some of the dreams she had for her life before sex work. She said, “I have gone back to my plans to equip myself for a better opportunity in life.”

According to her, when the project’s community facilitators asked her the question about her goal it touched her and got her thinking that for three years all the money she made from sex work had been used to keep up appearances. Angel made the decision to go back to school and get herself certified, which would enhance her employment prospects. She has been able to save enough money to register for the certification examination (Institute of Chartered Accountants of Nigeria - ICAN) and is presently attending classes. She is very grateful to the SHiPS project for helping her refocus her goals and for the knowledge gained on how to protect herself from HIV.

It often happens that as humans we sometimes lose focus of the goals and paths we initially laid out for ourselves because life takes over. We go through life challenges, which force us to take decisions and make choices that derail us from our initial goals and plans. This is what happened to Angel, a sex worker in Karu, Nasarawa state.

As someone educated (a degree holder) in Accountancy, Angel’s plan, like for most people with a degree, was to get a white-collar job and build a career for herself. However, life happened. After years of searching, Angel could not get a job and while desperately searching for how to make ends meet, she was introduced to sex work. According to Angel, “I no sabi beg, that’s

# Global News

## MDG AIDS Target Achieved and Surpassed

*“The world has delivered on halting and reversing the AIDS epidemic. Now we must commit to ending the AIDS epidemic as part of the Sustainable Development Goals.” - Ban Ki-moon, Secretary-General of the United Nations*

In 2000 during the millennium summit, United Nations member states established and agreed to achieve 8 Millennium Development Goals (MDGs) by 2015. These goals ranged from eliminating extreme poverty, to reducing child mortality, to combating HIV and AIDS, malaria and tuberculosis, and to improving maternal health.



Millennium Development Goals

In a press release in Addis Ababa, Ethiopia, the Joint United Nations Programme on HIV/AIDS (UNAIDS) confirmed that the MDG 6 targets related to combating HIV and AIDS have not only been achieved but have been exceeded. MDG 6 is concerned with combating HIV and AIDS, Malaria and other diseases and has 3 targets but only 2 are related to HIV and AIDS; Target 6a, to halt and reverse the spread of HIV and AIDS by 2015; and Target 6b, to achieve universal access to treatment for HIV and AIDS for all those who need it by 2010.

In 2000 when the MDGs were established, 8500 people became newly infected with HIV while 4300 people died from AIDS-related illnesses every day. Today, new HIV infections have dropped by 35% from 3.1 million to 2 million, and AIDS-related deaths have dropped by 41%. Thirty million new HIV infections and 7.8 million AIDS-related deaths have been prevented since 2000. Countries, including India, south Africa, Zimbabwe, India, etc., which account for 83% of people living with HIV, have successfully halted or reversed the epidemic.

There has also been marked success in reversing and averting the virus among children. In 2000, large numbers of children were dying from AIDS-related complications, which led to the decision that pregnant women living with the virus had access to antiretroviral therapy to prevent mother to child transmission. The result of this has been that between 2000 and 2014, access to prevention of mother to child transmission services (PMTCT) increased to 73% and new infections among children dropped by 58%.

Achievements made in the last fifteen years in reducing new infections and AIDS-related deaths have been primarily due to increasing access to HIV treatment. Today, 15 million people living with HIV have access to anti-retroviral therapy compared to only 1% who had access in 2000.

Michel Sidibé, Executive Director of UNAIDS stated, “fifteen years ago there was a conspiracy of silence. AIDS was a disease of the ‘others’ and treatment was for the rich and not for the poor. We proved them wrong, and today we have 15 million people on treatment—15 million success stories.”

Read more about the MDGs [here](#).

## What are SDGs?



With the Millennium Development Goals (MDGs) expiring at the end of 2015, the United Nations member states at the United Nations Sustainable Development Summit on 25 September 2015 adopted 17 Sustainable

Development Goals (SDGs) which would succeed the MDGs for the next 15 years.

According to the UN Secretary General, Ban Ki-moon, the SDGs also known as the Global goals, are based on six elements - “dignity, people, prosperity, our planet, justice, and partnership” - are a set of universal goals, indicators and targets aimed at bringing an end to poverty, hunger and inequality, tackling climate change and other environmental issues, improving health and education among others.

Compared to the eight MDGs, focused on eradicating extreme poverty and improving global health, the SDGs are centred around a more ambitious agenda which seeks to eliminate poverty as opposed to simply reducing it, are universal in that they would apply to all countries and people, and cover areas such as climate change, importance of peace and justice, energy, sustainability in various forms, and innovation among others which the MDGs did not include. Like the MDGs which were financed primarily by Northern countries, the bulk of financing for the SDGs will continue to come from Northern countries in the short term, however, unlike the MDGs the SDGs agenda provides opportunity for sharing of responsibilities based on the capacities of developing countries.

The SDGs have come under a lot of criticisms for being vague, there being too many goals, and being expensive. For instance, the Economist has stated that the goals are ‘a mess and a distraction’ and went as far as referring to the SDGs as ‘stupid development goals’. In spite of the criticisms, its supporters have praised the SDGs for including areas such as climate change , urbanization and infrastructure compared to its predecessors.

Read more about the SDGs [here](#).

## Spotlight

### Benue State

Benue state is one of the states where the SHiPS for MARPs project is being implemented. When the project began its behaviour change interventions it commenced first among the street-based female sex workers with much enthusiasm from the state's project team and the sex workers themselves. In addition to educating sex workers on HIV prevention methods and instructing them on risky behaviours that expose them to HIV and other sexually transmitted infections, the project also builds skills in goal setting, income generation and others.

Makurdi Helen Ikyarsha, a community facilitator from one of the project's affiliated organisations responsible for implementing peer education sessions, went a step further to not only hold a peer education session on income generation but also provide practical training to the peers she oversees on how to make baked goods based on popular demand. She was able to not only pique their interests but was also able to get them to contribute small amounts towards the purchase of items needed for the baking tutorial.

The cake baking lessons took place in Wurukum, Makurdi. In addition to providing an opportunity for peers to learn a skill that could serve as an alternative income source, those who participated in the activity were motivated to invite their peers who weren't part of the programme to join. This is good for the project as it presents an avenue to reach many more sex workers with HIV prevention services.

Currently, the Benue project team is working towards replicating the activity, dependent on need, among other sex workers in Makurdi and Guma LGAs of the state.



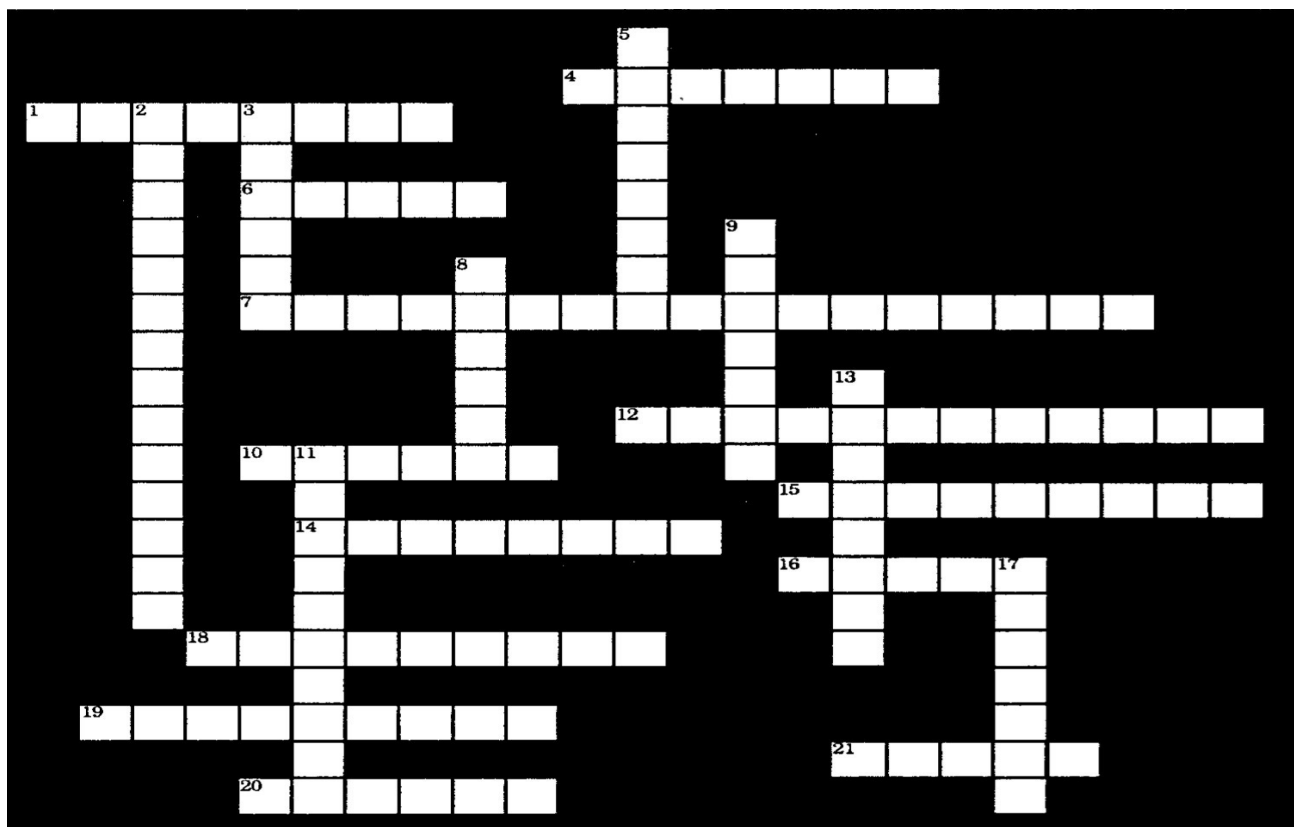
SHiPS community facilitator teaching her peers to bake in Wurukum, Makurdi, Benue State.



SHiPS community facilitator teaching her peers to bake in Wurukum, Makurdi, Benue State.



## Puzzle!



### Clues

- |  |  |
|--|--|
| 1. A protein that fights off foreign substances.   | 19. A common inflammation of the vagina.   |
| 4. A type of sarcoma that people living with AIDS develop.   | 20. An incurable virus that causes blistering sores in the genital area.           |
| 6. The first test given to determine the presence of the HIV   |  |
| 7. One of the main ways STIs and AIDS is spread. (2 words).  | <b>Down</b>  |
|  | 2. A vaginal infection that is caused by a protozoan parasite.                     |
| 10. HIV is NOT spread through _____ contact, such as hugging or kissing.   | 3. The type of lymphocytes that produce antibodies (2 words)                       |
| 12. A type of pneumonia that people living with AIDS develop.  | 5. A microorganism that causes infectious diseases.                                |
| 14. An STD characterized by open sores known as chancres.  | 8. A body fluid that is present in the mouth and does not transmit the AIDS Virus. |
| 15. An STD characterized by intense itching and nits attached to the pubic hair. (2 words)   | 9. When intravenous drug users share ____ HIV can be transmitted.                  |
| 16. The type of pathogen that causes AIDS.   | 11. The only sure way to avoid AIDS and STI's.                                     |
| 18. An STD that is caused by bacteria that lives in the warm, moist areas of the body and is one of the most common communicable diseases. | 13. The body's ability to fight off harmful substances.                            |
|  | 17. A condition in which mites burrow under the skin.                              |

## Announcement!!!

The International conference on AIDS and STIs in Africa, ICASA, will hold this year in Harare, Zimbabwe, from the 29th of November to the 4th of December. The SHiPS project is not left out as the project has 7 abstracts that have been accepted for presentation as listed.

Big congratulations to those project staff whose abstracts were accepted. Well done!!

Abstracts	Author (s)	Types of Presentation	Abstract Number
Assessing HTC and STI consultation service delivery for key populations in Nigeria through a mystery client survey	Samuel Ikani, Ifeanyi Okekearu, Yvonne Ekpe, Egbe Aneotah	Oral	A-751-0003-00860
Effectiveness of FGD as an entry strategy to PWID (people who inject drugs) Intervention: the ships for MARPS project approach	Okeh Sylvia u, Iwuagwu Stella (Dr), Eziefule Bede, Molokwu Samuel, Edoh Cyprian	Poster	A-751-0003-00649
Increasing condom use among female sex workers in two states of Nigeria through active involvement of "boyfriends"	Abimbola Oladejo; Okechukwu Enechi; Dennis Aizobu; Abu-Saeed M. Buhari; Ogechukwu Agwagah; Eshalomi Aghogho; Bala Duniya	Poster	A-751-0003-01326
Managing the challenges and threats to programme implementation with and for Sex Workers in Nigeria: Any hopes in the midst of antagonistic laws and policies?	Ifeanyi Okekearu, Chima Emeka, Yvonne Ekpe	Poster	A-751-0003-00375
Knowledge versus Attitude: a comparative study of 2 HIV qualitative and quantitative studies on knowledge, attitude and behavior along major Nigeria transport corridors.	Ifeanyi Okekearu, Akudo Ikpeazu, Dozie Ezechukwu	Poster	A-751-0003-00376
Work as consortium or fail? The realities of working as consortium for effective HIV programme implementation.	Ifeanyi Okekearu, Chieme Ndukwe, Egbe Aneotah, Yvonne Ekpe	Poster	A-751-0005-00377
Catalyzing improved coordination of state level HIV and AIDS response in Nigeria.	Aneotah Egbe Chiemezie Ndukwe, Ikani Samuel & Ekpe Yvonne	Poster	A-751-0005-00891

The Strengthening HIV Prevention Services for Most at Risk Populations (SHiPS for MARPs) project is a five-year HIV prevention project funded by the United States Agency for International Development (USAID), and implemented by a consortium of partners—Society for Family Health ([www.sfnigeria.org](http://www.sfnigeria.org)), Population Services International ([www.psi.org](http://www.psi.org)), Population Council ([www.popcouncil.org](http://www.popcouncil.org)) and Centre for the Right to Health ([crhnigeria.org](http://crhnigeria.org)); of which Society for Family Health is managing partner.

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