



# SHiPS News

SHiPS News is a quarterly publication of the Strengthening HIV Prevention Services for Most-at-Risk Populations project sponsored by USAID.

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## Welcome 2016!

### From the Flight Deck, We Have Reached Our Cruising Altitude!



Welcome to a wonderful new year from the SHiPS for MARPs team! As we enter our fourth year of implementation, we are very excited by both our achievements and the many new opportunities in store for the project. In 2015, the SHiPS for MARPs project focused on service saturation and scaling up interventions in our project communities. Cumulatively, we reached over 90,000 individuals from most at risk populations with prevention services including HIV counselling and testing.

Service delivery also took off with a bang in the 10 Drop-in Centres (DiCs) established across project states to provide STI syndromic management, HIV counselling and testing, and referrals for other health services. Not only are our project beneficiaries able to access health services in a friendly and non-judgmental space, the DiC is also the ideal place for "chillaxing" with the various informative games and activities available. These safe spaces are receiving rave reviews from our project communities and we are currently working to expand services to other locations within the states.

We also commenced activities for a Condom Social Messaging Campaign targeted at high risk men, which aims to promote condom use for the prevention of HIV transmission. Following qualitative research, the project finalised key messages for various media including print (posters and stickers) and

digital (radio jingles and television skits). Some messages will also be adapted for social media platforms and bulk short messaging services.

A key research activity in 2015 was the MARPs Mapping and Characterisation survey designed to provide a reliable size estimate of Most at Risk Populations and also identify typologies and sub-typologies of MARPs across the eight project locations. The survey is expected to improve evidence-informed programming for MARPs. Another critical study that was undertaken during the period aimed to provide insights into the transactional sex phenomenon in Nigeria. After extensive literature review, it became clear that there was very limited information about the operational dynamics of adolescent girls and women who engage in transactional sex in Nigeria. This study was nested in the MARPs Mapping and Characterisation protocol, as an inquiry into other possible vulnerable groups which are also at higher risk of contracting HIV due to their sexual practices. The reports of the two studies have been presented to national and state stakeholders and we are very excited by their potential benefits as planning tools for programmers.

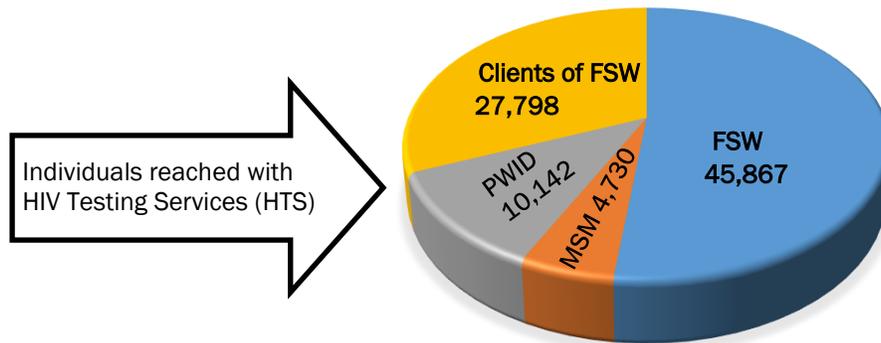
As the project that keeps on giving, we were very enthusiastic about sharing our experiences! To this end, we responded to requests for abstracts and technical papers in various programming areas and several submissions were accepted. These ab-

stracts (both oral and poster) were presented at different regional and international conferences such as the 18<sup>th</sup> International Conference on AIDS and STIs in Africa (ICASA) which held in Harare, Zimbabwe from 29<sup>th</sup> November – 4<sup>th</sup> December 2015.

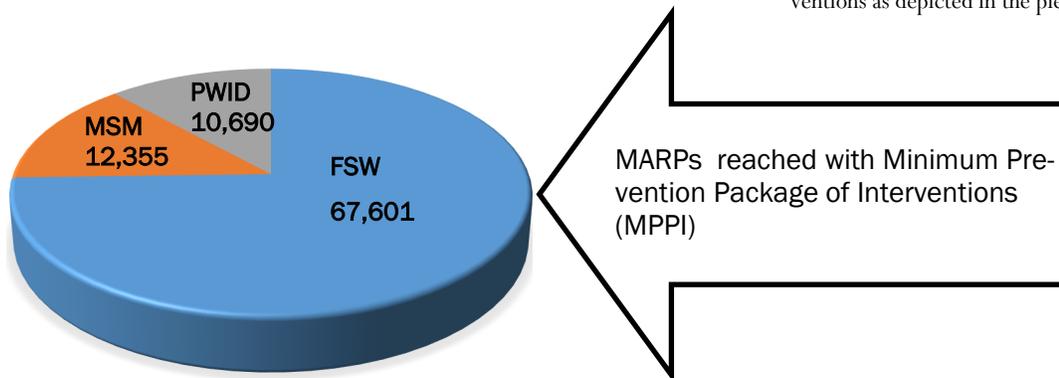
As we commence implementation in 2016, we feel that we have certainly hit our stride as a project. Armed with lessons learnt and feedback from our community stakeholders, we are embracing our new opportunities with the usual indomitable SHiPS spirit. Key priorities for the year include the establishment of One-Stop-Shops which would provide a comprehensive bouquet of HIV prevention and treatment services, expanding STI and HIV Counselling and Testing services, strengthening referral systems and enhancing project sustainability strategies.

We would like to express our profound gratitude to all the key stakeholders including NACA, SACAs, Civil Society Organisations and networks, line ministries, development partners, community influencers and other individuals who extended the hand of partnership to us in 2015. Your invaluable contributions and goodwill have significantly facilitated our achievements in project implementation. We continue to count on you as we aim even higher in 2016. We appreciate your company on this exciting journey as we work to improve the health and wellbeing of Nigerians.

## What Our Numbers Looked Like in 2015



For the fiscal year 2015, October 2014 to September 2015, the SHiPS for MARPs project provided HIV Testing Services (HTS) to a total of 88,537 individuals and reached a total of 90,646 MARPs with Minimum Prevention Package of interventions as depicted in the pie charts.



## Strengthening Community Service Delivery: Spotlight on Cross River State



**Chairman of Ikom LGA, Hon. Pastor Ojong Ayiba Ayiba, launching the DiC in Ikom**

Ikom Local Government Area is in the central senatorial district of Cross River State. It has eleven council wards namely: Abanyum, Yala-Nkum, Olulumo, Ofutop I, Ofutop II, Nta/Nselle, Nde, Abijinkpor, Ikom Urban, Akparabong and Nnam, and over sixty-seven villages. In spite of its vast land mass, about 1861.926km<sup>2</sup>, Ikom has only one cottage hospital, owned by missionaries, one Government comprehensive centre, a few primary health centres and private health centres catering to most of its health care needs. This shortage in health institutions impedes provision and uptake of health services, particularly for vulnerable populations.

With this knowledge, the SHiPS for MARPs project team in Cross River selected Ikom as one of the LGAs to implement HIV preven-

tion interventions. Project implementation commenced in December 2014 with focus on most at-risk populations. One of the project’s first course of action was to build the capacity of locally sourced health care providers in providing Sexually Transmitted Infections (STI) treatment and MARPs-friendly services.

To improve uptake of these services and thus strengthen community health service provision for MARPs, the Project, in collaboration with the Primary Health Care Department and the Local Action Committee on AIDS (LACA), established a Drop-in-Centre (DiC) in Ikom for syndromic management of STIs, provision of HIV services, and referrals for other health needs. At the official launch of the DiC, Chairman of Ikom LGA, Hon. Pastor Ojong Ayiba Ayiba, officially declared the DiC open for service. Also present at the launch was the Deputy Chairperson, Hon. Glory Akunjom, along with other government and non-government actors, and representatives of the SHiPS for MARPs project.

DiCs have been established in all SHiPS focal states. Services provided in the DiCs include syndromic management of STIs, HIV Testing Services and referrals for reproductive health and other services.

SHiPS for MARPs Project States	Location of DiCs
Akwa Ibom	No. 20 D-line, Ewet housing estate, Uyo, Akwa Ibom State
Benue	BenSACA Secretariat, opposite SUBEB, No. 2, Ahmadu Bello Way, old GRA, Makurdi, Benue State
Cross River	SFH office, No. 7, Okoro Agbor street, Calabar, Cross River State Comprehensive Health Centre (Children’s Clinic) after the Local Government Council, Ikom, Cross River State
FCT	CRH office, plot 822, house 1, Aknathon homes along Dominion chapel, near Area 1 police station, Area 1, Abuja

FCT	Kay Health hospital, opposite Dunamis Church, New Karu, Abuja
Kaduna	2nd floor KC holding, No. 24 Constitution road, Kaduna, Kaduna State
Lagos	CRH office, No. 37 coker road, Ilupeju, Mushin LGA, Lagos State Great Oki Youth health foundation, No 12 Latona street, off Araromi bus stop, Iyana Ipaja, Alimosho LGA, Lagos state
Nasarawa	SFH field Office, old Lafia Hotel, beside NA-SACA, Shendam road, Lafia, Nasarawa State
Rivers	SFH Field office, No. 6, William Ajikere street, off Rumuola link road, off stadium road, Port Harcourt, Rivers State

## OUR STORIES

### ‘No Condom No Sex’- Learning from Mistakes

Emmanuelle was 20 years old when she began sex work as a means to cater for herself and her younger siblings. According to Emmanuelle, her father is a palm wine tapper and as such could not afford their school fees: *“my parents are very poor and dem no fit send any of us go school”*. Although Emmanuelle only attained primary school education, she has been able to use her earnings from sex work to support two of her siblings through Polytechnic (tertiary) institutions.

In order to meet her heavy financial responsibilities, Emmanuelle would often have sex without condoms. She would also insert cotton wool balls to enable her have sex during her menstrual period and continue earning money. Emmanuelle frequently had infections that she spent a lot of money treating, but never associated these infections with what she was doing. *“I dey put cotton wool inside and I go satisfy my customers, make dem no complain say everywhere dey messed up.”*



**A SHiPS Peer educator demonstrating female condom use in the hotel Emmanuelle conducts her business**

It was not until the SHiPS for MARPs project began its HIV prevention interventions in the hotel where Emmanuelle conducts her business that she got to learn that what she was doing could be responsible for her frequent infections. During one of several peer sessions in the hotel on sexually transmitted infections (STIs) she confided in the peer educator who explained to her that she was exposing herself to all kinds of STIs, including HIV, by not using condoms always during sexual intercourse. The peer educator also explained that using cotton wool balls to plug her cervix during her periods could also expose her to infections, especially if the cotton balls don't dislodge completely. The

*“... I realise say wetin I dey do with cotton wool na mistake wey no suppose happen... One thing wey I don notice be say I no dey waste money go treat yama yama diseases again I don swear say ‘no condom no sex’ for me from now on.”*

peer educator then encouraged her to go for HIV counseling and

testing, which she did.

*“Na this point I realize say wetin I dey do with cotton wool na mistake wey no suppose happen, and to know say condom dey very important to make sex safe.”*

Emmanuelle's HIV test turned out to be negative. She has resolved to always use condoms during every sexual act.

*“When I do the test, I [was] afraid because of the kind risky life I don live. When my result come out and na negative I breathe well. I thank God for the result and swear to make condom my best friend inside this business. During my monthly period now, I dey use female condom instead of the cotton wool to have sex with my clients. One thing wey I don notice be say I no dey waste money go treat yama yama diseases again. I don swear say ‘no condom, no sex’ for me from now on.”*

## “With SHiPS for MARPs, Everything Na Double Double!”



In July 2015, in a brothel called “Shidi” in Kuje Community where the SHiPS for MARPs project is implementing interventions, peers were referred to Kuje Mass Literacy Centre to acquire valuable income generating skills. One of the peers, Blossom, was enrolled in the programme.

Blossom, is a 22 year old brothel-based female sex worker. Blossom’s mother is a visually impaired widow who is not able to cater for her children. As a result, Blossom took up the responsibility of caring for her mother and three younger siblings through sex work. Blossom was widely known as an alcoholic in her brothel. When asked about this she said, *“Aunty I dey drink wella because I always dey free, I no get work”*.

Blossom’s involvement with the project exposed her to peer education sessions that addressed issues around HIV prevention, values clarification, goal setting, and the dangers of drug and alcohol abuse among others. These sessions made such an impact on Blossom that she made the decision to live a more meaningful life; hence the enrolment in the literacy programme.

After two months on the programme, Blossom was encouraged to sign up for catering classes. Due to her outstanding performance, she was selected to support the Centre in producing baked goods for sale. She now receives contracts to bake and supply pastries to individuals and even retailers.

*“Aunty I dey drink wella because I always dey free, I no get work”.*

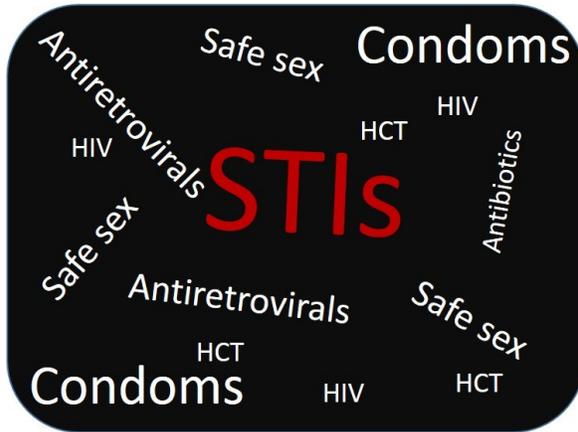
Blossom will graduate from the centre in the first quarter of 2016. Her success on the programme has motivated others to register with the Centre. When asked about the impact of the project on her life she said, *“with SHiPS for MARPs, everything na double double.”*



**Blossom during one of her catering classes**

## OTHER INFORMATION

### New or Not? A Little on *Mycoplasma genitalium* Infection



**Symptoms of *M. genitalium* infection are similar to those of other STIs, which makes it difficult to diagnose.**

There was a lot of media buzz towards the end of 2015 about an apparently new sexually transmitted infection, *Mycoplasma genitalium* infection. Well, there was nothing new about it, in fact the causative bacterium, *M. genitalium*, has been around and thriving for over 30 decades but because at the time of its discovery in 1980 scientists did not have the right tests to study it, not much was known about it, particularly its ability to be sexually transmitted.

*M. genitalium*, which is often asymptomatic, can be found in the urinary and genital tracts and endometrium in humans, and is transmitted through vaginal, anal and oral sex. According to a 2015 [study](#) among men and women aged 16 to 44 years in London, infection with *M. genitalium* is “strongly associated” with risky sexual behaviours including increasing sexual partners and unprotected sex. The study also revealed that men and women with *M. genitalium* infection may have previous history of other Sexually Transmitted Infections (STIs); gonorrhoea, syphilis and trichomoniasis.

*M. genitalium* causes inflammation of the urethra, urethritis, in both men and women, while in women it is yet unclear if the bacterium causes disease but it has been linked to inflammation of the cervix, cervicitis, pelvic inflammatory disease (PID) and infertility ([CDC](#); [Sethi et al. 2012](#)). Symptoms of *M. genitalium* infection are similar to those of other STIs, which makes it

difficult to diagnose. So, vaginal itching and pain during sex in women, urethral discharge in men, and burning or painful sensation when urinating in both men and women are some symptoms associated with *M. genitalium*.

Due to its strict growth requirements, testing for *M. genitalium* is difficult. In spite of this difficulty there are ways to test for the bacterium but these tests are usually only available at research sites and none have been approved by relevant bodies for use in clinical settings. However, the US Centre for Disease Control and Prevention suggests that *M. genitalium* should be suspected in patients with persistent urethritis, cervicitis and PID. Due to the lack of a cell wall, *M. genitalium* is not affected by antibiotics that target cell-wall biosynthesis (penicillin and cephalosporins). As a result, and until specific treatment is discovered, most *M. genitalium* infections are treated under syndromic management of urethritis, cervicitis and PID.

There still remains a lot to be learned about *M. genitalium*, particularly regarding infection in women as there are more studies conducted among men than among women. And although available evidence associating *M. genitalium* as a cause for PID and infertility in women is very convincing, more investigation is needed to understand the bacterium’s association with reproductive tract diseases in women.

To read more about *Mycoplasma genitalium* go [here](#), [here](#) and [here](#).

## Do You Know How To use Your Condom? - from [www.avert.org](http://www.avert.org)



➔ The man needs to have an erection before the condom is put on. Always put the condom on before the penis touches a woman or man's genitals.

➔ Open the packet carefully so that there's less chance of ripping it. There's usually an arrow on the packet to guide you in the direction you should open it. Avoid using your teeth and be careful with sharp fingernails or

### Why is it important to wear a \*condom?

If someone has a Sexually Transmitted Infection (STI) this can be passed on during unprotected vaginal, anal or oral sex, or by sharing a sex toy. Vaginal sex without a condom can also result in pregnancy, even if it's just the once.

Wearing a condom is the best option when it comes to practising safer sex, especially because some STIs have no symptoms in the early stages, for example chlamydia. This means that you and your partner may not know you have an infection until much later on, which can affect your fertility and overall health. Similarly, one of the earlier stages of HIV infection may also not reveal any symptoms.

### When do you need to use a condom?

You should use a condom during any sexual activity where you may be at risk of sharing bodily fluids. The main purpose of other contraceptives such as the Pill or contraceptive injection is to prevent pregnancy, but they won't stop you from contracting an STI.

### How do I use a condom?

A condom is less effective if the penis touches the vagina or anus before a condom is worn, or if it slips off during sex. Some people prefer to use a condom with added lubrication to make sex feel more comfortable, but more importantly this helps prevent condoms from breaking.

Generally, to use a male condom you should follow these rules:

- ➔ Check that the condoms are in date, in good condition and have the CE mark on it – this means they've been tested to European safety standards.

jewelry.

- ➔ Condoms come rolled up and need to be placed on top of an erect penis. Some people like to use a little bit of extra lubrication to help it go on easily. If you do this, use a water-based lubrication, rather than vaseline, hand cream or anything that contains oil - these can all break the condom.
- ➔ Pinch the teat at the end of the condom before you start to roll it down the penis. By doing this you will be helping to squeeze any air bubbles out and this will prevent friction that can cause condoms to break. It will also help you know if the condom is on the right way.
- ➔ Roll the condom down to the base of the penis. If it's on correctly it will roll downwards easily (or you may be able to feel the texture of the outside of the condom if it's ribbed). If you're not sure then use a new condom and try again. This is important even if the man hasn't ejaculated because there can still be sperm on the penis (pre-cum).
- ➔ Only take the condom off when the penis is withdrawn completely from the body and while the penis is still erect. Tie a knot in the end of the condom, wrap it up, and throw it away in a bin (don't put it down the toilet as it can block up your plumbing).
- ➔ Always use a new condom if you have sex again.

Remember: Avoid using two male condoms at once or a female condom and a male at the same time - this can cause friction and they're more likely to split or slip off. Go [here](#) to read more.

\* The condom is not 100% safe. Total abstinence or faithfulness is the best option.

## 2015 IN PICTURES

### 2015 World AIDS Day



SHiPS team preparing to provide HIV testing services during World AIDS Day 2015 in Calabar, Cross River state



SHiPS trained HIV Counselor-tester providing HCT services during the 2015 WAD celebration



SHiPS trained HIV Counselor-tester providing HCT services at the 2015 WAD celebration



SHiPS State Team Lead in Cross Rivers State giving a speech at the 2015 WAD celebration

## Training on Syndromic Management of STIs



Certified health service providers undergoing training on syndromic management of STIs



Representative of FMoH observing proceedings during the training



Participants role playing couples counselling during the training



Participants role playing history taking during the training

## Training of HIV Counselor-Testers



Newly SHiPS trained HIV counsellor-testers in Makurdi, Benue State



Participants practising recording test results during the HTS training



Participants practising blood dropping to test for HIV



Participants practising needle pricking during the training

## Condom Messaging Campaign Key Messages Development Workshop



SHiPS M&E and MCCD teams analysing qualitative data in preparation for the workshop



Groups walk through the gallery of research results



Gallery walk



Presentation of key messages



Developing draft scripts for Radio with representatives of MARPs participating



A group working on a task

## SHiPS Project End of Year Retreat



Rivers SHiPS team, assisted by the SHiPS HIV Prevention Advisor, Chukwuemeka Chima



SHiPS system strengthening Manager, Egbe Awo, giving a presentation



SHiPS Chief of Party, Ifeanyi Okekearu, briefing SHiPS team



USAID Agreement Officer Representative, Isa Iyortim, providing feedback during the meeting



Akwa Ibom SHiPS team, assisted by the SHiPS project MARPs Advisor of Population Council, Owen Akpoti



Finance team, Ms. Lilian Okpokiri and Tope, prepping for their presentation

## ANNOUNCEMENT

### 2016 International AIDS Conference



The countdown has begun for the 21st International AIDS Conference, AIDS 2016, which will be taking place this year in Durban, South Africa, from the 18th to 22nd of July.

This year's theme, *Access Equity Rights Now*, reminds the development community that if momentum is lost in the global fight against HIV, all of efforts and successes achieved thus far will be lost and as a result the conference is advocating varying calls to action to the AIDS community to change the course of the epidemic.

The conference is thus tasking the AIDS community to work together to reach those who still lack access to treatment, care and support services; unite to overcome injustices caused by violence and exclusion of people based on their gender, race, age, HIV status and sexual orientation; strengthen commitment to HIV research and evidence-based interventions; and reverse laws that violate human rights and foster inequality.

For more information on the conference go to [www.aids2016.org](http://www.aids2016.org).

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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