



SHiPS News

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Towards A More Gender Sensitive And Inclusive Project.



Picture courtesy www.sgbvnetworks.com

Gender-based violence (GBV), also Violence against Women (VAW), is violence perpetrated as an expression of power inequalities between women and men. However, in most usage the term GBV refers to violence against women and girls. "The primary targets of GBV are women and adolescent girls, but not only are they at high risk of GBV, they also suffer exacerbated consequences as compared with what men endure. As a result of gender discrimination and their lower socio-economic

status, women have fewer options and less resources at their disposal to avoid or escape abusive situations and to seek justice." - [UNFPA](#)

Biological differentiation of sexes with females perceived as the weaker sex that need protection from males; cultural belief that males are physically stronger than females; poverty and financial insecurity are listed as causes of GBV in Nigeria according to a study published in 2013 in the [International Journal of Academic Research in Progressive Education and Development](#).

How prevalent then is GBV in Nigeria, particularly among commercial sex workers whose legal rights are often ignored and are thus often unable to report cases of violence and get judicial redress? To explore answers to this question and position itself as gender sensitive and

inclusive, the SHiPS for MARPs project, in April 2016, conducted a pilot study on gender-based violence among Female Sex Workers in 3 of its intervention locations; Lagos, Cross River and the FCT.

In conducting the study, a qualitative descriptive methodology was employed to collect data using focus group discussions (FGDs) among FSWs and in-depth interviews (IDIs) with key informants; 'special boyfriends', law enforcement agents, and health care workers.

It is hoped that the result from the study will serve as a first step towards a more elaborate study to ascertain the depth of gender-based violence among not only FSWs but Nigerian women in general; and also serve to guide programming for FSWs and women in Nigeria.

Findings from the study will be made available soon.

Building Capacities to Improve People and Processes.



Dr Richard, SHiPS Research Advisor, taking a session during the training.



Mr Samuel Ikani, SHiPS Research and Evaluation Manager, taking a session during the training.

In line with one of the SHiPS for MARPs project's objectives to improve the use of data to strategically prioritise and target MARPs and plan HIV programme interventions, the project held a 4-day competence based training for its Monitoring and Evaluation Officers and MIS, Link and Referral (MLR) Officers from the 9th to 13th of May 2016 in Abuja. The aim of the training was to build the capacity of the participants to accurately use the second version of the District Health Information System (DHIS2) platform for MARPs programme data management and reporting as well as to discuss issues around the project's M&E process.

A total of 8 monitoring and evaluation officers and 10 MLR Officers from across the project's implementation states and the FCT were trained. The training focused on topics such as troubleshooting on DHIS, data entry, data dimensions, among others.

At the end of the training, some resolutions were made on how to improve the project's M&E processes. Pre- and post-tests were used to ascertain improvement in participants' knowledge during training. It is expected that the increased capacity of the state officers will improve the quality of HIV prevention interventions thereby resulting in a more effective HIV/AIDS response.

OUR STORIES

Akwa Ibom State Beats All to Set-Up the SHiPS Project's First HIV Treatment Centre.

Prior to 2015, the SHiPS for MARPs project only provided HIV Testing Services (HTS) and where a person tested positive, s/he was referred to an affiliated MARPs-friendly health facility for treatment, care and support services. However, in 2015, the United States Agency for International Development (USAID), the project's donor, authorised the project's management to commence provision of HIV treatment services for HIV positive beneficiaries on the project using the one-stop shops (OSS) service provision structure. The OSS will be MARPs and youth-friendly centres where beneficiaries of the project will be able to obtain much needed HIV related testing and treatment service. They'll also serve as points-of-contact for information and other services, and as safe spaces for beneficiaries of the project.

Commencing HIV treatment was not an easy feat for the project since Society for Family Health (SFH), managing partner for the SHiPS for MARPs project, and in fact all the other consortium partners had no experience providing HIV treatment services. However, with the project's management determined to use the opportunity to make real impact in HIV programming, along with guidance from USAID and in-house technical expertise, plans were put in place to guide the process. Following this plan, the Akwa Ibom state team rolled up its sleeves and went to work to become the first project state to set up an OSS.

The team proceeded to set up its OSS with technical guidance from the HQ. In an attempt to ensure quality service provision, FHI 360, an organisation known for providing quality HIV treatment services, was brought in to conduct assessment of the OSS and train service providers on integrated ART service provision. To facilitate speedy commencement of treatment in other project states, specifically Rivers and Cross River states, selected health service providers from these states participated in the training. FHI 360 still provides technical support as needed. The project's Agreement Officer Representative from the USAID, Isa Iyotim, was in hand to witness the training and activation of the OSS. He encouraged participants to

ensure quality services were delivered and standards kept at all times.

Today, Akwa Ibom state has beat all other project states to be the first SHiPS state to set-up and activate its OSS. The OSS has commenced service provision and some beneficiaries of the project have begun accessing services. All that's left to be said to the other states is, don't be mad get even by setting your OSS too!



Isa Iyortim, SHiPS AOR, addressing Health Providers during the training on integrated ART service provision.



Outside view of the centre.

Cynthia's Changing Room.

Cynthia, is one of the SHiPS for MARPs project Community Facilitators. She is a commercial sex worker, who applied an unconventional strategy to reach out to her peers with life changing education and services. Cynthia's story is similar to that of many young Nigerian girls who venture into the sex trade; she was a student who dropped out of school due to financial burdens and turned to sex work as a means to an end. While doing her trade

Cynthia admits that she would often get drunk and pass out only to wake up and realise she had had sex with another client without using condoms. This story, however, is not about Cynthia's sex work trade but about how she utilized her position as a sex worker to empower other sex workers through education and awareness.

"... I joined sex work (runs) due to financial challenges I had. After asking a boy I met in front of a hotel where one could go and do runs and make some money because I am new in town, he answered by saying that a lot of white men club (party) there so I summoned courage to enter. When I finally started the business, I got into drinking a lot and most times drunk and then when I realize myself, my client – the white men – had had sex with me without condom..."

In the area where Cynthia transacted her trade, the SHiPS for MARPs project had Community Facilitators who periodically conducted outreaches where HIV prevention peer education and free condoms were provided via cohort sessions, along with opportunities for HIV counselling and testing and STI treatment for interested persons. Cynthia was noticed as a regular on the street and was recruited and trained as a Facilitator; a strategy which is predicated upon the fact that sex workers are more likely to listen to information provided by one of their own than someone outside the trade.

"One day the facilitator called me and encouraged me to come to SHiPS

Office and that she wanted me to be one of the facilitators. I didn't want to but she persuaded me and I accepted. I was interviewed and asked if I can commit to doing facilitator work, I accepted and I was trained and given manuals, reflector jackets, torchlight and so on."

After her training Cynthia discovered that the fact that she was a sex worker didn't make her work any easier. She discovered it was difficult to get and hold the attention of the girls

on the streets because they were hustling for clients; trying to make money. This went on for a while. However, Cynthia soon discovered that most, if not all, the girls would go into changing rooms in hotels or other establishments to put on their make-up and change from their day clothes into their sex work attire. Upon this realisation Cynthia devised a plan to hold her sessions in changing rooms.

She would get to her location early in the evenings, pick a changing room known for traffic and wait for girls to trickle in. While the girls were making-up and changing clothes, she would go through the topic for the night and give them free condoms for the night. She said this strategy helped increase her cohort size, and because the girls began to trust her they also began to mobilise other girls to join the sessions.

"Doing sessions in the changing room increased the number of peers and improved their confidence in me as many join the programme through this. Now my peers are using condoms, they are planning to do business and have reduced alcohol intake. It has been fun and educating and I love the programme so much that I want to do more; if I can also be trained to do HIV Test, I will like too."



Cynthia on the streets on a regular work night.

Perception May Be Key But It's Not Always True.

A lot of people have the notion that the quality of services or commodities provided for free are questionable and often below standard. This perception has equally impacted on uptake of free health services particularly (HTS & STIs).

Catherine, 29, is a commercial sex worker in Makurdi. She moved from her hometown in Guma LGA along with her friends to a brothel (Avis) in North Bank for the purpose of engaging in sex work to earn a living. She had little knowledge about HIV, STIs and other sexual reproductive health issues. She was also unaware of the important role condoms play in preventing HIV and other STIs, which meant she consistently had unprotected sex with her clients. This resulted in her frequently contracting STIs and experiencing dire symptoms such as lower abdominal pains and pain during sexual intercourse, which she secretly treated through self-medication but with no relief. Fortunately for Catherine, the SHiPS for MARPs project commenced intervention in the brothel (Avis) providing education through peer sessions, commodities and services aimed at preventing transmission of HIV.

In one of the peer sessions in which sexually transmitted infections (STIs) was treated, Catherine could no longer hide her feelings so she explained the situation to her Peer Educator who then referred her for free STI screening and examination at the project's service centre. However, when Catherine heard the drugs provided at the centre were free, she turned down the offer because she felt that if the medication she had been buying could not solve her problem how much more ones that were free. So, she continued self-medicating and managing her situation until the symptoms got so bad that she could no longer attend to customers; and hence no longer make money.

During one of the project's outreaches in Avis brothel where HIV counselling and testing and STI examination services were provided, the other sex workers in the brothel who were aware of her situation en-

couraged her to go for screening since what she was doing was not helping her. Reluctantly, Catherine approached the outreach team, was counselled and tested for HIV, screened and examined for STI. She was provided with medication for STIs and counselled on how to use condoms to prevent further infections, contact tracing, compliance and adherence.

Catherine explained that the first two days on the medication were awful and it felt like her situation was worsening but she persevered recalling the adherence counselling she had gone through. Four days into the treatment, Catherine said she began to feel relief and in no time was back on her feet. "...now life don dey come back to my body. I been think say papa God done hala me to leave this world when



People waiting to be counselled during a SHiPS project Outreach in Catherine's brothel.

this sickness dey eat me up, na now I believe say no be every alaha dey pain belle. All my customers wey don waka go come back one by one but now na with condom or I no go do am, my life first before the money"

Presently, Catherine has been treated of her STI and has promised to always use condoms with her customers. She is now an avid advocate of the project's free STI services and uses every opportunity to encourage other sex workers to visit the SHiPS for MARPs centre and access free services provided. "I thank all the people wey carry this programme come for our place (Avis brothel). God go bless them for me because I for don die now for this infection wey I been get."

OTHER INFORMATION

Post-Exposure Prophylaxis (PEP).

Like PrEP, pre-exposure prophylaxis (PEP) is when a HIV negative person takes anti-retroviral medication to prevent HIV transmission. However, unlike PrEP, PEP is a combination of two to three anti-retroviral medications taken after one has been potentially exposed to HIV to prevent getting infected with the virus.

There are two scenarios when PEP can be used - after exposure to HIV in the workplace (occupational exposure) and after exposure to HIV in other settings (non-occupational exposure). An instance of occupational exposure is when a doctor, nurse or other healthcare provider is exposed through needlestick injury at work while non-occupational exposure is exposure through unprotected sexual intercourse or sharing of needles in the case of injecting drug use. In both instances PEP must be taken within 72 hours of exposure to effectively reduce the chances of one becoming HIV positive.

Typically, when someone is newly infected with HIV, the virus initially infects the cells in the area or site of exposure (vagina, anus, penis, etc) before it begins replication to produce more HIV – virions. HIV infection becomes permanent after the new virions begin infecting other cells throughout the body;

this happens after a few days of infection. The period from when one is infected with HIV and before the virus begins replication is when PEP works. Essentially, if PEP is given or taken early enough after exposure to the virus it can halt viral replication, prevent replication and virions dispersal throughout the body, which stops the infection from becoming permanent. What happens is that cells that were initially infected die off after some time.

According to the CDC, PEP is not 100% effective and should not be taken as a substitute for but in combination with other proven effec-

Essentially, if PEP is given or taken early enough after exposure to the virus it can halt viral replication, ...

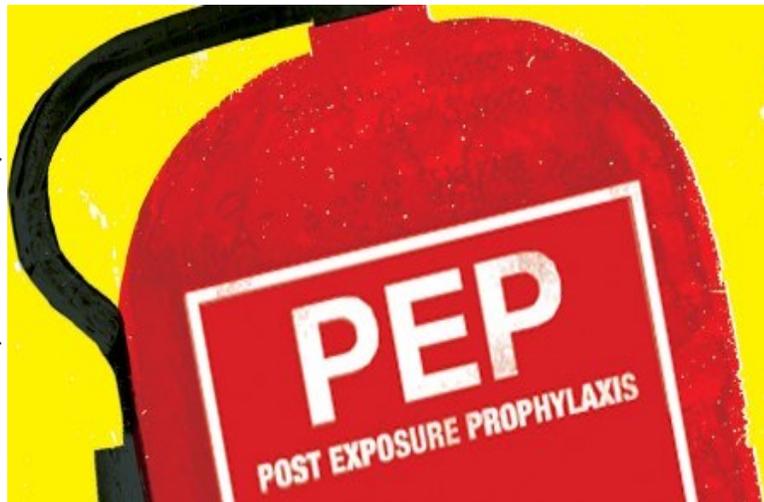


Photo courtesy www.heartofengland.nhs.uk

tive strategies for HIV prevention such as PrEP, consistent and correct condom use with sexual partners, safe injection practices and HIV counselling and testing among others.

If you're HIV-negative or don't know your HIV

status, and in the last 72 hours you think you may have been exposed to HIV during sex (for example, if the condom broke), shared needles and works to prepare drugs (for example, cotton, cookers, water), or were sexually assaulted, you should go to your nearest health facility and speak to about getting placed on PEP.

To learn more about PEP, go [here](#), [here](#) and [here](#).

Congratulations On Joining the Labour Market. Officially!

We're sad to see you leave but we are happy you're leaving for better things. In the second quarter of the year, 3 of the SHiPS for MARPs project National Youth Service Corps members passed out of service. The project has seen its fair share of Corpers come and go since inception but this is the first time they'll be mentioned in any of our publication. SHiPS for MARPs Corpers are the unsung heroes of the project often left out when accolades are meted out. Well, not anymore.

The SHiPS project is extremely proud of all its Corpers and it's no different with these three. Philip, Faith and Glory were exemplary HQ Corpers throughout their service year. They rolled up their sleeves and mucked up like the rest of us. They were quintessential worker bees; taking instructions, running errands, managing logistics, taking minutes, writing reports, analysing data, brainstorming, among others. Mention it, they did it all; 5 days a week, 8am to 5pm, they put forth their best foot and it showed in their assignments.

We are beyond excited for these youngsters and bid them the very best of luck as they move into the labour market. Congratulations guys, make the world your foot stool!!

"I never imagined I was going to serve with an NGO let alone with SFH under the SHiPS project. I learnt a lot that I never imagined possible. I had the most exciting service year" – Faith Idachaba

"In life you can put a price tag on just about everything except people who pulled you up when you were down and helped to get you where you wanted to be. Thanks to SHiPS for MARPs family for being one of such in my life" – Philip Upwa

"Wow! It's amazing how much one can learn in a few months. I can remember how clueless I was on my first day at work. I actually thought the project was into construction of ships and automobiles from the name "SHiPS for MARPs" LOL. My experience with SHiPS for MARPs project wasn't just an avenue for me to learn and develop my intellectual skills, but also an avenue for me to improve my interpersonal and communication skills. It was indeed an opportunity to be part of the family" – Glory



Faith Idachaba.



Philip Upwa



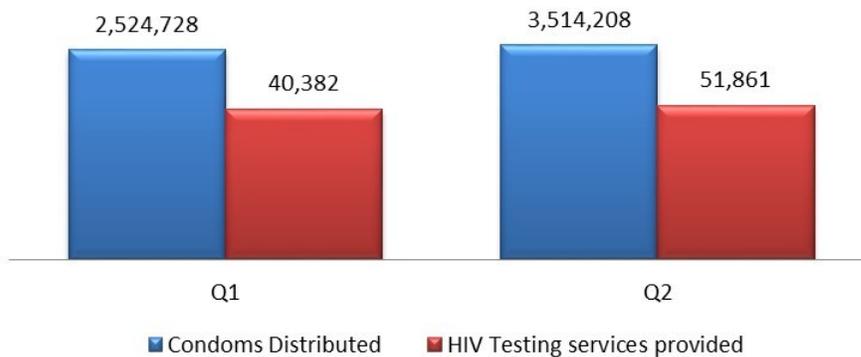
Glory

ANNOUNCEMENT

Our Stats.

As at June 2016, the SHiPS project has distributed approximately 6 million condoms and provided HIV testing services to about 92,000 individuals across its 7 states and the FCT. See the chart below for a breakdown by quarter.

Number of condoms distributed and Individuals reached with HIV testing services (Q1 -Q2 2016)



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), Population Services International (www.psi.org), Population Council (www.popcouncil.org) and Centre for the Right to Health (crhnigeria.org); of which Society for Family Health is managing partner.

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