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**Strengthening HIV Prevention Services  
For Most at Risk Populations**  
**SHiPS for MARPs**

# SHiPS News

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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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## It's Official: We Don't Only Prevent, We Also Treat!!

The SHiPS for MARPs project is known for HIV Prevention, even the name implies that – Strengthening HIV Prevention Services (SHiPS) for Most at Risk Populations (MARPs). However, over the past year the project has gradually been evolving into a more holistic project by providing integrated services that lead to HIV prevention; these integrated services include the provision of HIV education through peer education sessions; free condoms and lubricants; free HIV counselling and testing; and subsequent referral of HIV positive individuals to health facilities for treatment, support and care, and free STI syndromic management. Following the directives of and support from the project's donor, USAID, the SHiPS for MARPs project now provides treatment services to its beneficiaries who need it. Thus, the project now offers HIV prevention, treatment, care and support services.

What does this mean? Essentially, it means that the SHiPS for MARPs project is now a comprehensive HIV project which addresses the full HIV care cascade as captured in the UNAIDS 90-90-90 targets. This is a very exciting time for the project, especially because we get to serve our beneficiaries better by providing them with quality HIV-related services in a safe and friendly environment. However, this is also a time to restructure the project, build capacities in relevant technical and service delivery, recruit capable hands, collaborate, and interestingly; it's a time to learn and incorporate best practices from seasoned HIV treatment partners.

It is therefore official: we don't only prevent, we also treat! The SHiPS for MARPs project is now a full service HIV project providing HIV prevention and treatment services! While we dot our 'Is' and cross our 'Ts' in readiness to complete our transition, remember that we have centres set-up through which HIV testing services, STI management, condoms and lubricants distribution and other social services are provided for free. Contact the SHiPS for MARPs project administration for more information via [ships4marpsng@gmail.com](mailto:ships4marpsng@gmail.com).

## Transitioning from Prevention to Treatment: Issues and Lessons.



UNAIDS 90:90:90 Target to be achieved in 2020. Image courtesy [www.avert.org](http://www.avert.org)

The UNAIDS 90: 90: 90 HIV treatment targets set to be achieved by 2020 have made it imperative for the SHiPS for MARPs project to transform from a purely HIV Prevention project to a Prevention, Treatment, Care and Support project with clear deliverables across the three levels of the cascade.

For Civil Society Organisations (CSOs) engaged by the SHiPS for MARPs project, it was indeed very challenging as they were accustomed to Behaviour Change Communication (BCC) community activities, completing the Minimum Prevention Package of Interventions, in line with national guidelines, and transiting to Sustained Risk Reduction (SRR) activities. This was the SHiPS way.

However, with the UNAIDS 90:90:90 Goal's deadline of 2020 fast approaching things had to change; and quickly too. So, with pragmatic mentorship and supportive supervision combined with intermittent pep talks from the SHiPS project team, CSOs on the project began to attune their mindset to the reality of a new dawn in HIV programming for Key Populations (KP) in Nigeria, and gradually adjusted and fully embraced the new learning curve.

At the outset, CSOs did not find it difficult to define their role within the first '90'. However, situating themselves within the second and third levels of the cascade was really where it became obviously challenging due to limited capacity of partners to handle issues around linkage to treatment, case management and retention in care.

A quick needs assessment pointed to the fact that CSO partners urgently needed additional skillsets to deal with the emerging concerns. This culminated in the development of a training curriculum to address issues around case management and adherence counselling, and subsequent deployment of community workers to serve as Case Management Officers (CMO) and Adherence Counsellors. This ensures that every HIV positive member of the KP community tested is linked to treatment and is retained in 'care' with the ultimate goal of achieving viral load suppression.

So far, this approach has proven to be quite effective and the CSOs have grasped quickly this new way of implementing community interventions within the SHiPS project. It would be remiss not to mention some lessons that have been drawn as the

project transitions from a purely prevention to fully treatment project; 1.) CSOs and Community Facilitators, given the right mentorship and supportive supervision, can successfully drive new initiatives within a very short time period and create meaningful impact in intervention Communities; 2.) A bottom-up approach is very effective in managing change in intervention approaches within community sites; 3.) Working through and with KPs to address issues personal to them has far reaching implications for the success or otherwise of any intervention.

Therefore, sustained engagement, training and retraining of Community Facilitators and CSOs have been identified as essential to achieving the full cascade of the UNAIDS 90:90:90 targets by 2020. The SHiPS for MARPs project will sustain this approach with a view to achieving set targets.



**Aneotah Egbe is the project's System Strengthening Specialist.**

## **SHiPS for MARPs Trains Health Providers on Adherence Counselling.**



**Plenary session during the adherence training**

With the current UNAIDS' 90-90-90 target and USAID's directive to the SHiPS for MARPs project to commence the provision of HIV treatment, care and support services to project beneficiaries, there became an urgent need to build the capacity of project staff and community workers in relevant technical areas. As part of the capacity building support, the



**A Facilitator instructing a group on their task**

project organised a training in Adherence Counselling for 78 Case Management Officers (CMOs) to improve peer enrollment and retention on HIV treatment.

The adherence training was designed to build the capacity of the trainees to provide quality adherence counselling services in accordance with the national guidelines on HIV

antiretroviral therapy (ART).

Participants for the training were drawn from the pool of existing SHiPS community workers (which included members of key populations, people living with HIV and staff and volunteers of CSO/CBO partners).

The trained CMOs will play a vital role in the achievement of the UNAIDS 90:90:90 targets. They will ensure all known HIV positive beneficiaries are linked and enrolled into the project's One-stop shop (OSS) treatment programme and provide adherence counselling services to those enrolled to ensure adherence

to their treatment regimen and eventual viral load suppression.



One of the Facilitators giving instructions to a group



Participants working in groups



Participants simulating adherence counselling



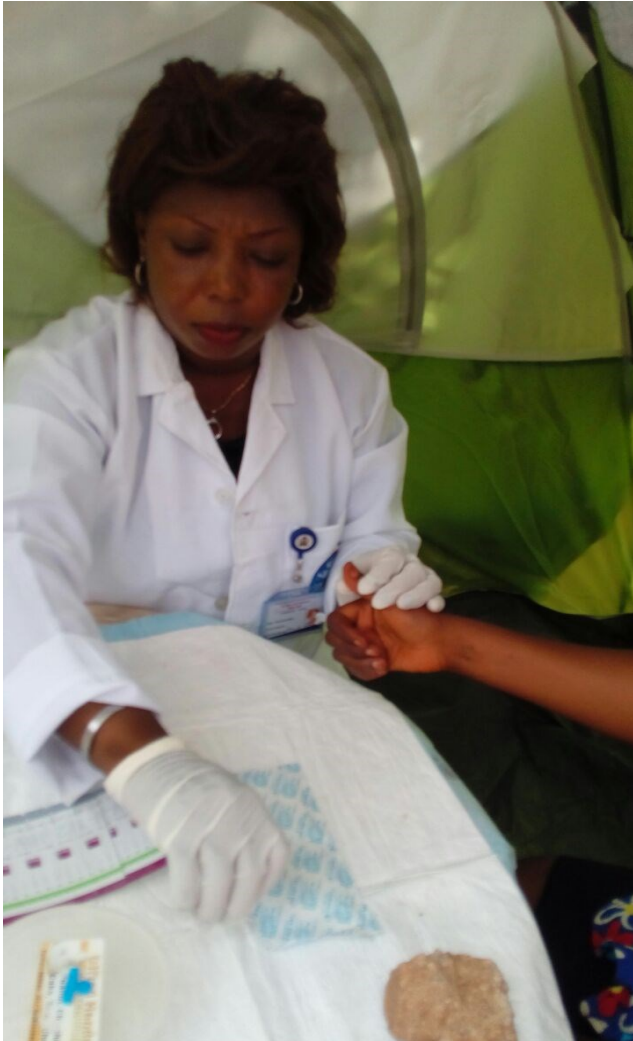
Participants and Trainers during the Adherence training



Participants simulating adherence counselling

## OUR STORIES: Nasarawa State

### Against All Odds.



**Jennifer at her duty post providing HIV testing services**

When you observe Jennifer providing HIV testing services during one of many outreaches conducted by the SHiPS for MARPs project, you can't help but wonder where she found the courage to rise above the obstacles life threw at her to get to where she is now. Jennifer's story into sex work is a long one that began with the death of her mother and took her to living in four states in Nigeria.

SHiPS for MARPs project met up with Jennifer in one of the sex workers communities in Nasarawa state where she and many other women traded sex for money and favours. When the project began its inter-

ventions, Jennifer was one of the first sex workers who indicated interest and enrolled into the project's peer sessions as a peer. As time progressed, she was trained as a Peer Educator due to her improved knowledge, enthusiasm and commitment during the sessions.

Jennifer's progress did not go unnoticed and so when the project needed to facilitate entry into Key Population communities during the MARPs mapping and characterisation survey, Jennifer was selected and trained. The survey experience broadened her knowledge of HIV programming and community engagement skills.

With the skills and exposure she'd gained thus far working with the project, Jennifer made the decision to leave sex work. She then summoned up courage and approached Family Life and Community Health Society (FLACHS), one of the CBOs working with the SHiPS for MARPs project and coordinating activities in her brothel, to inquire for an opportunity to work with the organisation. Fortunately for her she was recruited as a Community Facilitator on the organisation's street-based sex worker intervention and paid a stipend. Her new role as Community Facilitator meant Jennifer had an alternative source of income she was proud of but it also meant that she had less time to spend with clients in the brothel since her role required her working at night.

She ploughed back her savings into getting a small apartment away from her brothel and started her catering business. She also paid off her accumulated National College of Education (NCE) programme fees, which made it possible for her to write and receive results for her final exams. Today, Jennifer is a trained HIV Counsellor-Tester with the SHiPS for MARPs project and dedicates most of her time counselling and testing her peers. She also now has her children, who had previously been living away from her in another state, living with her full time.

## OUR STORIES: Akwa Ibom State

### Opportunity for Life outside Sex Work

Blessing is a 34 year old sex worker resident in Itu local government of Akwa Ibom state. In 2009, Blessing's world came crumbling down when her husband left their marriage leaving her to solely provide for herself and her children. Blessing's situation was made even more depressing because she was unable to read and write and this severely limited her ability to secure work. As a result, she went into sex work upon the counsel of her friend.

With time Blessing became popular and influential in her brothel such that when the SHiPS for MARPs project started interventions in her community, she was trained as a Peer Educator. Blessing said she only accepted to be a Peer Educator (PE) due to what she could gain but little did she know that the decision would lead to greater things for her.

From being a PE, Blessing progressed to an Interpersonal Communication Conductor (IPCC), which meant she was responsible for holding one-on-one to small group sessions with clients of sex workers to educate them about HIV prevention, and mobilise

for service provision. Blessing said she was very happy with the new position but when she realised it involved documenting her activities, she almost quit because she could not write in English. However, rather than quit Blessing enrolled in an evening school and took private tutoring to improve her reading and writing. *"I sacrificed staying away from 'hustle' [sex work] at the peak period of evenings for my school."*

Today, Blessing is a trained Case management Officer with

*"I sacrificed staying away from 'hustle' [sex work] at the peak period of evenings for my school."*



**Blessing is seen here striking a pose.**

the project responsible for improving linkage of HIV positive MARPs to healthcare facilities for treatment, care and support services. She has also received the result for the West Africa Examination Certificate (WAEC) and is a student of Public Administration at the Polytechnic of Uyo, Akwa Ibom state.

*"Participating in the SHiPS for MARPs project opened opportunities for change and life outside sex work. I have also been trained as a Case Management officer by the SHiPS project due to my commitment and drive for excellence. As role model to other sex workers and president of the female sex workers supported-CBO, I'm committed to supporting other sex workers to realise their potentials towards*

*positive change. I will forever be grateful to the SHiPS for MARPs Project for enhancing my life and improving my overall prospects."*

## OTHER INFORMATION

### License to Take Drugs or Innovation?: The Government of Denmark Opens World's Largest Drug Consumption Centre.

Anyone who is knowledgeable about HIV and its modes of transmission will be know that sharing unsterilized sharp instruments like blades, needles, clippers, etc, is one way through which the virus can be transmitted. It is, therefore, one of the reasons people who inject drugs are categorised to be at higher risk and vulnerability for HIV infection, apart from the fact that they are also discriminated against and thus are wary when it comes to accessing health care.

In 2012, the Danish Parliament passed a law that made it possible for cities in Denmark to run safe spaces called drug consumption rooms (DCR) where adults with addictions could smoke and inject their illegal drugs in a supervised and controlled environment without police interference. Essentially, the law specified that people in possession of 'small quantities' of drugs must not be searched or persecuted so long as they were in or around DCRs. Although Denmark is not the first country to operate this DCR concept, however, it is the country with the world's largest DCR. In August this year, H17, Denmark's sixth DCR to date was opened in Copenhagen.

To give a bit of context, a DCR, also known as a 'medically supervised injecting centre', 'safe injecting facility/site', 'drug injection room' or 'drug fixing room' is a type of harm reduction strategy aimed to reduce the problems associated with injecting drug use such as disease transmission, drug overdose-related deaths, addiction and others. As such these facilities are more than a safe haven for drug consumption as health services such as HIV testing and TB screening, psychosocial support, rehabilitation and other social services are offered to drug users who want it.

According to the Director of H17, Louise Rubge, "Our primary focus is harm reduction and providing a safe and clean environment for our guests; the nurses help with teaching correct injection techniques, cleaning wounds, [...] screening for HIV and

*"Our primary focus is harm reduction and providing a safe and clean environment for our guests,..." - Louise Rubge, Director of Denmark's largest DCR*

hepatitis, and, of course, treating overdoses."

Some people have criticised the DCRs stating that they encourage drug use whereas what is needed is a strategy to help get drug addicts off drugs. According to Rasmus Jarlov, a member of parliament in Denmark, "we all want to help the drug addicts of Copenhagen, but we think that maybe we should use the resources on getting them out of drugs instead of providing facilities where they continue to take drugs."

Other countries that have functioning DCRs are Australia, Canada, [France](#) (the DCR in France opened in October this year), Germany, Luxembourg, Norway, Spain, Switzerland and the Netherlands. Although the United Kingdom is yet, if it ever will, to operate DCRs, a [study](#) conducted in 2013 in Brighton, United Kingdom, recommended the operation of DCRs as a solution to the city's high drug-related deaths.

Drug use is increasingly becoming a problem in Nigeria, especially among young people, and seeing the correlation between disease transmission and injecting drug use the debate on the advantages and disadvantages of the DCR concept becomes more relevant. What do you think?

Read more [here](#), [here](#) and [here](#).

## PHOTO SPEAK

### SHiPS One-Stop-Shops in Action.

The SHiPS for MARPs project has fully functional one-stop-shops (OSS) in all its intervention states—Akwa Ibom, Benue, Cross River, Lagos, Nasarawa, Rivers and the FCT. The OSSs are centres through which the project provides a range of prevention, treatment, care and support services to its beneficiaries. In addition, the OSS adopts the "safe space" concept for service delivery and recreational facilities are available for clients as they wait to see a healthcare provider or just socialise with their peers.

At our OSSs, we have experienced personnel—Doctors, Nurses, Pharmacists, Laboratory Technicians, Counsellor-Testers and others, who work together to provide a comprehensive package of services to our beneficiaries including but not limited to HIV counselling and testing, HIV treatment and adherence counselling, HIV and STI information, STI syndromic management, cervical cancer screening, family planning among others in a friendly and non-judgmental environment.



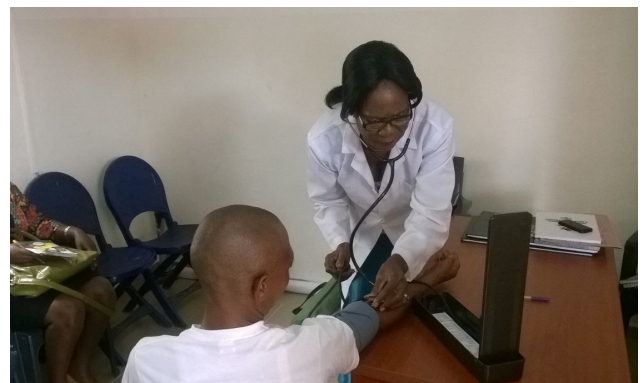
A Lab technician collecting blood sample for CD4 analysis in the Uyo OSS.



A patient being screened for cervical cancer in the Abuja OSS



A HIV Counsellor-Tester testing a patient in the Abuja OSS.



The Triage Nurse in the Makurdi OSS checking a patient's vital signs.

## PHOTO SPEAK

### SHiPS One-Stop-Shops in Action.



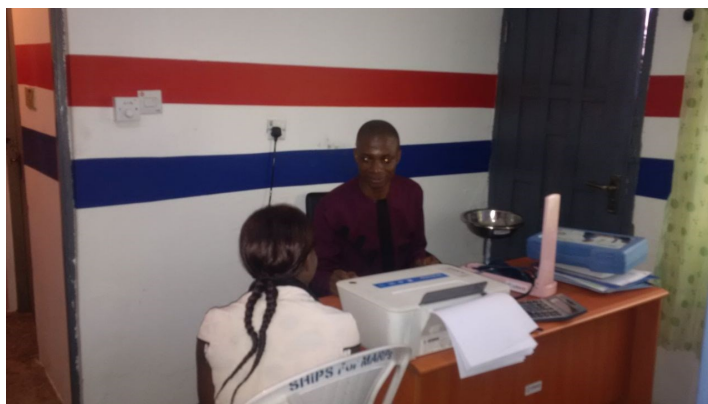
A health care provider administering HIV test at the OSS in Calabar.



A health care provider counselling a patient on drug dosing and adherence in the Abuja OSS.

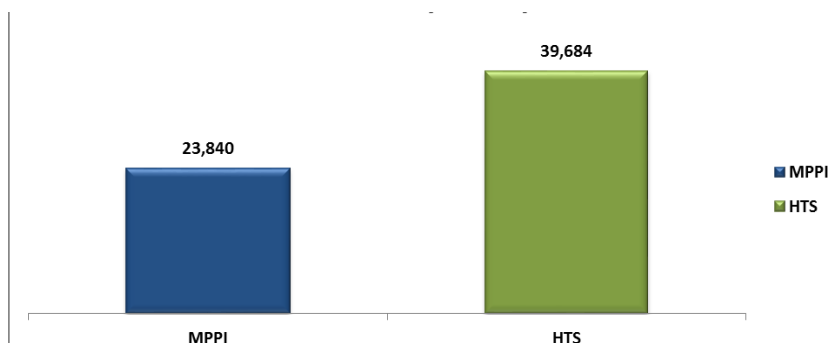


A health care provider using the project's adherence flip chart to provide counselling in the Abuja OSS.



The Triage Nurse in the Calabar OSS clerking a patient.

## OUR STATS.



Number of individuals reached with MPPI and tested for HIV between July and September, 2016.

In the fourth quarter of the year (July-September 2016), the SHiPS for MARPs project reached a total of 23,840 individuals with Minimum Prevention Package of Interventions (MPPI) and tested 39,684 individuals for HIV across all project implementation states. In addition, 4,632 individuals accessed STI syndromic management services within the quarter.

## ANNOUNCEMENT

### Population Council Exits the SHiPS Project Consortium.



From October 1st, 2016, Population Council ceased to be a consortium partner on the SHiPS for MARPs Project.

We are thankful for the years of partnership and wish Population Council many more successful endeavours in the future.

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)) and Centre for the Right to Health ([crhnigeria.org](http://crhnigeria.org)); of which Society for Family Health is managing partner.

Have a suggestion or question? Email us at [ships4marpsng@gmail.com](mailto:ships4marpsng@gmail.com). If you have complaints, please email us at [complaints.ships4marpsng@gmail.com](mailto:complaints.ships4marpsng@gmail.com).

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