The Council conducted country-specific analytical reviews of relevant literature utilizing a standardized organizing frame focusing on factors associated with HIV risk-taking and health-seeking behaviors of youth ages 15-24 across six countries in Africa – Egypt in the North, Nigeria and Senegal in the West, Kenya and Uganda in the East and South Africa in the South of Africa. In addition, qualitative and quantitative analyses were used to further evaluate similarities and differences in factors associated with youth sexual risk behaviour, HIV-related health-seeking behaviours and the extent of their policy and programmatic involvement.

For the qualitative study, focus group discussions (each made up of 6-12 participants), in-depth interviews (made up of persons perinatally infected with HIV, sex workers, lesbian, gay, bisexual, and transgender (LGBT), orphans, and married adolescents) balanced by gender and age, and key informant interviews (made up of stakeholders with a policy and programmatic understanding of the salient SRH/HIV-related issues facing the youth) were conducted between February and July, 2012 in Egypt, Kenya, Nigeria, Senegal, South Africa, and Uganda by the Population Council in collaboration with leading SRH/HIV-focused youth-serving NGOs.

Quantitative analysis involved secondary analyses of national survey datasets. These include Demographic and Health Surveys (DHS), Integrated Biological and Behavioral Surveillance Surveys (IBBSS) and other HIV/SRH-related national survey datasets in the six study countries. Multivariate analyses using logistic regression were conducted on pooled and individual country datasets with all regressions weighted to generate relative risk ratios with cluster-robust standard errors.

More information about the findings from this study and key recommendations are available in the study report. “HIV and AIDS Vulnerabilities, Discrimination and Service Accessibility of Africa’s Youth: Insights from a Multi-country Study August 2012.” This publication is based on research funded by the Ford Foundation and conducted by Population Council.
RESEARCH HIGHLIGHTS

Population Council conducts Acceptability Study on Vaginal Ring.

Exploring innovative technologies that have the potential of improving reproductive health and expanding the use of contraceptives among women, the Council developed a family of contraceptive vaginal rings.

**Progesterone Vaginal Ring (PVR)**

The ‘Progesterone Vaginal Ring (PVR)’ is designed specifically for use by breastfeeding women to extend the period of lactation amenorrhea thereby, promote birth spacing and also because it does not interfere with milk production, it promotes child nutrition and survival. PVR as a contraceptive method is more effective in a society with established breastfeeding habits; its effectiveness increases with prolonged duration of lactation and vice versa.

A potential advantage associated with PVR is its minimal dependence on complex healthcare delivery systems as clients can easily be instructed on self insertion and removal. One ring when inserted can provide contraceptive benefit for up to three months and is therefore, considered a long acting method. This contraceptive choice is predicted to be of great benefit to rural women without access to strong health infrastructure and also working class women who have no time for frequent facility visits.

This study will simultaneously assess the “acceptability of vaginal ring” among women and their families in sub-Saharan Africa in 3 different countries; Senegal, Kenya and Nigeria. Women in Africa are known to have long breastfeeding duration, low contraceptive use, especially postpartum and low utilization of reproductive health services such as family planning.

PROGRAM HIGHLIGHTS

Supporting Health Facilities in Kano State to detect and treat severe pre-eclampsia with Magnesium Sulfate (MgSO4).

The Council in its continuous efforts toward the reduction of maternal mortality in Northern Nigeria trained 40 healthcare providers from 10 health facilities on how to detect severe pre-eclampsia and imminent eclampsia and the use of MgSO4 for treatment. In each of the health facilities, 4 staff comprising of an ante-natal in-charge staff, matron in charge of the labour ward, matron in charge of the maternity ward and a medical doctor all participated in the training. The training was a success as healthcare providers also stepped down the training in their various health facilities.

Council staff, Dr. Salisu Ishaku training healthcare workers in Doguwa General Hospital in Kano state.

To ensure smooth and effective implementation of the new approach, Council staff paid field visits to selected health facilities and donated blood pressure monitoring equipment as well as dipstick for urine analysis and monitoring tools on how to capture data and information on the booking status, onset of pre-eclampsia, and delivery.

Council staff, Dr. Shittu Abdu-Aguye presenting equipment used for PE/E detection at Wudil General Hospital in Kano State.
The Men’s Health Network Nigeria (MHNN) Project Year 4 Update.

MHNN embarked on an aggressive target drive in the project year 4, which ended July 31st, 2012. It used a combination of community based mobile HTC and provider initiated HTC in three states (Kaduna, Lagos, Oyo) and the FCT. MHNN partners also mapped and covered a total of 268 sites and reached 46,794 clients with HTC.

![Distribution of sites per state](image)

Figure 1 shows the distribution of sites per state.

Population Council’s efforts to extend the use of MgSO4 at primary care level in Nigeria

Magnesium Sulphate (MgSO4) is the gold standard for treating severe pre-eclampsia and eclampsia worldwide. Its utilization in Nigeria, for this purpose is limited due to its non-availability, and because its usage has been traditionally limited to tertiary levels of care with presumed human capacity to administer and monitor the drug in terms of safety and toxicity. This excludes a larger proportion of patients who live in rural and semi-urban settings where severe pre-eclampsia and eclampsia are leading causes of maternal and infant mortality and morbidity.

From 2008 to 2010, the Council introduced the use MgSO4 in 10 general hospitals in Kano state for the treatment of this condition. This led to the reduction in facility eclampsia-related deaths by 60%. In addition, no serious adverse effect was recorded.

Evidence showed that primary health care facilities are closer to the rural populace, and that a high number of eclamptic patients accessed these facilities, which are currently not authorized to treat eclampsia, the Council experimented with task-shifting that enabled lower cadre health care providers, such as Community Health Officers (CHOs) and Community Health Extension Workers (CHEWs) administer the loading dose of MgSO4 before referral. Two sets of Primary Health Care (PHC) facilities were identified: one set to serve as experimental PHCs and the other as control. Health workers at the experimental PHCs were trained to administer the loading dose of MgSO4, in addition to other supportive treatments, before referral to higher centers of care while the control PHCs did not administer MgSO4 before referral. The two sets of patients were monitored for fetal and maternal outcomes, and for unwanted complications associated with MgSO4 administration in the experimental arm.

This project finding provides evidence that with appropriate training and supervision, lower-cadre health care professionals can safely administer the loading dose of MgSO4 to treat severe pre-eclampsia and eclampsia. Although high default rate, which subsequently generated small data for analysis, would not allow absolute conclusions to be made about the drug efficacy and safety in these settings, there is indication that this approach can substantially reduce maternal and perinatal mortality, without significant clinical side effects, in low-resources settings.

Following this outcome, the Council in collaboration with the Kano State Ministry of Health, presented the findings of this project at the July 2012 National Council of Health forum in Nigeria, to...
advocate for the use of MgSO4 and capacity building of all cadres of healthcare providers to adequately administer and monitor MgSO4.

The Nigerian National Council of Health (NCH) is the highest decision-making body with the mandate and responsibility of developing uniformly agreed health service development strategies that can be adopted at the federal, state and local governments’ level. The NCH convenes meetings of stakeholders every 2 years to review health service strategies for the country with the aim of discussing and adopting new policy and programmatic initiatives for scale-up nationwide.

Population Council’s contribution to this year’s meeting of the NCH is potentially policy-changing. The work of Population Council in Kano state, on task-shifting with use of magnesium sulphate in primary health care settings to treat eclampsia funded by the MacArthur Foundation, was one of the two evidence-based interventions that were unanimously received by delegates at the meeting. This positive response to our presentation of the project outcome is that Community Health Extension Workers and Community Health Officers working at the primary care level may soon be allowed to administer the loading dose of magnesium sulfate to patients with severe pre-eclampsia and eclampsia before referral, which is still not the norm. If this approach is adopted for implementation as part of national standards, maternal and perinatal mortality due to eclampsia is anticipated to drop significantly. Presently, eclampsia accounts for between 31 – 40% of maternal deaths in most rural facilities across Northern Nigeria.

NEWS

Population Council in Nigeria conducted a 10-day HIV Testing and Counseling (HTC) training workshop for 40 new volunteer counselors and testers in Lagos and the FCT from the 15th to 27th of April, 2012.

Population Council Vice-President (HIV & AIDS) Naomi Rutenberg paid a working visit to the Nigeria country office from the 1st to 3rd of May 2012. This was her second visit to the Nigeria country office. While in Nigeria, she was briefed on on-going projects, office operations and new business developments of the Nigeria office. She also inspected the proposed new office location.
The vice-president paid a courtesy visit to the Society for Family Health (SFH) where she met with the Managing Director, Sir Bright Ekweremadu.

Council Vice President, Naomi Rutenberg with Bright Ekweremadu Managing Director, Society for Family Health (SFH) during a courtesy visit to SFH in Abuja, May 2nd. L – R: Babatunde Ahonsi Country Director, Population Council Nigeria, Naomi Rutenberg, Bright Ekweremadu and George Eluwa, Council staff.

She also had a working lunch with some of the Council’s partners in Nigeria.

Council Vice President Naomi Rutenberg, interacting with some partners of the Council in Nigeria over lunch @ PC conference room Abuja. May 3rd. From L – R ; Dr. Uche Okoro (FACA), Jane East (Christian Aid), George Eluwa (PC), Naomi Rutenberg (PC), Farouk Jega (Pathfinder Int.), General Njoku (DoD), Mr. Oliver Anene (IMH), Dr. Omokhudo Idogo (ENR), Dr. Ali Onoja (AHP).

The Population Council collaborated with the Rotary Club of Nigeria on their Family Health Week from the 1st to 2nd June, 2012 in Ikeja LGA of Lagos state. Through the MHNN, the Council provided HIV prevention messages, free HTC services and demonstrated condom use and distributed condoms to clients at Alausa Health Centre, Igando General Hospital and Melvin Jones Healthcare Centre located in Ikeja and Alimosho Local Government Area. Clients also received key-rings and were referred to the health centres for malaria and blood sugar level tests.

A total of 102 clients were reached and clients who tested positive were referred to treatment centres.
Population Council in Nigeria joined the world to commemorate the 2012 ‘International Day against Drug Abuse and Illicit Trafficking’ themed ‘Global Action for Healthy Communities with Drugs’ to raise awareness about the global drug problem and remind all communities to take a stand against the drug problem that affects everyone.

A two-day event was organized in Lagos on the 25th and 26th June, 2012 in collaboration with key partners; Nigeria Youth Aid Program (NYAP), Freedom Foundation (FF), Christ Against Drug Abuse Ministries (CADAM) and Seham Laboratories. The goal of the 2-day activities were to enlighten key stakeholders about the emerging drug abuse issue in the Nigerian society and also to provide HTC services to injecting and non-injecting drug users in key communities of Lagos state.

Sponsors for the events include Skye Bank Plc, Fidson Pharmaceuticals, Equipromo limited, Orange Academy, Action Health Incorporated, Society for Family Health and the Lagos State AIDS Control Agency (LSACA). On the 25th June, there was a sensitization seminar for key stakeholders drawn from civil society, faith-based organizations, young people and the media.

Resource persons included Dr. Moses Ojo, consultant psychiatrist, Federal Neuro-Psychiatry Hospital Yaba and Dr. Taiwo Akindipe, consultant addiction psychiatrist, South Africa.

There was an opportunity for experience sharing and learning. A key recommendation was the need to raise awareness about the current situation of drug abuse in the country and the need to develop strategic intervention programmes to address this issue. On the 26th, various HTC outreach activities took place in Oshodi, Ojota and Mushin areas of Lagos state which have a high concentration of drug users. A total number of 530 people were reached with HIV prevention and condom use messages, HTC services were provided and condom use demonstrated and distributed. Clients who tested positive for HIV were also referred to treatment centres.

The Population Council in Nigeria has moved offices. The new office location is #16 P.O.W. Mafemi Crescent, Off Solomon Lar way, Utako District, Abuja.
5 program staff from the Council in Nigeria were at the XIX International AIDS Society Conference (AIDS 2012) in Washington D.C. Where, they made poster presentations.

On July 22, 2012, the Ford Foundation and the Population Council co-sponsored a satellite session at the XIX International AIDS Society Conference (AIDS 2012) in Washington D.C. “Getting Real with Youth-Friendly Services in Africa”. The objective of the session was to stimulate young people to engage with and react to the study findings “HIV and AIDS Vulnerabilities, Discrimination and Service Accessibility of Africa’s Youth: Insights from a Multi-country Study” and discuss and share their perspectives, experiences and concerns about how responsive existing policies, programs and services are to HIV prevention and impact mitigation needs of young Africans. The session consisted of presentation of the research findings and panelists’ reaction to the study findings and discussions with the audience on the key issues raised.

The session was moderated by Humphrey Nabimanya of Reach A Hand Uganda (RAHU) and the panelists included Babatunde Ahonsi (Population Council), Chris Castle (UNESCO), Phindile Sithole-Spong (AIDS consortium; Rebranding HIV), Kikelomo Taiwo (Youth Advocate Group/Education As a Vaccine) and Eka Esu Williams (Ford Foundation)

RESOURCES

Publications

HIV


Enhancing Nigeria’s Response to HIV and AIDS (ENR) Program. An Ethnographic Study on Injecting Drug Users and Men who have Sex with Men in Selected States in Nigeria. 2012.


RH

Journal Articles

HIV

A profile on HIV prevalence and risk behaviours among injecting drug users in Nigeria: Should we be alarmed?
George I. Eluwa, Steffanie A. Strathdee, Samson B. Adebayo, Babatunde Ahonsi, Sylvia B. Adebajo

Drug and Alcohol Dependence (In Press & Available Online 8th July, 2012.)

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Eluwa, George I. MBBS, MS; Strathdee, Steffanie A. PhD; Adebajo, Sylvia MBBS, MPH, MS; Ahonsi Babatunde PhD; Azeez, Aderemi MBBS, MPH; Anyanti, Jennifer MBBS, MPH

Journal of Acquired Immune Deficiency Syndromes JAIDS (Published ahead of print online 22nd August 2012)

Prevalence of internalized homophobia and HIV associated risks among men who have sex with men in Nigeria.
Sylvia Adebajo, George Eluwa, Dan Allman, Ted Meyers, and Babtunde Ahonsi


Getting Real with Youth Friendly Services in Africa: Report of a Satellite Session at the 2012 HIV/AIDS Conference
Otibho Obianwu


RH

Maternal and Fetal Outcomes After Introduction of Magnesium Sulphate for Treatment of Preeclampsia and Eclampsia in Selected Secondary Facilities: A Low Cost Intervention
Jamilu Tukur, Babatunde Ahonsi, Salisu Mohammed Ishaku, Idowu Araoyinbo, Ekechi Okereke and Ayo Oginni

Maternal and Child Health Journal, Online First, 7 September 2012.

Benefits of using magnesium sulphate (MgSO4) for eclampsia management and maternal mortality reduction: lessons from Kano State in Northern Nigeria
Ekechi Okereke, Babatunde Ahonsi, Jamilu Tukur, Salisu Mohammed Ishaku, Ayodeji Oginin

BMC Research Notes 2012. 5:421
August 2012.

EVIDENCE FOR ACTION highlights research and program activities in Nigeria conducted by the Population Council and its partners.

The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science and public health research in about 50 countries, the Council works with our partners to deliver solutions that lead to more effective policies, programs, and technologies to improve lives worldwide. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization with an international board of trustees.

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