Supporting the HIV and AIDS Prevention Response in Kaduna State, Nigeria.

The Council provides support to Kaduna state in promoting the wellbeing of her citizens through activities targeted at HIV prevention among key populations. We work in Kaduna because of the cosmopolitan nature of the state where according to available evidence; the HIV prevalence of 5.1% among pregnant women and 6.3% among the general population cannot be ignored. Furthermore, within this population is a sub-population referred to as key populations that are at higher risk of HIV infection. HIV prevalence high as 16.2% among men who engage in same-sex activities with other men (MSM), 5.8% among persons who inject drugs (PWID) and 31.9% among brothel-based female sex workers and 21.7% among non-brothel-based female sex workers (FSW).

Evidence emanating from some of the research also provides rich contextual information on the factors that influence the spread of HIV in the state. For instance, a key finding was the lack of HIV prevention programmes targeting most-at-risk populations in Kaduna until the Council intervened.

Some of the Council’s key milestones in the state include,

- Between 2011 and 2013, the Council was the first organization to provide comprehensive HIV/AIDS prevention services targeted at men and their male and female partners through the Men’s Health Network Nigeria (MHN) project with support from Centers for Disease Control and Prevention (CDC).

- Concurrently, the Council provided HIV behavior change communications to cohorts of PWID and MSM in collaboration with the Society for Family Health (SFH) with funding from Global Fund Round 9.

- Currently the Council is part of a consortium led by Society for Family Health on the Strengthening HIV Prevention Services for Most-At-Risk Populations (SHiPS for MARPs) project supported by the USAID from 2012 to 2017.

- The Council is also providing targeted community-based comprehensive HIV prevention, treatment, care and support clinical services for key populations and their sex partners in Kaduna state with support from the US Department of Defense Walter Reed- Program Nigeria (DOD-WRP-N) from 2012 to 2014.
Council Program Officer for Kaduna state, Ibrahim Suleiman on a monitoring visit emphasizing a point during a HIV peer education session.

**RESEARCH HIGHLIGHTS**

**Community-based PMTCT Research Study Commences with Training of Providers.**

The SIDHAS Operations Research project aims to provide evidence that a community-based integrated model for Maternal, Newborn and Child Health (MNCH) care improves retention of pregnant women and mother-baby pairs in the antenatal, postnatal continuum-of-care for PMTCT intervention. The project is a sub-award under the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) for which FHI360 is the prime partner. The Council works with in-country partners, Population and Reproductive Health Initiative (PRHI) and e-Health Nigeria (e-HN) to implement the operations research activities in Kura LGA of Kano State, Nigeria.

The overall objective of the operations research study is to provide evidence that using an integrated and community-based model for provision of maternal and Child (MCH) care through Healthy Mothers’ Clubs Plus (HMC+) leads to increased access, uptake of services and retention of pregnant women and mother-baby pairs in the antenatal-postnatal continuum-of-care at points critical for delivering PMTCT interventions.

Healthy Mothers’ Clubs (HMCs) or ‘Iyaye Mata Masu Koshin Lafiya’ are at the center of the study intervention. Healthy Mothers Clubs (HMCs) offer a promising platform to integrate ANC and prevention of vertical transmission of HIV. The methodology is rooted on the theory and practice of Centering Pregnancy and has been routinely used by PRHI for the provision of antenatal and postnatal care in the community based surveillance (CBS) study. Centering Pregnancy is a group model of prenatal care that places all three components of prenatal care – risk assessment, education and support into a group setting. An HMC curriculum is used to guide discussions during HMC sessions on topics including knowing your body, common discomforts in pregnancy, nutrition, hygiene, danger signs, birth preparedness, safe delivery, breastfeeding and baby care. Previous studies have shown that group prenatal care with the Centering Pregnancy approach is associated with improved perinatal outcomes, decreased risk of exposure to HIV infection and high levels of satisfaction with care. The HMC model provides an approach with the potential to improve retention of pregnant women and mother-baby pairs in care. This study aims to empirically test the efficacy of the HMC model in relation to proxy PMTCT outcomes.

Council staff Dr. Shittu Abdu-Agyue teaching participants how to use the tablet devices.

Council staff Dr. Shittu Abdu-Agyue teaching a group of participants.

Community Health Extension Workers (CHEWs), who are the frontline health service providers at selected study sites, have been trained on various aspects of service provision in order to facilitate effective implementation of the study. Providers at the intervention sites have been trained on HMC facilitation skills and were joined by providers in the control group for refresher training on relevant clinical skills. Providers in both study arms have also been trained on manual and electronic (using tablet devices) data reporting tools.

Council staff Dr. Shittu Abdu-Agyue teaching participants.
Before the commencement of the first five scheduled HMC sessions, the providers at the intervention sites will receive Refresher HMC Facilitation Trainings. All knowledge gathered and skills developed during trainings are being reinforced through on-site monitoring and supervision for both study arms.

The first group of HMC sessions held between August 27 & 29, 2013 and follow-up of all study participants commenced simultaneously.

**PROGRAM HIGHLIGHTS**

**Community-based HIV Prevention, Treatment, Care and Support for Most-At-Risk Populations (MARPs) in Lagos and Kaduna.**

The Henry Jackson Foundation funded Department of Defense Walter Reed-Program Nigeria (DOD WRP-N) supports community-based HIV prevention, treatment and care clinics for most-at-risk populations (MARPs) in Lagos, Kaduna and their environs.

In its first year (September 15, 2012 – September 14, 2013), 2,872 MARPs were reached comprising 1,395 MSM, 306 IDU, 186 NIDU and 74 FSW in Lagos and 815 MSM, 10 IDU, 36 NIDU and 55 FSW in Kaduna were reached with a minimum of one combination prevention intervention

![Graph](image)

*Number of MARPs clients reached in Program Year 1 in Lagos and Kaduna State*

In addition, cryotherapy (the application of low temperatures to treat a number of diseases and disorders, most especially skin conditions like warts) was administered to treat clients with florid anal warts in the community-based clinic in Lagos state. If left untreated, anal warts may lead to an increased risk of cancer. So far, more than 20 clients benefited from the first few months of running the clinic.

The proliferation of telecommunication services in the country has offered opportunities to strengthen and support peer education and to increase the number of MARPs receiving HIV and AIDS information and services. In July 2013, we introduced helplines in both clinics to reinforce and diversify the source of key HIV prevention messages, safer sex information and referrals to our community clinics. Over a total of 1680 calls and short messages have been attended since the inception of this project. Many (44%) of the inquiries were on HIV prevention services, 38% HIV treatment related, 12% wanted to know the location of our clinics, while the remaining 6% were about care and support services.

**Community Spaces for Adolescent Girls’ Empowerment (CSAGE) Project.**

The CSAGE project is a five-year, DFID funded project that will contribute to the improvement of sexual and reproductive health for poor and vulnerable adolescent girls in six northern states in Nigeria using girl-only safe spaces (SS) activities to enable them acquire key social, health, and economic assets. The project runs from July 1, 2013 through June 30, 2018.

Safe space programs provide a unique approach to investing in the adolescent girl. By providing the girls with a physical space within the community, away from their households and under the supervision of mentors, safe spaces increase the life chances of the adolescent girl through the building of protective assets that empower the girl and ultimately her family and community.

Through technical and other support to community based partners in Jigawa, Kaduna, Kano, Katsina, Yobe, and Zamfara states, CSAGE will demonstrate effective models for scale up and improved management of girls-only safe space clubs. The project will also support partners to increase awareness and effective advocacy for more resources and a more enabling environment for access to girl-friendly health, education, financial and other social services. Additionally, CSAGE will implement research and other evidence driven learning and communication leading to wider adoption of safe spaces best practices by NGOs, DFID programs, and relevant state government agencies.

**Sensitizing Healthcare Workers on provision of ‘MARPs-Friendly’ Services to Key Populations for HIV in Nigeria**

As part of its goal to improve the health of people in Nigeria by reducing the prevalence of HIV among those most-at-risk and vulnerable to HIV, the Strengthening HIV Prevention Services for Most At-Risk Populations (SHiPS for MARPs) project organized a three-day sensitivity training for healthcare workers on key populations for HIV in Nigeria in Benin, Edo state and Kaduna, Kaduna state, Nigeria in August 2013. The aim of the training was to sensitize healthcare workers and increase their understanding of MARPs-related health issues and enhance their capacity to
provide responsive care in a supportive and non-stigmatizing environment.

MARPs are a very diverse group, who engage in high risk sexual practices and present specific diagnostic and management challenges to healthcare providers. Evidence shows that various HIV prevention and treatment services in Nigeria cater for members of the general population and do not take into consideration the special needs of most-at-risk population (MARPs) including female sex workers (FSW), men who sex with men (MSM) and injection drug users (IDUs). Many healthcare workers also hold their own biases against MARPs, leading to stigmatization of clients and in some cases, refusal to provide much needed health care services. Consequently, most MARPs disguise themselves to access services which limit the quality of care provided partly due to challenges related to stigma and discrimination, and breach of confidentiality. Healthcare workers have also reported varying degrees of working experience with MARPs clients but do not have adequate knowledge and skills to effectively provide services to these groups. These factors have contributed to creating a barrier to accessing of comprehensive HIV prevention and treatment services.

To address some of these challenges and create an enabling environment, the SHiPS for MARPs project through Population Council trained 74 healthcare workers drawn from 31 secondary healthcare facilities in 12 states including the FCT. Participants included doctors, nurses and counselors. The training focused on understanding the special needs of MARPs; stigma and discrimination reduction; understanding human sexuality and sexual behavior; handling confidentiality issues; and effective communication skills to provide ‘MARPs-friendly’ health services. The training methodology included plenary sessions, PowerPoint presentations, case studies, group work and discussions.

The SHiPS for MARPs consortium is made up of four partners with the Society for Family Health (SFH) as the prime partner, Population Services International (PSI), Population Council and Centre for the Right to Health (CRH).

To address some of these challenges and create an enabling environment, the SHiPS for MARPs project through Population Council trained 74 healthcare workers drawn from 31 secondary healthcare facilities in 12 states including the FCT. Participants included doctors, nurses and counselors. The training focused on understanding the special needs of MARPs; stigma and discrimination reduction; understanding human sexuality and sexual behavior; handling confidentiality issues; and effective communication skills to provide ‘MARPs-friendly’ health services. The training methodology included plenary sessions, PowerPoint presentations, case studies, group work and discussions.

To address some of these challenges and create an enabling environment, the SHiPS for MARPs project through Population Council trained 74 healthcare workers drawn from 31 secondary healthcare facilities in 12 states including the FCT. Participants included doctors, nurses and counselors. The training focused on understanding the special needs of MARPs; stigma and discrimination reduction; understanding human sexuality and sexual behavior; handling confidentiality issues; and effective communication skills to provide ‘MARPs-friendly’ health services. The training methodology included plenary sessions, PowerPoint presentations, case studies, group work and discussions.
and promote open discussions about national HIV prevention responses devoid of prejudices cannot be overemphasised.

The purpose of this panel discussion “Programming for Key Populations in Africa: Evidence for Action” organized by Population Council is to create a platform for providing an overview of available evidence, sharing different perspectives and experiences in programming for key populations in Africa and for building synergies between biomedical HIV prevention science, policy and programming.

Panellists are top researchers and programmers from Nigeria, South Africa and the USA, who have contributed extensively to this area of work within Africa.

They include Dr. Taiwo Akindipe - Addiction Psychiatrist at Kensington Treatment Centre, Cape Town, South Africa, Dr. Sylvia Adebajo - Program Director HIV and AIDS Division of Population Council Nigeria, Dr. Andrew Scheibe – medical doctor, independent key populations HIV consultant, South Africa and Dr. Jennifer Syvertsen - medical anthropologist and post-doctoral fellow, Division of Global Public Health, University of California, San Diego. The chair for this session is Dr. Babatunde Ahonsi, Country Director Population Council Nigeria and co—chair Prof. John Idoko - Director General National Agency for the Control of AIDS (NACA).

For more information about the forum, visit: http://www.nhvmas-ng.org/forum.

Building consensus for effective implementation of the Decision Ring project in Nigeria

The Council convened a 1-day stakeholders meeting in August 2013 to introduce the Progesterone Vaginal Ring (PVR) project and get recommendations on how to modify its design in preparation for the commencement of the implementation phase. Stakeholders present were from the Society for Family Health (SFH), Wuse General Hospital, Wuse, University College Hospital (UCH) Ibadan, Advocacy Nigeria, NAFDAC, FCT Health Research Ethics Committee, Nigerian Urban Reproductive Health Initiative (NURHI), Primary Health Care Development Board (PHCDB), National Health Research Ethics Committee of Nigeria (NRHEC), Education as a Vaccine (EVA), and Society for Obstetrics and Gynecologists of Nigeria (SOGON).

Council Senior Manager Reproductive Health, Dr. Salisu Ishaku introduced the various aspects of the PVR project, including how it compares with other postpartum contraceptive options, its benefits and mechanism of action. Furthermore, he also drew attention to countries in Asia, Latin America, North Africa and the USA where the PVR has been clinically tested in multi-centric clinical trials. Data were reviewed on its efficacy in the lactational amenorrhea method (LAM) and also compared the intrauterine device (IUD) to LAM. Stakeholders expressed their appreciation and also shared their concerns for the project implementation in Nigeria. They made recommendations which includes, the need for a simplified study questionnaire, development of new project folders for providers, provision of more information on the willingness to pay and undertake market segmentation through additional studies.
EVIDENCE FOR ACTION: POPULATION COUNCIL IN NIGERIA

Council staff, Dr. Sylvia Adebajo and Dr. Francis Ukwuije at the IAS conference, Kuala Lumpur, Malaysia, July 2013

Council staff Lolade Abiodun making an oral presentation at the 1st African conference on Key Populations in the HIV epidemic Dar es Salaam, Tanzania, August 2013

RESOURCES

Council Presentations

The 1st African Conference on Key Populations in the HIV Epidemic 2013: Dar Es Salaam, Tanzania

Female Drug Users, Sex Work and Associated HIV Risk Factors in Nigeria
Abiodun L., Adeyemo A., Oginni A., Asuquo E., Akpona Denis, Sangowawa S. (Oral Presentation)

People Who Inject Drugs and Injecting Risk Practices; A need for needle syringe program in Nigeria

Mapping Hard to Reach Virtual Communities: Lessons from Mapping of Hidden MSM and FIDU Hotspots in Abuja
Ifekandu Chiedu Chike, George Eluwa and Salisu Ishaku (Oral Presentation)

7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013), Kuala Lumpur, Malaysia


Factors Associated With HIV Risk Perception Among Men Who Have Sex with Men in Nigeria.
G.I. Eluwa, S.B. Adebajo, I. Kawu, O. Obianwu, B. Ahonsi (Poster Presentation)

Evaluating the Effects of Three HIV Counseling and Testing Strategies among Male Most-At-Risk-Population
17th ICASA: December 2013 Cape Town, South Africa

Prevalence and correlates of HIV among men who have sex with men in Kaduna State (Abstract No. 2362557)
Ibrahim Suleiman, Otibo Obianwu, Ayodeji Oginni, Jean Njab, Sylvia Adebajo, George Eluwa, Babatunde Ahonsi
(Poster Presentation)

Patterns of Transactional Sex and HIV infection among MSM in Nigeria (Abstract No. 2404489)
Oginni AB., Adebajo SB., Ahonsi B.
(Oral Presentation)

Distribution of Cost and Determinants of Effectiveness in Provision of HIV Testing and Counselling (HTC) Among Male MARPs in Nigeria (Abstract No. 2405687)
(Poster Presentation)

Journal Articles

HIV

Comparison of Audio Computer Assisted Self-Interview and Face-to-Face Interview Methods in Eliciting HIV-related Risks among Men who have Sex with Men and Men who Inject Drugs in Nigeria. Sylvia Bola Adebajo, Otibo Obianwu, George Eluwa, Lung Vu, Ayo Oginni, Waimar Tun, Meredith Sheehy, Babatunde Ahonsi, Adebobola Bashorun, Omokhudu Idogho, Andrew Scott Karlyn. PLOS ONE. Upcoming.


High levels of unprotected anal intercourse and never testing for HIV among men who have sex with men in Nigeria: evidence from a cross-sectional survey for the need for innovative approaches to HIV prevention.

High Levels of bisexual behavior and factors associated with bisexual behavior among men who having sex with men (MSM) in Nigeria.

RH

Attrition from care after the critical phase of severe pre-eclampsia and eclampsia: insights from an intervention with magnesium sulphate in a primary care setting in northern Nigeria.

UPCOMING EVENTS AND CONFERENCES

HIV


December 7 -11, 2013: ICASA International Conference on AIDS AND STIs in Africa, Cape Town, South Africa: www.icasa2013southafrica.org

*Call for abstracts open 1st of December, 2013.

RH


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.

www.popcouncil.org/nigeria

© 2013 The Population Council, Inc.

Tel +234-9 291 4878 E-mail Nigeria@popcouncil.org

Editor in Chief: Babatunde Ahonsi
Deputy Editor in Chief: Sylvia Adebajo
Editor: Olusegun Sangowawa
Newsletter Template design: Christina Tse

- All photos courtesy of Population Council staff