

# Welcome to the Link & Learn on Planning and Conducting an IBBSS for Key Populations hosted by Nigeria

...while we're waiting for others to join,  
please pay attention to the following:



We're curious to know who are here - in the chat,  
say *hi* and let us know where you are from!



In the *participants* tab, *raise your hand* if you'd like  
to speak during the discussion



Use the **chat box** for any other comments or  
questions





# SOUTH-SOUTH HIV PREVENTION LEARNING NETWORK

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*Planning and conducting an IBBSS for key populations*

Link and Learn Session

17 June 2021

Nigeria

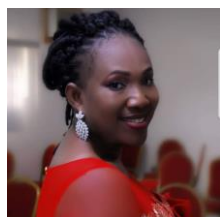


BILL & MELINDA  
GATES foundation

# GET TO KNOW US



Funke Oki  
National Agency for the  
Control of AIDS



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National Agency for the  
Control of AIDS



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UoM/WACPHD



Richard Amenyah  
UNAIDS



Gabriel Undelikwo  
UNAIDS



Adediran Adesina  
UoM/WACPHD



Rose Aguolu  
National Agency for the  
Control of AIDS

## Key Stakeholders



Federal Ministry of Health Nigeria



National Agency for the Control of AIDS, Nigeria.



UN- UNAIDS, UNFPA, UNICEF



NGOs - Society for Family Health, West Africa Centre for Public Health and Development, KP Secretariat, National Sex Workers Association.

# AGENDA | PLANNING & CONDUCTING AND IBBSS FOR KP'S

Time	Session	Facilitators / Speakers
5 minutes	<b>Welcome</b> <ul style="list-style-type: none"><li>Opening and or quick poll/quiz as an icebreaker</li></ul>	GoN
10 minutes	Part 1   The Overview <ol style="list-style-type: none"><li>Contextual overview of HIV in Nigeria</li><li>Why IBBSS</li><li>Overview of KP Programming in Nigeria</li><li>Target Population for IBBSS in Nigeria</li></ol>	Funke Oki
20 minutes	Part 2   <b>Promising practice presentation – the how</b> <ol style="list-style-type: none"><li>Coordination of 2020 IBBSS</li><li>Goal and Objectives of 2020 IBBSS</li><li>IBBSS 2020 Design</li><li>IBBSS 2020 Study States</li><li>IBBSS 2020 Methodology</li><li>Pre-Implementation Phase</li><li>Implementation Phase</li><li>Data Management Process</li><li>Organogram</li><li>Quality Measures</li><li>Field Monitoring</li><li>Indicators Tracked</li><li>Post-field Implementation Phase</li></ol>	Rose Aguolu

# AGENDA | PLANNING & CONDUCTING AND IBBSS FOR KP'S

Time	Session	Facilitators / Speakers
5 minutes	<b>Part 3</b> <ol style="list-style-type: none"><li>1. Key Achievements</li><li>2. Key Challenges</li><li>3. Key Learnings</li></ol>	Rose Aguolu
30 minutes	<b>Open discussions</b> <ul style="list-style-type: none"><li>• Reflections on the presentations</li><li>• Deliberations on adaptability of the interventions</li><li>• Identification of conversations to follow up across countries or within countries</li></ul>	Richard Amenyah
10 minutes	<b>Summary of commitments and next steps</b> <ul style="list-style-type: none"><li>• Participating countries to share their own takeaways</li></ul>	GoN



**WELCOME**

# PART 1 – THE OVERVIEW



1. Contextual overview of HIV in Nigeria
2. Why IBBSS
3. Overview of KP Programming in Nigeria
4. Target Population for IBBSS in Nigeria



# CONTEXTUAL OVERVIEW OF HIV IN NIGERIA

Nigeria, the most populous country in Africa also ranks as the country with fourth largest HIV epidemic in the world.



Nigeria with her 36 states and the FCT Abuja with a population of over 200 million (World Bank 2019)

HIV prevalence was 1.4% (1.9m PLHIV) in adult within the general population (NAIIS 2018) but the dynamics of the epidemic among key population groups have impact on efforts in controlling the disease among the general population.

Two-third of the new infection in West and Central Africa in 2019 occurred in Nigeria





# WHY IBBSS?

## IBBSS

Generates information on HIV burden, risk factors, and coverage of prevention & treatment services critical for understanding and combatting the HIV epidemic on Key Population.

## WHO/UNAIDS

Recommends that IBBSS be conducted periodically (2-3 years) to monitor changes in key populations' risks for HIV, determinants of those risks, and access to prevention and treatment over time.

## IBBSS

Are integral components of a national HIV surveillance system as it contributes to the development and implementation of the national health system strategy.

## NSF 2017-2021

Key population (KP) including Female Sex workers (FSW), Men who have sex with Men (MSM) and People who Inject Drugs (PWID) make up only 3.4% of the population, yet account for around 32% of new HIV infections.





# OVERVIEW OF KP PROGRAMMING IN NIGERIA

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Consolidated KP programming guideline recently launched

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Integrated HIV prevention, treatment, care and support services provided in the country with support from USAID and Global Fund across one third of the states in Nigeria

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Local KP-led and KP-competent organizations are involved in program planning, implementation and evaluation

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KP activities still face challenge as a result of harassment and violence








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Lack of updated IBBSS data (last IBBSS was conducted in 2014)

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Paucity of national data for the transgender community for programming

# TARGET POPULATION FOR IBBSS IN NIGERIA

Population	2007	2010	2014	2020
	✓	✓	✓	✓
	✓	✓	✓	✓
	✓	✓	✓	✓
	✓	✓	✓	
	✓	✓	✓	
	✓	✓	✓	
				✓

# PART 2 – THE PROCESS

1. Coordination of 2020 IBBSS
2. Goal and Objectives of 2020 IBBSS
3. IBBSS 2020 Design
4. IBBSS 2020 Study States
5. IBBSS 2020 Methodology
6. Pre-Implementation Phase
7. Implementation Phase
8. Data Management Process
9. Organogram
10. Quality Measures
11. Field Monitoring
12. Indicators Tracked
13. Post-field Implementation Phase



# COORDINATION OF 2020 IBBSS

National Steering Committee (Led by the Minister of Health)

National Technical Committee (Led by the Director of Public Health)

Federal Ministry of Health

National Agency for the Control of AIDS

University of Manitoba

GFATM

Project Implementation Team (Led by the National AIDS and STI programme Coordinator)

State IBBSS Committee (Led by the State AIDS and STI programme Coordinator)

# GOAL AND OBJECTIVES OF 2020 IBBSS

To obtain serological and behavioural information on key population with a view to improving HIV prevention and care programmes at state and national level.

Assess knowledge, attitudes and behavior or practices among KP.

Assess the current risk behaviours and trends in risk behaviours among KP.

Determine the HIV prevalence (point prevalence) and trends of the infection among KP.

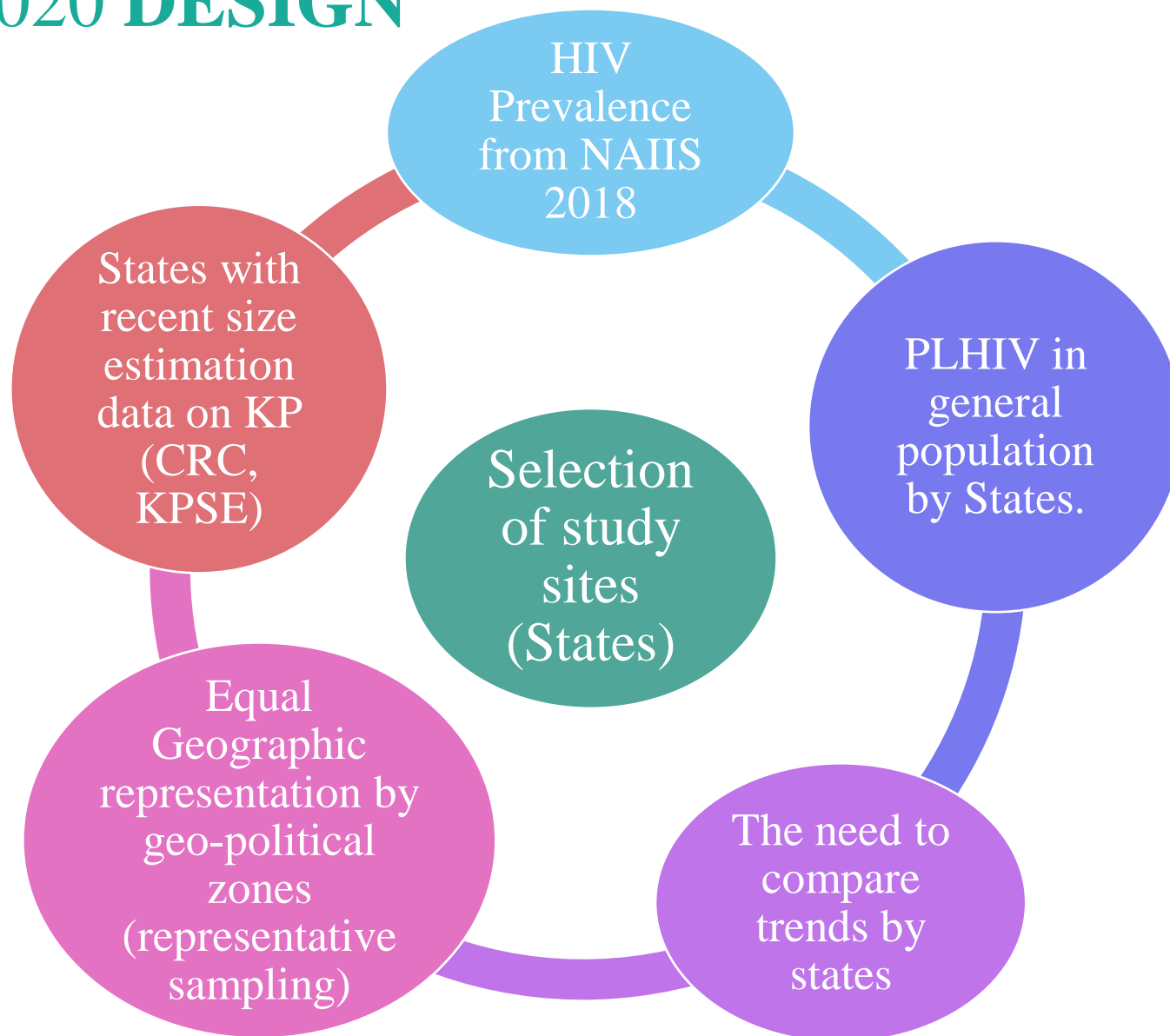
Determine the viral load suppression among KP.

Determine the percentage of HIV positive persons who know their status

Determine the percentage of HIV positive persons who know their status and are on treatment

Determine the 90-90-90 cascade

# IBBSS 2020 DESIGN





# IBBSS 2020 STUDY STATES



The states selected for this study are:

- **South East:** Abia, Anambra
- **South South:** Akwa Ibom, Rivers
- **South West:** Lagos, Oyo

**North Central:** Benue, Nasarawa

**North East:** Taraba, Gombe

**North West:** Kaduna, Kano

# IBBSS 2020 METHODOLOGY

## Sample Size

Sample sizes for each KP typology was determined to pick up minimum detectable change. (+/- HIV Prevalence) at state, regional and national level for a given level of power (80%) and statistical significance (95%).

Baseline prevalence from previous surveillance informed the sample size calculations.

## Sample methodology

**A multi-stage probability sampling approach**

Virtual recruitment for MSM (in addition to physical spots recruitment) to ensure participation of MSM who operates only on virtual sites

# PRE-IMPLEMENTATION PHASE



# IMPLEMENTATION PHASE

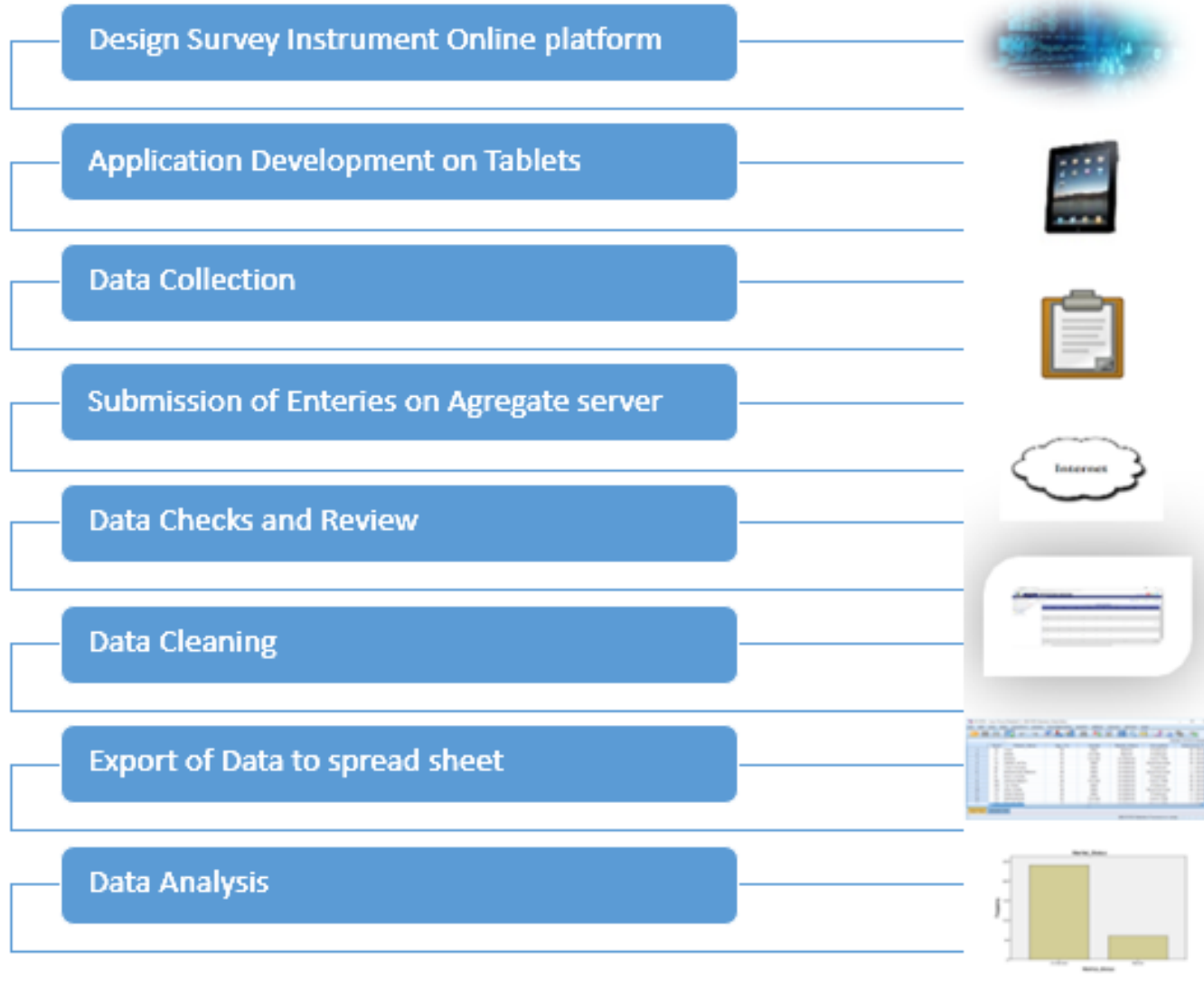
Respecting  
Covid-19  
Protocol

State level  
engagement

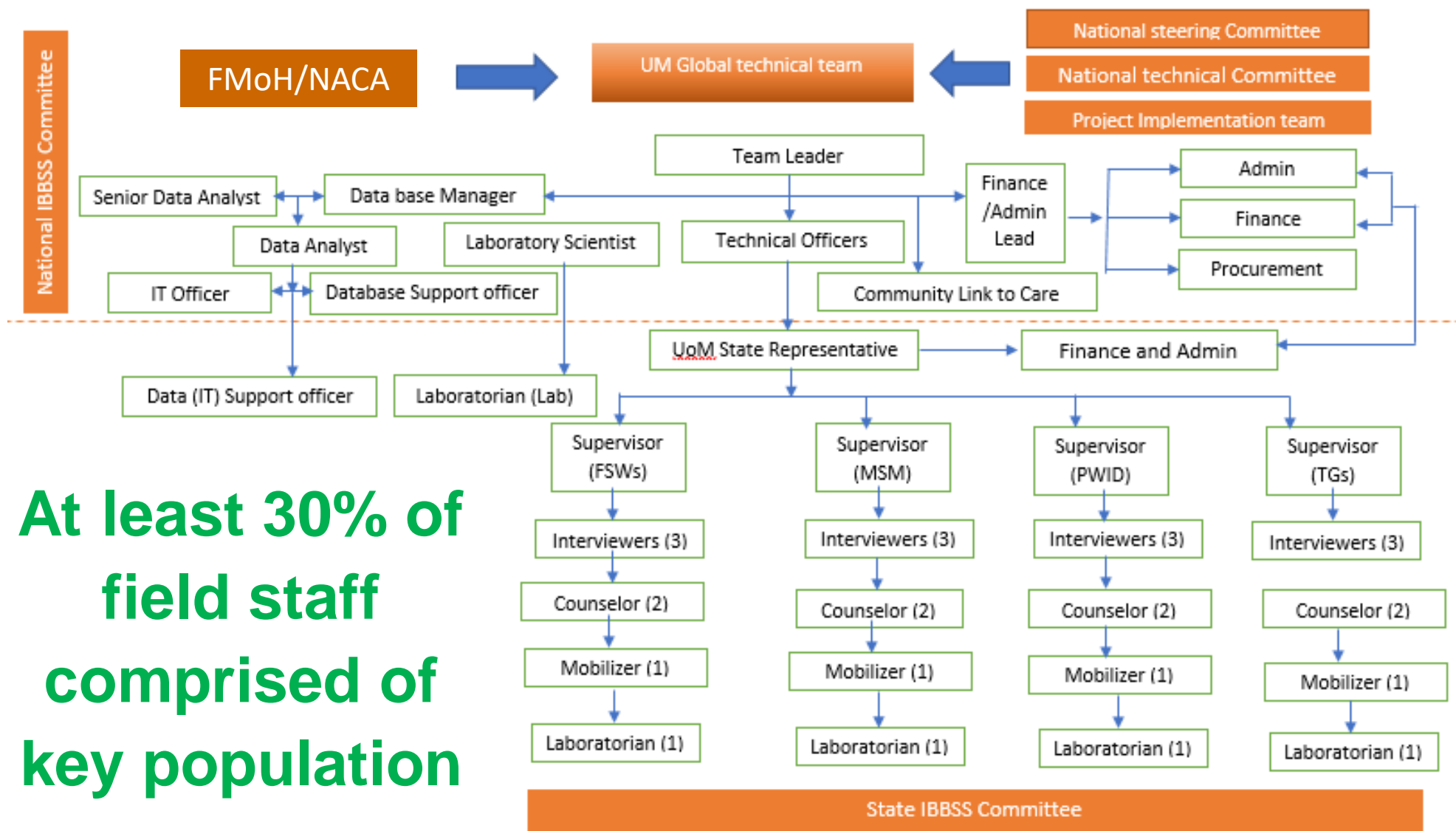
Trainings  
on data  
collection  
and lab

Data  
quality  
systems

# DATA MANAGEMENT PROCESS



# ORGANOGRAM



# QUALITY ASSURANCE MEASURES

Use of SOPs, Job aids and forms, including occurrences/Incidence management form and refusal rate forms.

Proficiency Testing and Competency Assessment

Standard Communication and Equipment Management systems were deployed across all operation stages.

Utilization of monitoring plan and check list for supportive supervision

Multiple level of field monitoring

Laboratory Quality Measures

Biohazard and Waste Materials Handling

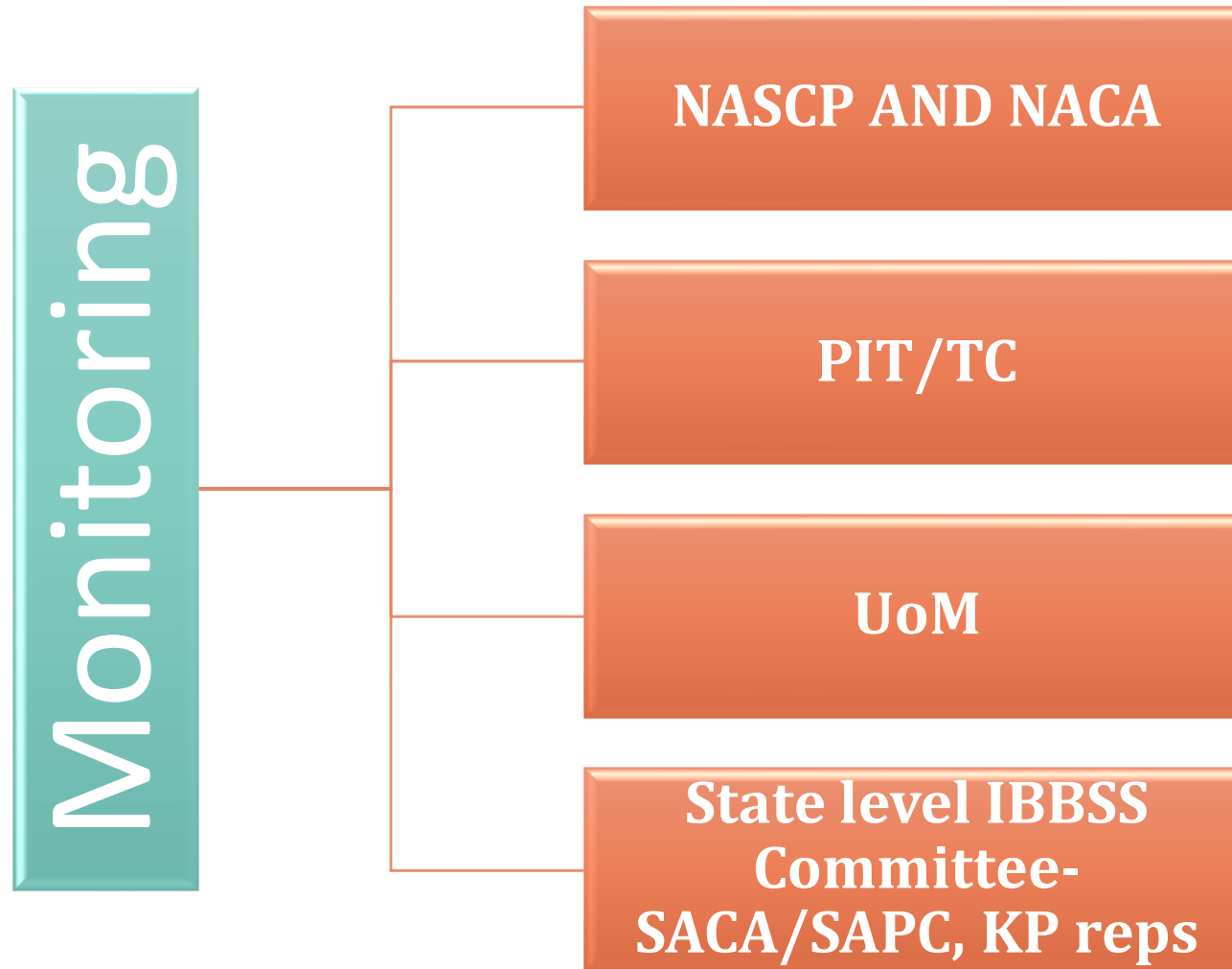
Storage of Specimen

External Quality Assurance measures

Data Quality Assurance Measures



# FIELD MONITORING



# INDICATORS TRACKED

## Monitoring Indicators

### **Programme indicators**

- # HIV test in the last 12 months
- # Currently on ARVs
- # Received condoms
- # Exposure to interventions (IEC)
- # Taken PrEP
- # Taken PEP
- # PMTCT

### **Determinants Indicators**

- # HIV knowledge and perception
- # Alcohol use
- # Health care stigma
- # Violence
- # Discrimination and social exclusion

## Evaluation Indicators

### **Behavioural outcome indicators**

- # Sexual debut
- # Condom use at last sex
- # consistent condom use
- # Unprotected receptive anal intercourse
- # Injecting drug use in last 12 months
- # Use of sterile injecting equipment
- # sharing injecting equipment
- # Condom use at last sex, (FSW) only

### **Impact indicators**

- # HIV Prevalence
- #90-90-90 Cascade

# POST-FIELD IMPLEMENTATION PHASE

Data sorting and  
merging of  
behavioural and  
biological data

Data analysis

- Behavioural data analysis
- Biological data analysis (VL, HTS confirmatory test)

Draft report  
writing/feedback for  
GoN

Development of  
policy guidelines to  
inform programme  
implementation

Development of  
abstract and  
manuscript

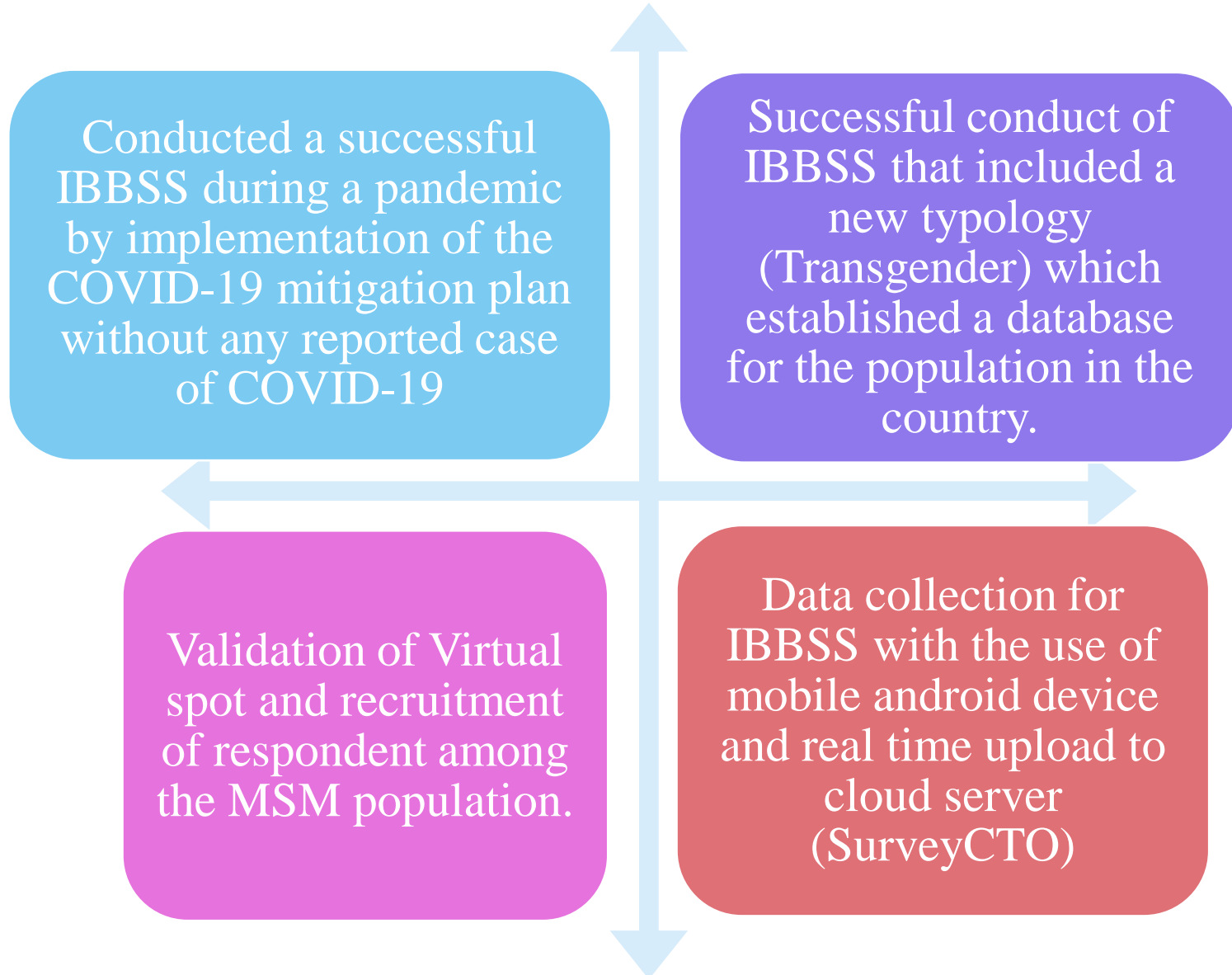
Phylogenetic  
Analysis

# PART 3 – OUTCOME OF THE PROCESS

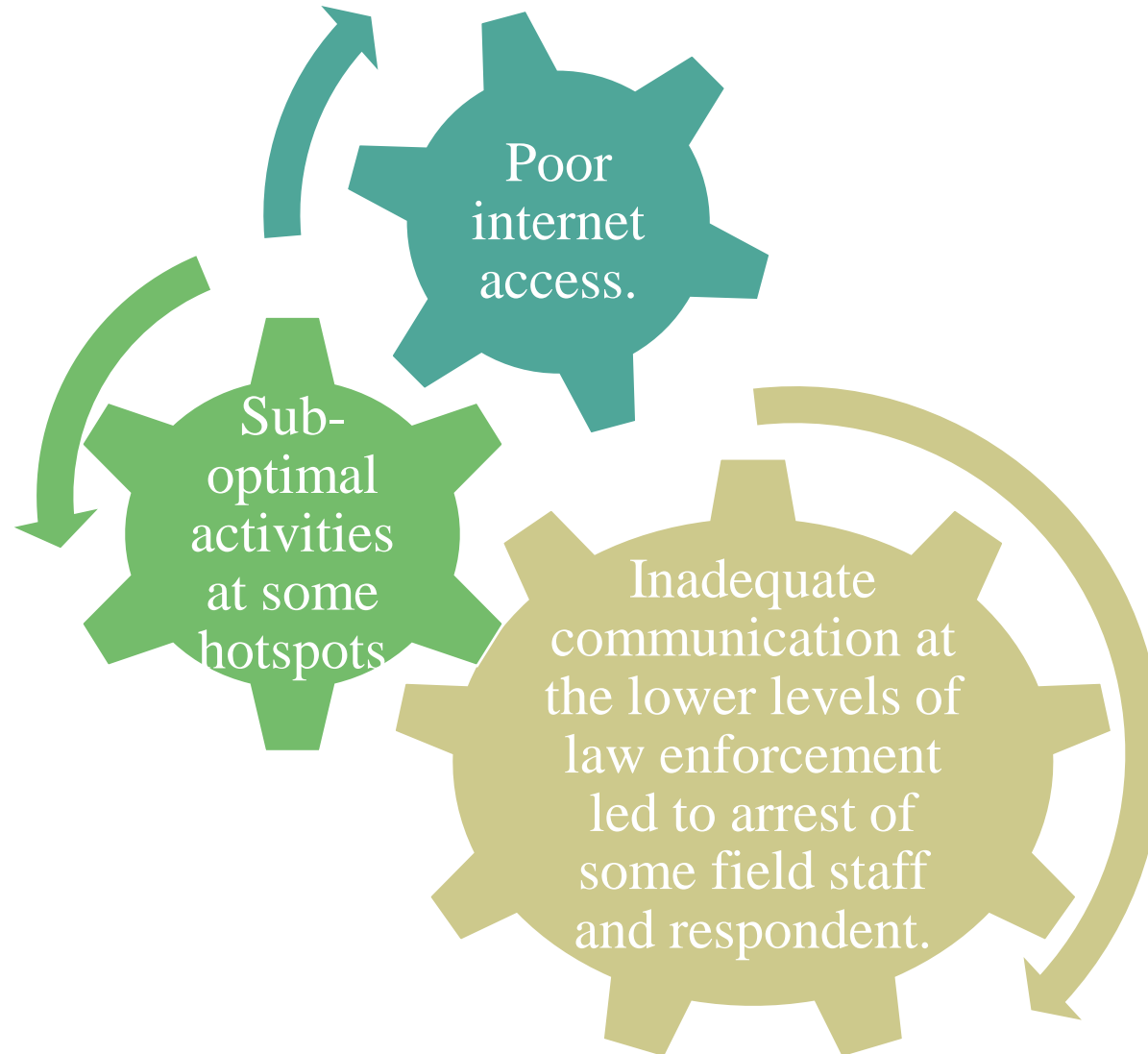


1. Key AchievementS
2. Key Challenges
3. Key Learnings

# KEY ACHIEVEMENTS



# KEY CHALLENGES





## KEY LEARNINGS

On-going advocacy through out the phase of the process

COVID-19 resulted in additional cost which the implementation of the COVID-19 mitigation plan resolved

Ensure to use a platform that can capture data offline and online

Involving the KP community for ownership and facilitated seamless field implantation.

Partnership are important for seamless process.

hybrid trainings (virtual and physical) introduced efficiency.

Making adequate incentives to facilitate the ease of data collection





# DISCUSSIONS

- What surprised/impressed/concern you about Nigeria's approach?
- How can cross-country learning be applied practically?
- Which conversations can now take place across or within countries?



# NEXT STEPS

- Participating countries to share their own takeaways



# Thank you

