Impact Evaluation of Targeted Female Sex Worker’s HIV Prevention Programme in Nigeria

By
National Agency for the Control of AIDS
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Background

- Nigeria has a mixed epidemic
- MARPs contribute about 68% of the new infections
- FSWs, their clients and partners of the clients contribute about 53% of the new infections
Intervention Summary

Components of the Minimum Package for Female Sex Workers

**Behavioural Interventions**: education, community dialogue, community outreaches for MARPs

**Biomedical Interventions**: HCT, PMTCT, condom and lubricants programming, STI control and management

**Structural Interventions**: interventions to address stigma and discrimination, gender issues, interventions to address policy, socio-cultural norms and individual empowerment issues

**Linkage and referral**: have indicators to capture this

Program Implementation

- Implemented by CSOs
- Phased rollout to Local Government Areas (LGAs)
- Minimum package of prevention interventions to all FSWs in the selected LGAs
Evaluation Questions

Primary Question

• What is the impact of the female sex worker programme in Nigeria on averting new infections amongst female sex workers, their clients and the communities where they reside? And, if there is an impact, why did it happen?

• Primary Indicator: Number of new HIV infections averted infections amongst female sex workers, their clients and the communities where they reside

Outcome Indicators

• Correct knowledge of HIV prevention
• Proportion of FSWs receiving adequate supply of condom
• Proportion of FSW using condom consistently with clients and regular partner
• Proportion receiving HCT and know result
• Proportion receiving STI services
IE Design Considerations (1)

• Tried to identify the “best” possible design given the operational context
  – Prioritization of LGAs based on local epidemic appraisals
  – Fits the implementation constraints (Phasing of the intervention enables comparisons)
    • Places that get intervention compared to those not yet getting intervention
  – Defined and standardized minimum intervention package
  – Cohorts of female sex workers used to measure incidence / use of LAg incidence assay
  – Data from clients and general population used to help mathematical models estimate total impact
IE Design Considerations (2)

• Randomization challenges
  – Urgent need for scaling up HIV prevention in FSWs, therefore, randomization of selection of LGAs is being queried.
    • Prioritize LGAs with highest number of FSWs to achieve high program coverage as quickly as possible
  – Pre-existing and on-going interventions in control group
# Impact Evaluation Design Options

<table>
<thead>
<tr>
<th>Design</th>
<th>Description</th>
<th>Implications for the rollout plan</th>
<th>Sample size - number of states</th>
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</thead>
<tbody>
<tr>
<td><strong>Stratification + Randomization (Phased)</strong></td>
<td>Stratified LGAs into strata i.e. 1,2,3,4 on specified factors, then randomly assign low and medium priority LGAs into treatment and control within each strata and roll out intervention in a phased approach</td>
<td>Higher - random allocation in low and medium priority states Pose no – changes to programme roll out and help in prioritization of LGAs.</td>
<td>Less sample size of about 70 LGAs in 6 – 8 states.</td>
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<tr>
<td><strong>Matching + Randomization. (Phased)</strong></td>
<td>Matched prioritized LGAs on certain observable characteristics. Then randomly assign the matched LGAs into treatment and control group in a phased approach.</td>
<td>Higher - random allocation in low and medium priority states Pose no – changes to programme roll out and help in prioritization of LGAs.</td>
<td>Seven states may be sufficient, with many LGAs per state</td>
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</table>
Allocation plan

Incidence data

Effect estimate

Client data

ANC data

Mathematical model

Gen. pop data

Impact