

2. Condom Promotion

Condom promotion was based on regular distribution of free condoms through peer educators to all project sites and at the STD clinic. By stressing the benefits of regular condom use and the savings made from non-practice of habitual self-medication with expensive antibiotics (normally used prophylactically for STDs) the acceptability and use of condoms were enhanced and we were eventually able to sell the condoms, albeit at a subsidized price.

Our project did not have a formal system set up for condom procurement. As a result, we experienced periods of time (sometimes months) when no condoms were available for sale or distribution. This was a very serious weakness in our workplan—one that can jeopardize the success of the intervention. If you plan to increase the demand for condoms through an education programme, you must be certain that you will have a regular supply of condoms to meet the demand. Locate alternate sources of condoms locally, for example, we often obtained condoms for a hospital family planning unit or the Planned Parenthood Federation of Nigeria.

For more information about managing your project's condom supply, see the Condom Tracking Information Packet developed by AIDSTECH/Family Health International.

3. Establishing an STD Clinic

STD services dispensed through a project clinic encouraged early diagnosis and treatment of STD and also provided a range of other clinical and preventative services. Some project staff were trained to perform the necessary laboratory tests. Those who worked in the clinic were trained in the diagnosis and treatment of STDs. Services were available to both CSWs and clients. In addition to the problem we had providing separate clinic hours for clients, mentioned earlier, we also had to revise the clinic hours several times to suit the work schedules of the CSWs.

Clinic services included laboratory and clinical diagnosis of STDs, provision of appropriate treatment of STDs, and counseling services. Clinic attendance by CSWs and clients was stimulated by referring clients through CSWs and managers, referral of CSWs by chairladies, free distribution of clinic registration cards and condoms, and posters stating clinic dates and opening hours in all hotels and compounds.

Counseling

CSWs and clients participating in the project were being voluntarily tested for HIV antibodies. Project staff were beginning to see some of the women seroconvert. After reviewing our project objectives and workplan, we realized that adding a counseling component would be necessary to reach our objectives. As a result, we decided to provide pre and post-test counseling to those being tested and follow-up support to those trying to change high-risk behaviour or those living with HIV infection and AIDS. None of our staff had been trained in counseling, and we did not know how to tell the CSWs who had tested HIV positive about their sero-status. Project staff and other health care providers in Calabar were trained to provide counseling services, and counseling was carried out in the STD clinic or in the hotels. The establishment of a separate counseling centre is planned for the future. We also plan to assist with the establishment of support groups for CSWs who are seropositive. However, including a counseling component in our project is a result of monitoring, reviewing and revising the project objectives and workplan according to the women's needs.

For more information about counseling see:

AIDS/STD Education and Counseling in Africa developed by AIDSTECH/Family Health International

Guidelines for Counselling about HIV Infection and Disease developed by the World Health Organization (WHO)



The sticker developed by project staff and distributed in bars and hotels in Calabar.