SITE VISIT TO AN ADRA FSW IMPLEMENTATION SITE IN LA NKWANTANANG DISTRICT

1. INTRODUCTION

The HIV/TB oversight committee paid a working visit to Redco flats in La Nkwantanang District, in Madina Accra on 21st December, 2016 to familiarize itself with the work of Pro-Link, one of ADRA's Sub-Recipients. The site visit lasted about 3 hours between 9pm to midnight. One year ago, the team had visited another Pro-Link site in LEKMA which serves primarily roamers, while the one in La Nkwantanang is rather a seaters' site (60:40).

2. CCM OVERSIGHT TEAM

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3. OBJECTIVES OF THE VISIT

- Get firsthand information on the grant implementation in a seaters FSW site
- Get ideas about how Drop-in Centers (DICs) are run and their frequentation by FSW
- Hear about the experiences of peer educators, FSWs and program officers
- Inquire about challenges and possibilities to improve impact

4. KEY RECOMMENDATIONS

Challenges identified	Recommendation	To whom
Only about 55% of the FSWs tested for HIV (2016 target according to NSP is 75%)	Identify major blocking factors and adjust the strategy accordingly Have more people trained to offer HTS at the DIC on a daily basis	Pro-Link / ADRA
Only 3-4 clients frequenting the DIC on an average day	Have more people trained to offer HTS and STI treatment at the DIC on a daily basis Consider offering services to NPP Promote DIC more effectively Consider days with evening opening hours	Pro-Link / ADRA
Only initial training for PEs	Annual refresher trainings and regular checks on the PEs' knowledge	Pro-Link / ADRA
Dark and potentially dangerous work place particularly for field officers	Consider an emergency system to keep staff safe	ADRA and SRs
More graphic IEC materials desired. No IEC materials on TB.	Analyze need and produce accordingly	GAC, NTP
Oral sex is mostly unprotected	Include information on unprotected oral sex in the conversations	Pro-Link / ADRA
Low condom use with NPP	Increasingly involve NPP in the conversations, consider offering them DIC services	Pro-Link / ADRA
Perception that female condoms are only appropriate for lay-down sex positions	Search for more information if this is a misconception that should be addressed	Pro-Link / ADRA

5. OVERVIEW ON PRO-LINK

ADRA as a GF Principal Recipient has been working with FSWs since 2010. Currently, ADRA targets FSWs in 20 districts in four regions through three Sub-Recipients (SR):

- Mission of Hope (MIHOSO): 5 districts in Ashanti Region
- Christian Council: 7 districts in Eastern Regions
- Pro-Link: 3 districts in Volta Region (Ketu South, Ho Municipality, Kadjebi) and 5 districts in Greater Accra (La Nkwantanang, LEKMA / Spintex, Agbogbloshie, Ga East / Pantang and Ayawaso West / East Legon)

Pro-Link has been a SR since 2010 but has been working on this site since about 2007 with funding from USAID. Pro-Link operates six DICs, three in Greater Accra and three in Volta Region; two of them were set up with Global Fund support (Agbogbloshie and Ho).

On the site visited, more than 700 FSW offer their services, of which about 60% are seaters and 40% are roamers. There used to be even more seaters, however, the brothels at their initial location around the DIC had been torn down and the FSWs had to move. The DIC is now located a five minute walk from the FSW work place. The main activities include education of FSWs and their non-paying partners on HIV and STIs through peer education, condom promotion and distribution (144 pcs for 3 GHC), HIV testing and counseling as well as referral services. Stigma reduction activities are employed among the FSW and staff of healthcare facilities. Under the new funding model, screening for tuberculosis has been added as a new component.

In the community visited, Pro-Link collaborates with nine peer educators, including seven women and two men who target primarily FSWs. There are no targets for Non Paying Partners but they are served for HTS. While the team was quite surprised about the male peer educators, it was explained that women tend to confide more in men because of the competitive relationship to other FSWs. Besides in certain situations men are supposedly more convincing.

All PEs have targets for 1:1 IEC on HIV and STIs, IEC on lubricant and condoms, and condom distribution. In addition to these activities, they also educate FSWs on women empowerment and saving habits. Peer educators receive a travel and transport and communication allowance of 300 GHC.

Sex work is still a taboo and illegal in Ghana, which is why it is crucial for Pro-Link to closely collaborate with a number of stakeholders such as:

- Assembly man for the area
- Police officers (Most At Risk Populations = MARP friendly)
- Domestic Violence & Victim Support Unit (DOVVSU)
- Community chiefs
- Queen mothers
- Department of Social Welfare
- Health care workers

In 2016 healthcare workers in seven out of the eight districts covered by Pro-Link received education on stigma related issues, including the Pro-Link staff. The police was trained on violence and rape through the USAID/SHARPER project about five years ago. The police training schools have incorporated issues of MARP / Key populations in their curriculum to protect them against violence and provide assistance in such circumstances. Ever since awareness has increased that rape of a FSW shall be treated as rape. Because sex work is illegal in Ghana, FSWs risk harassment and arrest anytime. Chiefs, assemblymen and M-Friends and M-Watchers (M short for MARP; this concept was initiated during the USAID SHARPER Project to protect the KPs in terms of Gender Violence, theft and abuse) among the police officers are available to help and to release them.

6. THE SITE

The actual FSW site is at a five minute walk from the DIC passing by several small dimly lit drinking spots and music places. It is located in a dark non-paved area that does not seem to serve for anything else than sex work. More than 700 FSWs offer their services here. The area is dirty with several places that resemble garbage deposit sites, men were yelling at each other seemingly ready to fight – in brief a location that most prefer to avoid at night. One CCM team member observed a couple in full action in the bushes. Particularly the female CCM team members did not feel comfortable, holding on to their bags tightly. On this open area, small shacks are scattered serving as brothels. It costs 15 GHC per day to rent such a room.

While the environment was rather scary, the place seems to be well organized. Elderly FSW who tend to be brothel owners, called the queens, have set up clear rules and enforce their application. Among those are that FSWs younger than 20 years are usually not allowed to work at this place considering that they tend to be the ones who may be willing to do anything for a higher price and hence cause different kinds of trouble. The queens insist on consistent condom use, anal sex and male sex work are prohibited. The objective is that clients learn over time that these rules are respected and go elsewhere if they have other, possibly riskier desires. The queens who are often the bread winners for their children and grandchildren emphasized that they would not take any risks, their health being crucial for the upbringing of their beloved ones, and try to educate other FSWs accordingly. They do admit that they are not always successful in their efforts. Beyond organizing the place, the queens will do anything possible to protect their girls from any violence at the work place and to release them if they got arrested by the police.

7. OVERLAPPING IMPLEMENTATION SITES

Pro-Link did not encounter serious incidents of other NGOs entering their implementation site. While implementing NGOs under the Care Continuum were seen on the ground, they were informed by the brothel managers about the Pro-Link activities upon which they withdrew very quickly. Pro-Link seems to be much respected among the target group.

8. ACHIEVEMENTS

Of more than 700 FSW working at this location, Pro-Link estimates that about 80-90% have been reached between January and October 2016. 395 have been tested for HIV and five of them tested positive and were enrolled in treatment.

9. PEER EDUCATION

The PEs met by the team had about 4-8 years of peer educating experience. In the beginning of the NFM, they have received a week of training but consider this as insufficient over time. Regular refresher trainings are strongly desired and recommended. The PEs also regretted the lack of graphic IEC materials on TB and HIV, which should be primarily based on pictures with minimum written explanations. It was also announced that certain flyers will be finished soon. All IEC materials they use were previously produced by FHI360, all that is left is currently the STI picture book.

The team inquired about the time available for each FSW and got mixed results depending on the situation. While some said that they need to package their messages in a nutshell (2-3 minutes) in order to use the short time available until a new client shows up, others pointed out that particularly with seaters, they can have an hour or more on a quiet day. Considering that most clients leave within 5 minutes (FSWs often charge per three minute action), PEs can wait and continue their conversation afterwards. Sometimes if the FSWs are highly interested in the information they receive, they may come back to learn more once the client left. As an average, PEs estimated to have about 20 minutes per conversation. PEs pointed out that they usually talk to each person about 2-3 times per quarter.

Even though the peer educators are usually FSW at the same time, their messages will usually only be accepted if other FSWs consulted share the same view. Because of the competitive nature in the sex business, sometimes peer educators are believed to have hidden agendas and rumors may be difficult to eradicate.

10. STIGMA

Initially, the CCM team did not fully understand the basis of stigma experienced with healthcare personnel thinking that FSWs would rather not disclose their profession to a regular healthcare worker. However, the team was informed that FSWs are always on duty, even on their way to a healthcare facility, and are hence recognizable. It is thus crucial to continue and possibly scale up stigma reduction activities in the health sector beyond the few KP friendly nurses to ensure that FSWs receive equal treatment.

11. CONDOM / LUBRICANT USE

On an average month, PEs (91%) and the DIC (9%) sell about 35,000 condoms in La Nkwantanang, the number of condoms given out for free is insignificant. There is no condom vending machine on the site. This translates into an average of about 50 condoms per FSW on this site per month, not taking into consideration that they may also have additionally different sources of condoms. More work should be invested to establish if this quantity meets the need.

80% of the FSW collaborating with Pro-Link are supposedly happy with the quality of the no logo condoms. 10% request flavored condoms and 10% complain about condom quality. They say that the no logo condoms burst during sexual intercourse.

While the peer educators present during the visit emphasized that all FSWs at this site use condoms consistently with clients at this site, the queens indicated that when the price is right, especially the younger FSWs may accept unprotected sex (the standard price for protected sex is around 10 GHS but can go up to 50 GHS depending on the services demanded). Interaction with some FSWs indicated that unprotected sex for higher amounts of money is not limited to younger FSWs.

Oral sex is mainly performed without a condom as the PEs agreed. As it is associated with a risk of STI transmission, FSW associations recommend protected oral intercourse only. Intercourse with non-paying partners (NPPs) is often not protected either. NPPs tend to have several girls at a time, all of them competing for attention and affection.

Regarding female condoms, the PEs at this site confirmed the view of FSWs at other locations in Ghana that those are only appropriate for lie-down sex positions. Because of this (perceived) limitation, female condoms are not favored at all. Others find them hard to use or claim that they are too big and sometimes get stuck in the vagina. Peer educators explained that it is the FSWs who dislike female condoms; they have not heard of any male clients complaining about them. Interestingly, the limited choice of positions is not mentioned as a blocking factor in either of the related surveys seen on the internet and more needs to be known about it.

Lubricant is considered as essential to prevent FSWs from using inappropriate lubricant that possibly affects condom duration. Pro-Link is able to procure lubricant from USAID currently, it is usually handed out free of charge while condoms are payable.

12. HTS, HIV REFERRAL AND HIV TREATMENT

HIV tests are offered by a nurse once a week (Wednesdays) either at the drop-in center or during mobile outreach at a rented brothel, which was also the case during the day of the CCM visit. Due to the crowd waiting for their turn to get tested, the CCM team was not able to communicate with the nurse.
Additionally, HTS is offered during mass campaigns. Upon the CCM team's question why only 55% of the women were tested, it was explained that FSWs presented the following reasons:

- Do not want to know if they are HIV positive
- Do not want to know that they would die soon
- Are afraid of stigma
- Are afraid on unconsented disclosure
- Are afraid of unemployment
- Expect money to engage in HTS (information that FSWs who got tested as part of their participation in the IBBSS or other surveys received a compensation)

Peer educators partly offer condoms or lubricant free of charge to enhance motivation of FSWs to get tested.

Confirmed cases are referred to nearby clinics and hospitals (mainly Pantang and Kekela) for confirmation and treatment. KP friendly nurses in the facilities collaborate across the country and clients are referred to a different KP friendly facility when they prefer to avoid the one in their neighborhood for stigma reasons. Peer educators carry booklets with telephone numbers of about 30 HIV counsellors (USAID helpline), who are mostly health workers with information on MARP-friendly facilities. A call to a few counsellors in this helpline revealed however that most callers are men. There is hence potential to make this helpline more known and used among FSWs (the Care Continuum is currently waiting for approval to restart this project that was temporarily discontinued with the end of Linkages).

There are currently no HIV+ FSWs who disclosed their status to the FSW community and who could serve as role models and advisers.

13. THE DROP-IN CENTER

The DIC in which the teams met was established through USAID funding in 2007 and is currently run on shared resources from USAID and Global Fund. It is open Monday to Friday, 10am to 5pm. The DIC consists of a registration / waiting as well as a consultation room, both of which were found to be well maintained. The center takes care of STI diagnosis and treatment, condom and lubricant education, HIV counselling, testing and referrals as well as family planning education. HTS is usually coupled with stigma reduction activities. All seven Ghana Health Service staffs working with Pro-Link have been trained in STI management by NACP and also had a refresher training last year. In case an STI is diagnosed, the FSW receives a prescription to purchase the medication at a pharmacy. It was explained that sex workers often also come to the center to relax, socialize and watch TV.

There are about three to four clients on a daily average which seemed low to the CCM team. The center is run by the DIC Coordinator, the field officer and the Project Nurse who is present once a week (Wednesdays). She is the only one trained to do HIV tests, confirmatory tests as well as STI management. Due to the additional services available, on Wednesdays the average number of DIC clients goes up to about six to ten. From time to time she also offers HTS services in a rented brothel at the nearby FSW site, which was also the case during the day of the CCM visit. However, due to the crowd in front of the door waiting for their HTS turn, the CCM team was not able to communicate with her.

The CCM team recommends to consider evening opening hours particularly on the busiest days, having a counsellor trained to offer HTS on a daily basis, and promoting the DIC much stronger to FSWs and NPPs.

14. SIDE DISCUSSION

During the site visit, one of the team members was asked by a young man to call him later onwards for more information. The following is hence a representation of the telephone interview with this person. It is statements of an individual that may or may not be agreed upon by others. However, the following aspects should be reviewed and possibly addressed.

The young man reported that some of the FSWs working at the site are still minors and likely victim of human trafficking as they often come from surrounding countries. Pro Link explained later onwards that language should not be a barrier to education and other services since some of the peer educators speak French and other languages. It is however not clear to which extent victims of human trafficking can be reached at all considering their particular situation; more information should be collected.

According to the respondent, NPPs are insufficiently included into the prevention activities. They have supposedly little knowledge on condoms and lubricant, which contributes to the low condom use in this group. Furthermore, it should be considered to offer and promote DIC services to NPP as well. This particular respondent had no knowledge of the DIC.

15. KEY INFORMANTS

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