CCM SITE VISIT TO WAPCAS

1 INTRODUCTION

On the 28th September 2018, members of the HIV/TB CCM Oversight Committee carried out a site visit to the CMB implementation site of WAPCAS in Greater Accra close to Accra railway. The objectives of the mission were to

a) Allow particularly new OC members to understand FSW grant implementation
b) Get an overview on changes in grant implementation under NFM2 compared to NFM1
c) Get more information about the ways of linkage to treatment, successes and challenges
d) Identify opportunities for improvements

2 FINDINGS

2.1 Summary of challenges and recommendations

Finding / chapter	Recommendation	To whom
NFM1: each PE took care of about 40-60 women. NFM2: about double number, could result in reduced service quality / 2.5	Review if PE/FSW quota affects quality of info provided to FSWs and revise implementation if necessary	WAPCAS
Numbers of condoms distributed seems low for the number of FSWs reached at the site / 2.6	Review the situation and address it accordingly	WAPCAS
Regular condom shortages / 2.6	Ensure consistent condom availability at all levels	WAPCAS / NACP
Leakage of donor procured condoms onto the market / 2.6	Review scale of this problem at implementation sites and inquire about the source of the condoms / note the batch number to identify the source	WAPCAS / GAC / GHS
Challenges to enrol HIV+ women on ART who cannot afford the baseline tests / 2.8	Ensure that all ART facilities follow the national guidelines Engage NHIA to cover these tests	NACP
T&T of case manager reportedly insufficient / 2.8	Review actual expenditures and compare with T&T offered. Consider a minimum amount that serves as motivational component and that should not be used as T&T or else	WAPCAS

2.2 Introduction to WAPCAS

After several years of implementing Global Fund supported FSW projects as a Sub Recipient under Ghana AIDS Commission, WAPCAS has been a Principal Recipient since January 2018. WAPCAS has focused on HIV projects for FSWs for more than 20 years. Global Fund supported projects are implemented in 11 districts in Greater Accra, Ashanti, Brong Ahafo, Region, and Eastern Regions and expected to reach out to 12,759 FSWs. WAPCAS collaborates with ProLink (Sub Recipient/SR) for the implementation of FSW projects. Additional projects will be implemented using catalytic funding in Tamale, Cape Coast, Elmina, Birim and Agona. Similar interventions are implemented for MSM with CEPEHRG as the SR.

2.3 The site visited

At the site visited, 400 FSWs have been registered with WAPCAS in 2018. It is estimated that this is about 60% of the total FSW population; however, one needs to keep in mind that this is a roamers' site with a lot of fluctuation. The site is split up into three hotspots: Okaishie 1 and 2, and Railways.

WAPCAS has been providing services at this site for about eight years. All referrals are done to either Adabraka Polyclinic, Civil Servants Clinic, or Kaneshie Polyclinic. There is no drop-in center (DIC) currently but it is expected that a DIC will be established with the catalytic funding. When discussing the challenges of low DIC frequentation experienced during previous CCM site visits, the WAPCAS team explained that in other countries DICs are well patronized due to expanded service delivery including ART services that can currently not be offered in Ghana.

2.4 Services offered

The services offered to the women by the Peer Educators (PE) remains largely the same as under the previous grant cycle, i.e. information on HIV and other STIs, HTS promotion, TB screening, condom demonstration, promotion and distribution, and referral services. The majority of engagements with the women is 1:1. It is estimated that only 30% of the women entering the site have a good knowledge on HIV.

What is new in NFM2 is linkage to care: a dedicated case manager assures that women who tested HIV+ have access to ART and adhere to treatment.

2.5 Peer education

Three peer educators (PE) take care of about 400 women. While the guideline is that there should be one PE per 40-60 women, the local PEs have to cover at least double the number while the number of services they deliver remains the same. The Peer Counsellor and Peer Educator the team talked to have been working with WAPCAS for four and two years respectively.

The PEs are expected to work three days a week plus one office day. The office day is used to collate and submit reports, capacity building and to share or exchange experiences and ideas so as to improve upon their skills and knowledge in HIV prevention practices. They have a t-shirt that identifies them as a PE and are strictly instructed not to engage in sex work whenever they wear this t-shirt and to conduct themselves properly at all times to that the FSWs can emulate them. Their supervisors monitor them regularly to ensure that they adhere to the rules.

The PEs pointed out that they are satisfied working with WAPCAS. They have been paid regularly, they feel well-trained and received materials including a wooden penis model, flipcharts and condoms and they did not experience any challenges. Every Monday when they meet at the WAPCAS office to submit their reports, they have an opportunity to share their experiences and to ask questions.

2.6 Condom use

On average, 9000 male condoms are distributed to this site per month at 2.40 GHS per box (144 pieces). Both peer educators and FSWs confirmed that the willingness to provide unprotected sex has reduced drastically. It is estimated that more than 90% of the FSWs at this site use condoms consistently due to the WAPCAS HIV and STI sensitization. One of the FSW pointed out that this has not always been the case (see more in chapter 3.9).

However, 20-30% of the clients are still asking for unprotected intercourse. While the FSWs will explain to them the importance of condoms, some may still not be willing to comply. In such cases, the women will inform each other about this man's wish by shouting. This practice discourages other women to accept his offer and embarrasses the men to a point that they may even leave and never ask for unprotected intercourse again.

However, the number of condoms distributed still seems low. One of the women stated that on good days, she has about eight clients, and around three clients on a bad day. While she may not be representative, an average of slightly more than five condoms per week per woman (based on 9000 condoms and 400 FSWs the project takes care of) seems low for sex work. Condom quality is perceived as fine. Female condoms are reportedly not appreciated at this site.

Condom shortages are regularly experienced at this site. Since May 2018, the supply has been stable. While they state that they rather buy condoms on the market in times of stock outs than providing unprotected intercourse, continuous condom availability was highest on the list of the FSW the team talked to. Low cost condoms are available on the market, including Protector (7GHS for a box of 100), and Be Safe is reportedly sold for 1GHS/3 pieces by individuals.

2.7 HTS

360 out of the 400 women reached so far have been tested for HIV. The women are usually readily available for the test. It is believed that those who refuse know their status already and want to avoid suspicion if the nurse spends a longer time with her due to the positive result.

There are two strategies to HTS: Facility based testing (referral to a health facility) or outreach testing. Referred women receive a referral sheet which is subsequently collected by the field officers from the facilities for evidence-based reporting. Most of the women (estimated 60%) were tested during these outreach campaigns. This year, four outreach campaigns have been organized in total at the three microsites. Particular focus is laid on those who have not yet been tested. For HTS mobilization, the peer educators and field officers are effectively supported by the so-called ring leaders, such as respected FSWs or bar owners. The confirmation test and post counselling are always done at a facility, not on the field, to avoid others drawing conclusions from the duration of interaction.

The women the team talked to confirmed that nurses and PEs respect confidentiality and never disclose the status to anyone else. The PEs are only aware of the status of about five positive FSW who directly disclosed to them. They however believe it could be more.

2.8 Linkage to care

WAPCAS deploys two case managers per district. There are four case managers in AMA and 12 in Greater Accra. These are community health workers or Models of Hope who are also engaged in outreach testing and who are called in whenever a FSW is tested positive.

Since he was not present during the site visit, the case manager, Model of Hope at Adabraka Polyclinic, was contacted via phone. He always participates in any HTS outreach campaigns to collect the contact details of those women who are reactive. The following day, he calls them until he reaches them to accompany them to the polyclinic for confirmatory testing. The FSWs flake on him regularly, so he will have to fix several appointments before she accepts to go to the clinic.

Despite the NACP directive, PLHIV are still required to do a number of laboratory tests that may cost up to 240 GHS in a public facility before they are enrolled on ART. The case manager will have to advocate for her so that the ART nurses accept to put her on treatment even though she may not have the funds for the lab tests. It is estimated that about one third of the women have challenges to raise the money for the lab tests. The cost of lab tests is considered as the biggest challenge for linkage to care as they may not come again if they are not enrolled timely. In exceptional cases, WAPCAS provides the necessary funds, so that poverty is not a barrier to

treatment. In the absence of other challenges, PLHIV are usually enrolled on treatment within one week.

Once a woman is on ART, the case manager follows up on her adherence to treatment. He keeps track of the appointment dates and calls them a few days prior to remind them. Stable clients receive up to four months supply. If they do not come for their appointment, the case manager follows up on them; initially via telephone and if he cannot reach them or if they don't agree to go to the clinic timely, he reaches out to them at their work place. Here he has to spend a lot of time chatting with other women, so nobody becomes suspicious when he finally talks to his real "target". If he cannot find her at her usual hotspot, he will visit a number of different hotspots as some of the sex workers are very mobile. This usually happens in the later evening hours.

The case manager is not paid at Adabraka Polyclinic but he receives 400 GHS monthly from WAPCAS. However, he claims that he basically uses the entire amount for T&T to the polyclinic and for his WAPCAS activities. Looking at his usual work hours and the type of places he visits, where threats from other men are not uncommon, he does not have an easy job.

Out of the 40-50 HIV+ women he takes care of, he has to trace down two defaulters in an average month.

2.9 Other

Frequent police raids make both sex work as well as the project work difficult. At times the police demand for sex from the FSW and arrest them if they do not comply and charge them for illegal sex work. Using the HR catalytic funds, WAPCAS intends to target higher level police officers for advocacy.

2.10 Reported project outcomes

While the team was not able to meet with many of the women due to a lights off in the entire area, they were impressed with reports from the FSWs on the change that WAPCAS initiated over the years. The women testified that because of the WAPCAS program and the HIV/STI education they received from the PEs, they are using condoms consistently. The PEs have been able to establish a very good working relationship with them. The peer educators are reportedly very patient and approachable. One of the women narrated her personal experience on how she was trying in vain to treat a vaginal infection until one of the PEs took her to a DIC where she was given proper treatment and STI education which led her to adopt the No Condom No Sex policy. She provided the team with a very professional condom demonstration.

3 TEAM MEMBERS

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