

THEATRE FOR A CHANGE

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Theatre for a Change Ghana

Interim Impact Assessment of the Peace and Love Club Project

July 2013



Members of the Peace and Love participate in an interactive evaluation exercise for the Interim Impact Assessment.

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Glossary

AIDS - Acquired Immunodeficiency Syndrome

FSW - Female Sex Worker

HIV - Human Immunodeficiency Virus

RNPP – Regular Non-paying Partner

SRH – Sexual and Reproductive Health

STIs – Sexually Transmitted Infections

TfaC - Theatre for a Change

1: Executive Summary

Theatre for a Change (TfaC) is a registered non-governmental organization in Ghana which works to reduce the risk of HIV infection among marginalized and vulnerable groups through the use of interactive, participatory learning techniques. The HIV prevalence rate in Ghana is 1.37% and 11.1% among female sex workers (FSWs).

In September 2012, following a period of mobilisation, TfaC began working with a group of 10 FSWs living and working in Old Fadama, Accra's largest illegal settlement, to form the Peace and Love Club. The project offered, and continues to offer, three interventions:

- Behaviour change workshops focussed on sexual and reproductive health (SRH)
- Legislative theatre performances aimed at informing and influencing relevant decision-makers
- Economic empowerment training and loan scheme

The focus of this interim impact assessment is to understand what changes have occurred in participants' lives as a result of involvement in the Peace and Love Club for the first year of the project. A mixed method approach was used to collect data on changes in knowledge, behaviour and attitudes measured by the baseline survey carried out in January 2013.

Overall, findings indicate that behaviour change workshops and legislative theatre performances have had a positive impact in reducing participants' vulnerability to HIV/STI infection and violence. The project, particularly the economic empowerment intervention, has had an unexpected impact in helping enable participants to exit sex work. However, there remain some key gaps in SRH knowledge and behaviours, and relationships with police and the community have witnessed little positive change.

Specifically, all participants reported that they have exited sex work, a factor which significantly reduces participants' vulnerability to HIV/STI infection and violence. Survey results revealed improved knowledge about the potential harm of alcohol and substance use, and several participants were found to have significantly reduced their consumption levels. Participants have increasingly demonstrated the means and confidence to access appropriate health services independently. Behaviours with regular non-paying partners (RNPPs) continue to be risky, however: there has been no increase in consistent condom use and, at the time of collecting data, no participant reported knowing her HIV status.

Survey results showed that there was a decline in levels of trust and confidence in the police, and a reduced number of participants said that they would report a case of violence from a client or RNPP to the police. In a role-play exercise, no participant explicitly revealed her work to an actor playing a police officer; in discussion, participants cited fear of stigma and discrimination as the reason for not doing so.

Interactive exercises, group discussion and interviews revealed that the project has had a positive impact upon levels of participation, independence, organisation, trust, confidence, communication and self-initiative. These behaviours, whilst not included in the project's objectives, are key to promoting future change in other areas of participants' lives, as well as change in the community. These areas include, for example: ability to negotiate condom use; confidence to report violence to police; ability to form relationships which promote wellbeing; success in pursuing an alternative source of income.

In response to the findings of this interim impact assessment, programme implementation strengthened its focus on HIV/AIDS education as well as accessing HIV Testing and Counselling. Consequently, in July 2013 all participants completed HIV tests at a drop-in clinic within Old Fadama and all now know their HIV status. At a stakeholders' meeting in August 2013 participants shared some of their experiences and

learning through the Peace and Love Club and engaged directly with members of the community and other organisations active in Old Fadama. This interaction highlighted the potential for participants to contribute to planning and steering the Peace and Love Club Project in the future and thereby deepen the impact of the project upon the lives of other marginalised and vulnerable women and girls in Old Fadama.

Finally, the report revealed opportunities for the project to have a wider impact on the Old Fadama community, with participants having already expressed interest in sharing their knowledge and involving other FSWs in the Peace and Love Club's activities.

2: Introduction

The HIV prevalence rate in Ghana is 1.37%¹, described as a low generalized epidemic with pockets of high prevalence among certain sub-populations or geographic regions. The number of FSWs is estimated at between 47, 780 and 58, 920². FSWs in Ghana fall into two categories: 'roamers', who travel to seek clients, and 'seaters', who work out of homes or brothels. The HIV prevalence rate among Ghana's FSWs is 11.1%³, with Greater Accra presenting the highest rate (16.3% compared to 3.2% among the general population⁴). Prevalence is higher among seaters (21.4%) than roamers (6.6%)⁵. Together, FSWs, their clients and RNPPs contribute 31.1% to HIV incidence⁶. FSWs are therefore at high risk of HIV and play a major role in HIV transmission in Ghana.

Theatre for a Change (TfaC) is a registered non-governmental organization in Ghana which works to reduce the risk of HIV infection among marginalized and vulnerable groups through the use of interactive, participatory learning techniques. Following a period of mobilization, in September 2012 the organization began working with a group of 10 FSWs living and working in Old Fadama, Accra's largest illegal settlement, to form the Peace and Love Club.

Environmental factors in Old Fadama put FSWs living and working in the settlement at particular risk of HIV and gender-based violence. The estimated 80,000 residents of Old Fadama have limited access to essential services and infrastructure such as education, health services, secure housing, road access, sanitation, and law enforcement, all of which increase vulnerability to poor SRH and violence. As areas where migrants and mobile populations live, work and pass through, conditions in informal settlements can increase vulnerability to high risk sexual behaviours because migrants are taken away from their regular sexual partners and there are opportunities for sexual networking⁷.

With the Peace and Love Club, TfaC developed a programme aimed at facilitating participants to empower themselves to protect their health by accessing appropriate health services and to advocate

1 National AIDS/ STI Control Programme, '2008 HIV Sentinel Survey Report'. Ghana Health Service, Ministry of Health: Accra, 2012.

2 Integrated Behaviour and Biological Surveillance Survey 2012. Ghana Aids Commission: Accra, 2012.

3 *Ibid.*

4 *Ibid.*

5 *Ibid.*

6 Richard Amenyah (MBChB, MPH), Director of Technical Services, Ghana AIDS Commission, 'Reducing sexual transmission of HIV: Progress made so far in the MARP Interventions in Ghana'. Presented at the Ghana Aids Commission 10th Anniversary Conference, Accra, 15/11/2012.

7 The 'spaces of vulnerability' approach is outlined in International Organisation for Migration, 'Emerging Good Practices in Migration and HIV Programming in Southern Africa.' IOM: 2011.

for their rights to live without gender based violence. The programme incorporates weekly behaviour change workshops; advocacy through legislative theatre performances; referrals to services; vocational skills training and a limited loan scheme.

Objective of the Interim Impact Assessment

Between May and June 2013 an interim impact assessment was carried out, with the aim of understanding what change has occurred in the lives of participants as a result of the project. The assessment explored changes in knowledge, attitudes and behaviours relating to SRH; alcohol and substance use; violence; knowledge of rights and legal mechanisms; personal and social behaviours. This report is intended to inform future programme implementation as well as to contribute data and analysis for future assessment of the programme's impact.

3: Project Summary

In September 2012 TfaC formed the Peace and Love Club with a group of 10 female sex workers living and working in Old Fadama. The project takes a rights-based approach which seeks to facilitate the empowerment of FSWs in Old Fadama to protect their SRH and right to live free from violence; the project supports the right of sex workers to leave sex work if they wish to, and has developed a vocational skills and loan intervention to meet the needs and wishes of participants to pursue an alternative livelihood. In January 2013 one participant ceased involvement because she moved home to family outside Accra; another participant ceased involvement in June 2013.

The theory of change which TfaC applies to all projects incorporates three dimensions: individual behaviour change; group based change; and social change. These three aspects have a cyclical relationship which, together, facilitates empowerment. Regarding the Peace and Love Club project activities, they correspond respectively to behaviour change workshops; the Peace and Love Club mobilisation; legislative theatre performances and community outreach activities.

The project has offered three interventions:

1 Behaviour change workshops. Facilitators have delivered 40 weekly workshops focused on developing participants' knowledge and skills regarding different SRH and gender rights issues. Using TfaC's active, participatory methodology, a variety of theatre-based techniques have been employed to ensure that learning is interactive, effective and participant-led.

2 Legislative theatre performances. The group devised a story, based on one participant's experience of entering sex work and subsequent violence and mistreatment from the police. Having identified groups whom they sought to educate and influence, the group has performed the story to audiences including family, friends and partners; representatives from the Old Fadama community structure; other FSWs from Old Fadama; and staff from human rights organisations. Audience members are invited to participate in performances through TfaC's 'touch tag' technique, whereby an audience member exchanges places with an actor to contribute ideas about alternative actions and behaviours. To date, three performances have taken place.

3 Economic empowerment. In response to participants' wishes to develop skills and financial capital which would enable them to exit sex work, TfaC began this intervention in May 2013. It consists of four stages: professional skills training workshops; the development of individual work plans with participants; a limited goods loan; vocational training and/or a larger loan scheme. One participant has played an active role in planning and delivering professional skills training to the group. This intervention does not form part of this assessment, although reference is made to it where relevant.

The current phase of the project is planned to continue until the end of January 2014 and has secured support from the African Women's Development Fund and individual donors in the UK.

4: Methodology

After preparatory work consisting of a review of monthly reports for activities between September 2012 and June 2013 and of the baseline data, data for the interim impact assessment was collected between May and June 2013. Due to the complex nature of the project and the sensitive issues which it addresses, no single method was fully capable of exploring and understanding change. A mixed method was therefore employed in order to reveal different aspects of change. The following tools were used:

- Survey: The questions and statements from the baseline survey were administered to seven participants in face-to-face interviews by facilitators. A selection of the questions and statements regarding SRH were also administered in an active 'continuum' exercise carried out in a behaviour change workshop, whereby participants indicated a positive or negative response by moving to the relevant side of the room.
- Interactive theatre-based exercises: A range of exercises were completed during behaviour change workshops in order to gain a deeper understanding of change in behaviour as demonstrated in simulated contexts These included:
 - Sculpting exercise to explore experiences of violence: participants were asked to represent their idea of violence by making a still 'sculpture' with their bodies.
 - Meditation exercise to stimulate reflection and discussion on alcohol and substance use: participants were asked to find a space for themselves and then to close their eyes and act out how they feel when using alcohol or recreational drugs.
 - Role-play exercises to explore levels of confidence in declaring their work to the police and health service professionals: facilitators played the roles of a police officer and nurse and participants simulated visits to both.
 - Object exercise to explore levels of group dynamics, trust and participation: an object was placed on the floor representing the centre of the group and participants were asked to position themselves relative to the object and each other.
- Group discussions: Semi-structured group discussions were held on the subjects of alcohol and condom use, substance use and work during behaviour change workshops.
- Observation: During May-June 2013 eight behaviour change and professional skills training workshops were observed.
- Most Significant Change interviews with key informants: Interviews were held with: a selection of participants' RNPPs, guardians and relatives; the Chief Inspector of Police at Old Fadama Police Station; the owner of the bar/accommodation where the majority of participants live; TfaC facilitators and staff. Most Significant Change stories were analysed by researchers.

Members of the Peace and Love Club participated in data collection activities voluntarily. Some participants were unavailable for some data collection activities, and only seven responded to the structured questionnaire. Change in participants' lives as a result of involvement in the project was measured relative to data collected and analysed for the baseline report in January 2013, which organised change under the following domains: sexual and reproductive health; violence; alcohol and substance use; knowledge of legal and rights frameworks⁸. As a result of unexpected changes revealed by research, an additional domain is included in this report: personal and social behaviours.

⁸ C.f. Simister, R., 'Baseline Report for the Peace and Love Club Project'. Theatre for a Change Ghana: February 2013.

5: Limitations of the Interim Impact Assessment

The interim impact assessment was limited by the lack of regular documentation since the start of the programme. As a consequence, historical change was difficult to track and exact dates were not known. The assessment was also constrained by the scope of the baseline survey and relied upon data from the situational analysis to supplement this baseline data⁹.

The methodology was restricted by participants' needs for the support of high structure in questions, which might distort responses. With interactive theatre-based exercises and the continuum exercise, there is the possibility of limited comprehension and/or participants following the responses or behaviours of others.

Despite extensive trust-building work between staff and participants since the outset of the project, the sensitive nature of the subjects dealt with may have distorted responses.

6: Results

6.1: Socio-demographic Profile

The nine members of the Peace and Love Club were aged between 20-35 years at the time of the interim assessment. Education levels were basic, with eight participants having attended primary education, half of whom left before completing primary six, and two of whom continued to junior school, one of whom completed the schooling. Seven participants had children. The children of all but two participants live separately from their mothers, outside Old Fadama. Seven participants were in a relationship which they considered stable, five of whom lived with their partner.

Three participants were living in the accommodation where all had been resident at the project's outset (a bar with rooms which are rented on a daily basis); three were living elsewhere in Old Fadama; two were living outside Old Fadama. Whilst some participants saw their clients in their rooms at the bar where they live, and some travelled outside Old Fadama to seek clients, none can easily be categorised as 'roamers' or 'seaters' since they do not engage in sex work exclusively to generate income, nor do they perceive themselves as sex workers.

6.2: Work

As was found by the situational analysis in December 2012¹⁰ to be the reason for participants' entry into sex work, group discussion revealed financial need as the main reason all participants continued in the trade. The majority reported that they did not have enough money for their everyday needs (which include rent; food; expenses for their children; medicine). One participant reported that the amount earned through sex work was greater than she could earn through alternative work; another reported that sex work was the 'easiest' option available to her to earn money in her present circumstances. Low educational levels and illiteracy exclude the majority from many alternative work options. During the course of the project several participants had engaged in additional income generation activities during the course of the project, such as selling soup or banku. Consistent with the behaviour of FSWs in Ghana who are not easily categorised as roamers or seaters, it is common for FSWs in Old Fadama to engage in additional work and to vary the number of clients that they see. Since pimping is a little known phenomenon in Ghana, and all of the Peace and Love Club participants are self-employed, they reported that they were able to choose when to take clients and when to pursue alternative work. Factors

⁹ Lorraway, N., 'Situational Analysis of the Lives of Female Sex Workers from Old Fadama, Accra, Ghana'. Theatre for a Change: December 2012.

¹⁰ *Ibid.*

affecting this choice were: available financial capital; availability of and trends in products to trade; relationship status; and financial need.

Given these factors, it is significant that group discussion at the time of this impact assessment revealed that no participant was currently engaged in sex work. The reasons given for this were multiple: two participants stopped sex work due to pregnancy; one participant who was breastfeeding had not resumed sex work since her pregnancy; another had moved away from Old Fadama and was making enough money by trading; others had started to generate alternative income through the economic empowerment strand of the project. The following case study illustrates what impact economic empowerment has had on one participant's life:

Before her involvement with the Peace and Love club Joanna (not her real name) lived a 'normal life' in Old Fadama. This life included recreational drug use, multiple sexual partners and violence. Her minimal income came from commercial sex work. Since making contact with TfaC and joining the Peace and Love Club she has seen a lot of changes. Joanna described learning about 'risky behaviours', such as having multiple sexual partners who might also have multiple sexual partners, as well as the non-use of condoms. With the help of a relative, Joanna moved out of Old Fadama, back home with family. She bought some sandals to sell, and with the profit earned bought more, and went on trading like this and saving a small amount each week. She now feels more independent as she does not have to rely on men for her livelihood. She had stopped smoking cannabis and reduced her alcohol consumption because she needs to be sober for her work. Joanna has and has been leading professional skills training workshops with the Peace and Love Club as part of the economic empowerment intervention of this project. Joanna is now prioritizing her health and plans to expand her business.

6.3: Sexual and Reproductive Health

All respondents to the survey recognised that HIV risk increases with multiple sexual partners. Only 86% of respondents, however, agreed with the statement, 'The risk of HIV transmission can be reduced by having sex with only one uninfected partner', a 14 percentage point decrease from the baseline. There have been related changes in participants' lives, with several reporting a reduction in the number of RNPPs and all reporting a reduction in the number of clients (to zero). However, the HIV status of RNPPs remains unknown, with no RNPPs having tested for HIV in the past six months. All respondents identified as false the statement, 'If you get tested for HIV, everyone will find out your status', a 14 percentage point increase from the baseline. Nevertheless, only five participants had tested for HIV in the period September 2012 - June 2013, all since April 2013; two had tested one year ago; two had never tested for HIV. Of those who had tested, none said that they knew the result, suggesting that results were not retrieved, that tests were not correctly carried out, or that participants did not want to disclose their results to staff or researchers.

Results from the questionnaire administered in face-to-face interviews show a decline in belief in myths relating to HIV transmission. In interviews, all respondents disagreed with the statements, 'A person can get HIV through witchcraft' (a 40 percentage point increase), 'You can get HIV from a mosquito bite' (a 50 percentage point increase), 'HIV can be transmitted by talking about it' (a 10 percentage point increase). Responses to the same statements through the continuum exercise, however, suggest that there remains some uncertainty about HIV transmission: 29% of participants agreed that HIV could be contracted through witchcraft and 29% that it could be transmitted by mosquitoes. Results suggest a gap in basic knowledge about the transmission of HIV, with 29% of participants agreeing with the statement, 'You are safe if you cut your skin with a knife used by someone else who cut themselves', a 9 percentage point increase from the baseline; using the continuum exercise, 100% of respondents agreed with this statement. There was incomplete knowledge about the relationship between STIs and HIV: 29% (43% in the continuum exercise) disagreed that having an STI increases a person's likelihood of HIV infection.

There was a change in perceptions of how frequently condoms should be used, with all respondents correctly recognising that HIV risk is reduced by using a condom during every sexual encounter, a 30 percentage point increase from the baseline. As at the baseline, all participants reported consistent condom use with clients. An exercise in which participants were asked to apply a condom to a model penis revealed that all were able to do so correctly. Participants reported that they had learned about the female condom and how to use it, although none had used it. Of those participants with RNPPs none reported that they use condoms regularly, and no participant reported using a condom the last time they had sex; this is despite two reporting that they know their partner has multiple sexual partners. Observation of one workshop covering the topic of the menstrual cycle revealed that participants use knowledge of their cycle as the main form of birth control, and rely on risky abortion methods to deal with unwanted pregnancy.

There has been significant change with regard to knowledge and behaviours regarding health services. All participants agreeing with the statements, ‘Some medical drugs will prolong the life of a HIV person’, and, ‘Some medical drugs can prevent the transmission of HIV from mother to child’, in both the continuum exercise and face-to-face interview. During the course of the project, facilitators have accompanied participants to hospital or clinics three times because participants lacked the economic resources to travel to the hospital, pay for tests or consultation, and because they required support to overcome fear of stigma or discrimination. Whereas participants previously stated that they self-treated health complaints with medication bought over the counter in a pharmacy or by consulting a traditional healer, they are now seeking the advice of medical professionals of their own accord. One participant attended ante natal classes for the first time (for her fourth child); another attended ante natal for her first child. Participants have been provided with national health insurance cards which remove the financial barrier to accessing appropriate health services in most instances. See the text below for an example of how behaviour change workshops, the support structure of the Peace and Love Club, and possession of a national health insurance card combined to facilitate positive change in one participant’s life. The closure of the only hospital in Old Fadama during the course of the project has, nevertheless, proved a limiting factor to full access to appropriate health services.

Prioritising health: In March 2013, one participant arrived at a behaviour change workshop with a serious wound on her leg. A TfaC volunteer offered to give her money to visit the hospital, but another participant warned against it, saying that she would spend the money on alcohol rather than visiting the hospital. Two months later she started going to ante natal classes for the first time, pregnant with her fourth child. Ante natal classes compounded learning about the damage that alcohol can do to an unborn baby, and the participant dramatically reduced her consumption levels. The same group member who had warned against giving money accompanied her to ante natal classes.

Table 1: Baseline and Interim Impact Assessment survey results: SRH knowledge

	Interim Assessment		Baseline	
	True/Yes	False/No	True/Yes	False/No
1.1 A person can reduce their risk of getting HIV by using a condom every time they have sex	7 100%	0 0	7 70%	3 30%
1.2 A person can get HIV through witchcraft	0 0	7 100%	4 40%	6 60%
1.3 All people with HIV look sick	4 57%	3 43%	5 50%	5 50%
1.4 You can get HIV from a mosquito bite	0 0	7 100%	5 50%	5 50%
1.5 The risk of HIV transmissions can be reduced by having sex with only one uninfected partner	6 86%	1 14%	10 100%	0 0
1.6 Having a sexually transmitted infection increases your likelihood of getting infected by HIV	5 71%	2 29%	8 80%	2 20%
1.7 If you get tested for HIV, everyone will find out your	0	7	1	9

status	0	100%	10%	90%
1.8 Some medical drugs will prolong the life of an HIV positive person	7	0	8	2
	100%	0	80%	20%
1.9 You are safe if you cut your skin with a knife used by someone else who cut themselves	2	5	2	8
	29%	71%	20%	80%
2.0 The risk of HIV increases if you have many sexual partners	7	0	10	0
	100%	0	100%	0
2.1 Some medical drugs can prevent the transmission of HIV from mother to child	7	0	2	8
	100%	0	20%	80%

6.4: Alcohol and Substance Use

Alcohol and marijuana use was high among participants. Of eight participants questioned, 75% reported that they drink alcohol and 75% reported that they smoke marijuana; no other drugs or substances were used by participants. Of those who smoked, daily consumption ranged between one and four marijuana cigarettes, with an average of 2.6. One respondent noted that she had reduced the amount she smoked due to pregnancy; another that she had stopped smoking when she left Old Fadama and started trading goods. Observation of the Peace and Love Club over a two-month period revealed a decline in the number of participants regularly coming to workshops intoxicated by alcohol or marijuana; this accords with facilitators' and participants' own observations that they had dramatically changed their consumption patterns and levels since the start of the project. Indeed, a reduction in alcohol consumption was identified by the group as the most significant change that had occurred for one participant who previously was frequently intoxicated at workshops. Unexpectedly, during group discussion, several participants expressed the desire to reduce or stop alcohol or drug use.

Staff observed that the ninth participant, who ceased participation in the Peace and Love Club in June 2013, showed increasing levels of alcohol use during the course of the project. It was believed by facilitators and other participants that this was a factor in her decision to cease involvement with the group.

Results from the questionnaire showed some changes in knowledge around alcohol and drug use. There was a 19 percentage point decline from the baseline to 71% positive responses to the statement, 'Smoking increases your chances of getting lung cancer'. 43% of respondents agreed that 'Alcohol improves sex', a 17percentage point increase from the baseline. Reasons for alcohol use were explored in group discussion, wherein participants cited reasons including that it helps to forget problems; it provides stimulation/energy; it cures feelings of sickness. There was a 41 percentage point increase from the baseline to 71% in those who disagreed with the statement, 'Drinking alcohol means you are less likely to get pregnant.' Results were stable in the number of participants who identified as false the statement, 'Drinking or smoking during pregnancy does not affect your unborn child'. In general, there were poor levels of knowledge about the potential harm caused by alcohol or drug abuse, with several participants citing myths such as the need to drink alcohol in order eat as reasons to consume regularly.

In an interview with the Chief Inspector of Police at the Old Fadama Police Station, the Inspector identified alcohol and marijuana use as a key area for behaviour change. Of those who contributed to a group discussion about alcohol and drug use, 75% said that they had been arrested for smoking marijuana.

Table 2: Baseline and Interim Impact Assessment survey results: Alcohol and substance use

	Interim Assessment		Baseline	
	True/Yes	False/No	True/Yes	False/No

2.2 Smoking increases your chances of getting lung cancer	6 86%	1 14%	9 90%	1 10%
2.3 Drinking alcohol means you are less likely to get pregnant	2 20%	5 50%	7 70%	3 30%
2.4 Alcohol improves sex	3 30%	4 40%	6 60%	4 40%
2.5 Smoking or drinking alcohol whilst you are pregnant does not affect your unborn child	3 30%	4 40%	4 40%	6 60%

6.5: Violence

With a decline in the number of clients and of RNPPs, levels of violence experienced by participants have reduced. Two participants left violent relationships and have not returned to their partners, one stating that she 'realised it was too much'; they were able to discuss the experiences with staff. No participant reported a case of violence to the police during the period September 2012 - June 2013. Improved communication skills impacted positively on relationships, with RNPPs and guardians reporting fewer arguments with their partners and beginning to try different methods to deal with conflict within their relationships. See the text box below for one such example.

Building trust between TfaC staff and participants' RNPPs has been a challenge. All RNPPs interviewed for the Situational Analysis in December 2012 supported their partner's involvement in the Peace and Love Club because they saw it as a way for them to exit sex work; several attended the first legislative theatre performance in Old Fadama. In June 2013 the trust that at least some RNPPs feel in TfaC was demonstrated when one RNPP phoned the lead facilitator of the Peace and Love Club to ask her advice about what to do when a conflict arose with his partner. Rather than being violent, as may have been the case in the past, this individual followed the model of dialogue and communication which his partner had learned with the Peace and Love Club.

Results show that there has been little change in attitudes towards authorities, health care practitioners and community members. In response to the question, 'Do you feel comfortable telling a health care worker you are a sex worker?' 71% said no (a percentage point increase of 31% from the baseline). 86% responded no to the question, 'Do you feel comfortable telling the police you are a woman in sex work?' (a slight increase from 80% at the baseline). During exercises in which participants role-played visiting a nurse and a police official, mixed levels of comfort and confidence were evidenced. One participant revealed her work indirectly in the scenario with the police officer; another revealed that she was a sex worker directly in the scenario with the nurse. Levels of confidence, measured according to tone and volume of voice, amount of eye contact, ability to communicate and present oneself effectively, were high in half of the participants. In group discussion, all participants said that they do not reveal to health care workers or police officers that they are sex workers, saying that they would be stigmatised and/or discriminated against.

There was a 13 percentage point increase to 43% positive responses to the question, 'Do you feel comfortable telling people in your community that you are a woman in sex work?' This is supported by the observed confidence that participants showed in performing in their community during a legislative theatre production which revealed the nature of their work and told very personal experiences of violence and discrimination. Interaction with media during the course of the project has also demonstrated high levels of confidence and comfort among participants in telling their story and revealing that they work in the sex trade.

Table 3: Baseline and Interim Impact Assessment survey results: Violence

	Interim Assessment		Baseline	
	True/Yes	False/No	True/ Yes	False/No

2.7 Do you feel comfortable telling people in your community that you are a woman in sex work?	3 43%	4 57%	3 30%	7 70%
2.8 Do you feel comfortable telling a health-care worker that you are a sex worker?	2 29%	5 57%	6 60%	4 40%
2.9 Do you feel comfortable telling the police that you are a woman in sex work?	1 14%	6 86%	2 20%	8 80%

6.6: Knowledge of Rights and Legal Frameworks

There were positive changes in the level of knowledge about legal and human rights. 86% correctly identified that it is illegal for a man over 16 years to have sex with a girl under 16 years (a 16 percentage point increase from the baseline). 100% recognised that it is illegal for a man to rape a woman in sex work (up from 90% from the baseline). 86% recognised that women are equal to men in law (a 16 percentage point increase). However, results show only 57% of participants recognised that women have the right to say no to unwanted sex (a 33 percentage point decline from the baseline), and 86% identified as false the statement, 'Women in sex work do not have the right to say no to sex without a condom' (a 14 percentage point decline from the baseline).

Crucially, 86% of participants recognised the statement, 'Sex workers have no rights because sex work is illegal' as false (a 26percentage point increase from the baseline). All participants disagreed with the statement, 'Women in sex work are worth less than other women' (a 30 percentage point increase). Participants demonstrated high levels of engagement and interest in learning more about, and exercising, their gender and sexual rights when they met with staff from the Human Rights Advocacy Centre during a legislative theatre performance.

Results suggest a decline in levels of trust in the police and other authorities. 86% said that they do not feel supported by authorities in their community (a percentage point slight increase from 80% at the baseline); 57% said that they do not feel the police are there for their safety (a 13 percentage point decline from the baseline). The Peace and Love Club declined to perform their Legislative Theatre piece at the Old Fadama Police Station, stating that they did not feel comfortable doing so; however, the group plans to perform at another police station.

Whilst there was an increase to 100% of participants agreeing that everyone has the right to report gender or sexual violence, 86% of participants who said that they would report a case of violence from a client or boyfriend to the police (a 14 percentage point decline from the baseline). There have been no instances of participants reporting violence to the police during the course of the project. In an interview with the Chief Inspector of the Old Fadama police station, researchers were informed that there has been a decline in the number of reports made by sex workers over the past six months. There is no data available to verify this claim, nor to explain it.

Table 4: Baseline and Interim Impact Assessment survey results: Knowledge of rights and legal frameworks

	Interim Assessment		Baseline	
	True/ Yes	False/No	True/ Yes	False/No
3.0 Do you feel supported by some authorities in your community?	1 14%	6 86%	2 20%	8 80%
3.1 Do you feel the police are there for your safety?	3 43%	4 57%	3 30%	7 70%
3.2 A man over 16 years having sex with a girl under 16 years is illegal	6 86%	1 14%	7 70%	3 30%
3.3 Everyone has the right to report gender or sexual violence	7 100%	0 0	9 90%	1 10%

3.4 It is ok for a man to beat a woman who is a sex worker	1 14%	6 86%	3 30%	7 70%
3.5 Sex workers have no rights because sex work is illegal	1 14%	6 86%	4 40%	6 60%
3.6 Women have the right to say no to unwanted sex	4 57%	3 43%	9 90%	1 10%
3.7 If I get beaten up by a client or boyfriend, I would report it to the police	6 86%	1 14%	10 100%	0 0
3.8 It is illegal for a man to rape a woman in sex work	7 100%	0 0	9 90%	1 10%
3.9 Women in sex work do not have the right to say no to sex without a condom	1 14%	6 86%	0 0	10 10%
4.0 In law, women are not equal to men	1 14%	6 86%	7 70%	3 30%
4.1 Women in sex work are worth less than other women	0 0	7 100%	3 30%	7 70%

6.7: Personal and Social Behaviours

Violence When asked about what changes they have seen in each others' behaviour over the course of the project, five of eight participants noted a decline in levels of aggression or violent behaviour. Some participants' observations about others' changed behaviour during a pair exercise illustrate this decline:

'[She] used to like fighting but has changed'

'[She] liked fighting when she used to sell banku, but now she is calm'

'[She] had a quick temper and was aggressive but now has reduced'

'[She] used to get involved in other people's fights and drink alcohol but now has changed'

Two RNPPs or guardians commented during interviews that they had noticed positive changes in behaviour: one RNPP commented that his partner's behaviour had changed from 'attacking' to more 'expressive'. Facilitators also stated that there had been a decline in the amount of arguments and physical violence occurring during workshops: in June 2013 there had been none for several months, a dramatic change from the weekly cases.

Participation Facilitators and participants observed that there had been significant change in levels and kinds of participation. Three participants regularly take on roles facilitating games and exercises during workshops. One participant is taking a lead role in planning and delivering professional skills training, as part of the economic empowerment strand of the project. Results of an exercise to explore group dynamics, in which participants were asked to position themselves relative to each other and to an object which symbolised the centre of the group, revealed that participants feel a strong sense of involvement, trust and attachment to the group, but rely very much on one facilitator for leadership. As one facilitator commented, 'The platform of the workshop setting gives them the opportunity for working together.'

Observation revealed that group members are open and honest with each other, something which facilitators has changed with members getting to know each other better and starting to 'look out for each other'. During discussion of what has changed during the project, participants commented that one group member in particular has learned to take feedback better, and another to offer criticism more constructively.

Confidence Whilst there has been no change in participants' levels of confidence and comfort in disclosing their work to police or health care workers (see section 6.5 above), facilitators and participants observed that personal confidence as a whole has increased across the group. This was evidenced in legislative theatre performances. Facilitators noted that group members were now able to speak out, loudly, to the audience, unlike previously. The following responses to questions about involvement in legislative theatre rehearsals and performances demonstrate changes in confidence levels:

'I can now act in front of people without feeling shy'

'I am very happy to have been able to stand in front of people to perform'

'I am beginning to get more involved in things that are being done at the workshop and am now confident'

Independence and self-organisation For the first few months of the project, facilitators had to meet participants in Old Fadama and travel with them to the Jamestown Community Theatre each week for the behaviour change workshops. Early in 2013 facilitators organised the group into pairs and the group elected one member to take responsibility for organising the participants to attend workshops, with facilitators visiting the community the previous day to mobilise the group. Since May 2013 the group have come to Jamestown independently, with no need for facilitators to mobilize; this was identified by facilitators as one of the most significant changes that had occurred since September 2012. Some participants demonstrated increased senses of initiative: one had recruited other sex workers from Old Fadama interested in working with TfaC of her own accord; another had requested to borrow a model penis in order to demonstrate correct condom use to women in her community.

Trust Results from group discussion and interviews suggest that there have been some changes in participants' abilities to trust others, something which facilitators and staff have identified as an important factor affecting their working relationships as well as participants' abilities to access health services and legal services. Observation of workshops over a two-month period revealed that participants have high levels of trust for the facilitators. With the beginning of the economic empowerment strand of the project, several group members reported feeling more trust and assurance in the project as a whole, and in TfaC as an organisation. As reported above in section 6.6, there are still low levels of trust in police and other authorities and in health care workers, which presents a barrier to accessing justice and appropriate health services.

7: Discussion

Sexual and Reproductive Health

Participants' vulnerability to HIV, STIs and violence has reduced somewhat with their exit from sex work and reduction in the number of sexual partners. One facilitator linked this reduction in the number of sexual partners to the knowledge and skills gained through behaviour change workshops: 'They can now do their own risk assessment.' Whilst knowledge around HIV transmission and prevention has largely improved, there has not been any significant change in sexual and reproductive health behaviours. Results from the interactive continuum exercise indicated some belief in popular myths regarding HIV. Participants remain at high risk of STI and HIV infection, and none said that they know their current HIV status. This is despite five having completed HIV tests in the previous three months, something which itself may reveal incomplete knowledge about the procedure or ineffective accessing health services¹¹. Knowledge about the importance of consistent condom use has improved; however, there has been no corresponding behaviour change: love and trust within relationships with RNPPs prevent participants using condoms with RNPPs (consistent with the low national rate of 20.2% of FSWs reporting consistent condom use with RNPPs¹²). This is a significant risk factor as the HIV prevalence rate among RNPPs across Ghana is 22.2%, RNPPs are known to often have multiple sexual partners, and none of the Peace and Love Club members' RNPPs knew his HIV status.

Two RNPPs and guardians interviewed reported that their partner had recently discussed her involvement in the Peace and Love Club, including specific sexual and reproductive health topics, with him. This indicates the potential for the project to affect the behaviour of RNPPs, which was demonstrated when one RNPP telephoned a project facilitator to seek advice when a conflict arose between himself and his partner.

During the course of the project, participants' attitudes and behaviour regarding accessing appropriate medical services changed, from reluctance at first and preference for visiting a pharmacy or traditional healer, to seeking medical advice with the assistance of TfaC staff, to independently visiting the hospital or clinic. This was a result of education, financial empowerment and increased feelings of self worth. In June 2013 TfaC assisted participants in obtaining national health cards which entitle them to free health services, and two participants had already used these within a month, demonstrating that they had started to prioritise their health. Cultural and religious beliefs and practices remain a challenge, with participants still reporting visiting traditional healers with medical complaints. Persistent reluctance to disclose their work to health professional remains a barrier to accessing complete and appropriate treatment. The closure of the hospital in Old Fadama is an environmental factor which limits participants' access and demands that they have sufficient money to travel outside the community to access health services.

Alcohol and substance use

Participants' vulnerability to HIV, STIs and violence as a consequence of alcohol and substance use reduced since September 2012. The support structure of the Peace and Love Club proved to be an important factor promoting behaviour change in this area, as participants kept each other accountable and witnessed fluctuations in each other's' consumption levels and patterns. The significant

¹¹ The current shortage of HIV testing kits in Ghana has led to reports of people being refused tests and incorrect testing occurring.

¹² Ghana Aids Commission, 'Ghana Country Aids Report January 2010-December 2011'. Ghana AIDS Commission: 2012.

improvement in awareness about the effects of alcohol and marijuana upon a baby led two participants who attended ante natal classes during the research period to subsequently reduce their consumption levels. Several participants reported that they would like to stop alcohol and marijuana use as a consequence of learning more about potential harm

Despite these positive changes, one participant's levels of drinking reportedly increased since September 2012, impinging negatively on her participation in the Peace and Love Club to the extent that she ceased her involvement in the group in June 2013. This unfortunately accords with studies which show widespread abuse of alcohol among FSWs¹³. The case highlights the need for Peace and Love members to be referred to harm reduction services as a matter of urgency in order to sustain and further current efforts to reduce alcohol and marijuana use. It also indicates that the topic should be a priority in future programming with FSWs in Old Fadama.

There appears to have been a change in the relationships between alcohol use and sex (including sex work), with 30% agreeing that 'Alcohol improves sex'. Whilst there was a 50 percentage point decrease in responses to 'Drinking alcohol means you are less likely to get pregnant', the 20% who believed alcohol to have contraceptive properties is concerning as it suggests that respondents may regularly drink before intercourse (with clients or RNPPs), exposing them to increased risk of HIV/STI infection and violence (due, for example, to a reduced ability to negotiate condom use or communicate effectively).

Violence

Levels of violence experienced by participants from clients or RNPPs were not captured during the course of the project, and it has proven difficult for staff to overcome barriers such as embarrassment, fear and distrust, which may prevent participants reporting cases of violence to them. However, that two participants left violent relationships and reported this to the group and to staff demonstrates the supportive role that the Peace and Love Club plays and indicates the importance of increased confidence, self-awareness and knowledge of rights in empowering individuals to exit such relationships. Levels of violence in the form of felt stigma had not changed: fear of stigma and discrimination prevent participants revealing the nature of their work to community members, relevant authorities or health care providers. This poses a significant barrier to realising rights, accessing justice and appropriate health services. However, the group's interaction with media and performances to community members demonstrate increased levels of confidence in telling their stories and declaring their work to strangers (also indicated by the 13 percentage point increase in respondents who said that they felt comfortable telling community members that they are sex workers); such confidence also suggests opportunities to begin combating stigma within Old Fadama.

No participant reported a case of violence to the police during the course of the project, and only 86% said that they would do so. The lack of trust in the police which was found remains a significant barrier to accessing legal support, and the decline in numbers of participants who said that they would report a case of violence from a client or RNPP to the police suggests that any cycle of violence is likely to persist. This is despite all respondents recognising that everyone has the right to report gender based violence, demonstrating a gap between knowledge and behaviour. Distrust of the police has been partly

¹³C.f. Langat L.C., Karanja G., Muraga R., 'Assessment of alcohol use among female sex workers in western Kenya,' 19th International AIDS Conference: Abstract no. WEPE293. Accessed 15 February 2013 at <http://www.iasociety.org/Abstracts/A200744671.aspx> and Chersich, M.F., Luchters, S., Ntaganira, I., Gerbase, A., Lo, Y., Scorgie, F. and Steen, R., 'Priority interventions to reduce HIV transmission in sex work settings in sub-Saharan Africa and delivery of these services,' 2013. *Journal of the International AIDS Society* 16 (1): 17980, Table 4.

addressed by TfaC building a relationship with police at Old Fadama. Group members and their link to TfaC are now well known to police in the area and the organisation is able to act as a mediator to some extent, providing an important support to the women and paving the way for trust building. The group's plan to perform at a police station outside Old Fadama suggests that their distrust of police may be localised to some extent within the Old Fadama community. It also indicates that there is an increased willingness to engage with the police and that legislative theatre performances offer a comfortable mode for participants to do so.

Knowledge of rights and legal frameworks

Whilst knowledge of rights and legal rights and frameworks has increased overall, there remain some significant gaps which indicate vulnerability to violence, HIV and STIs. Of particular concern were the decline in numbers of respondents agreeing that women have the right to say no to unwanted sex and disagreeing that women in sex work do not have the right to say no to sex without a condom. That not all participants recognised their possession of rights regardless of being sex workers shows that rights messages have not reached all participants sufficiently, and that gaps between knowledge of rights and associated behaviour remain a challenge for the group. Encouragingly, the group demonstrated interest in learning more about their rights and legal mechanisms. The increase in feelings of self-worth, indicated by responses to the statement 'Women in sex work are worth less than other women' provides an important basis for any work on rights and legal frameworks.

Personal and social behaviours Research found that the domain of personal and social behaviour witnessed the most significant changes of those domains assessed. A decline in violent and aggressive behaviours among participants, and the development of cooperative, discursive behaviours means that they are able to practice improved negotiation, assert themselves without violence and have basis for building relationships which promote wellbeing. The closeness among group members provides a support network which has proven key to promoting and sustaining behaviour change for individuals.

Participants' increased independence, organisation and participation demonstrate an increased commitment to the project, which has been strengthened by the development of the economic empowerment intervention in response to the group's needs and wishes. These behaviours ensure greater sustainability for the project as resources can be concentrated where needed and participants can take a greater role in setting priorities for the project. As one facilitator noted, '[the participants] are starting to own the process'. The increased sense of initiative that some participants demonstrated, as well as increased comfort and confidence in assuming leadership roles indicate potential for TfaC to train some members of the Peace and Love Club as facilitators, and thereby reach a greater number of FSWs in Old Fadama. These behaviours are also essential to developing advocacy work through the legislative theatre intervention.

8: Recommendations

Research for the interim impact assessment prompted the following recommendations for future programming of the TfaC Peace and Love Club project:

- Knowledge and behaviours around HIV testing and prevention require strengthening, and ensuring regular HTC among all participants is a priority. The reach of the project must extend to RNPPs and there must be an emphasis on practicing safe sex within relationships as well as with clients.
- Research indicates that participants require support in accessing appropriate harm reduction services to help sustain current efforts to reduce consumption.
- This report highlights the project's potential for community impact. This has started happening organically: RNPPs and family members reported that they discuss the project with their partner or family member; one participant recruited other FSWs from Old Fadama who may be potential new participants; another participant has begun giving correct condom application demonstrations in the community. Facilitation training, outreach, and monitoring within the community would support these initiatives.
- Research found a need for greater and more regular documentation of activities and impact. Observation and interviews revealed that significant changes and developments in relevant areas of participants' lives were not routinely documented by TfaC. This limits the ability to learn about and improve the project to maximise impact.
- Research showed that there is a need to strengthen monitoring of legislative theatre advocacy performances. It would be beneficial to capture qualitative as well as quantitative data in order to deepen understanding of the impact of performances upon audiences; it will require a longitudinal study to measure and understand the impact of this programme intervention.
- It was observed during planning meetings that there is a need for greater strategy within the legislative theatre intervention in order to meet advocacy aims and reach relevant audiences.

9: Conclusion

This assessment has found that members of the Peace and Love Club have experienced significant changes in their personal and social behaviour which equip them with the tools to reduce their vulnerability to violence, improve their SRH and advocate for their rights within their community. The support structure of the group was found to be an important factor in improving participants' access to appropriate health services. There remain significant challenges in the areas of SRH knowledge and behaviour; participants' relationships with police; and experiences of felt stigma within the community. Participants' testimonies that they have exited sex work indicate the need for an increased emphasis upon safe sex within relationships and for efforts to support the women to pursue alternative livelihoods. Financial status is key to enabling the participants to practice better sexual and reproductive health.

Bibliography

Amenyah, R. (MBChB, MPH), Director of Technical Services, Ghana AIDS Commission, 'Reducing sexual transmission of HIV: Progress made so far in the MARP Interventions in Ghana'. Presented at the Ghana Aids Commission 10th Anniversary Conference 15/11/2012.

Ghana AIDS Commission, 'Ghana Country AIDS Progress Report January 2010 - December 2011.' Ghana AIDS Commission: 2012.

National AIDS/ STI Control Programme, '2008 HIV Sentinel Survey Report.' Ghana Health Service, Ministry of Health: 2012.

Integrated Biological and Behavioural Surveillance Survey (IBBSS)

International Organisation for Migration, 'Emerging Good Practices in Migration and HIV Programming in Southern Africa.' IOM: 2011.

Lorroway, N., 'Situational Analysis of the Lives of Female Sex Workers from Old Fadama, Accra, Ghana'. Theatre for a Change: December 2012.

Simister, R., 'Baseline Report for the Peace and Love Club Project.' Theatre for a Change: February 2013.

Appendix: Interim Impact Assessment Survey and Baseline Survey Results

	Interim Assessment		Baseline	
	True/Yes	False/No	True/Yes	False/No
1.1 A person can reduce their risk of getting HIV by using a condom every time they have sex	7 100%	0 0	7 70%	3 30%
1.2 A person can get HIV through witchcraft	0 0	7 100%	4 40%	6 86%
1.3 All people with HIV look sick	4 57%	3 43%	5 50%	5 50%
1.4 You can get HIV from a mosquito bite	0 0	7 100%	5 50%	5 50%
1.5 The risk of HIV transmissions can be reduced by having sex with only one uninfected partner	6 86%	1 43%	10 100%	0 0
1.6 Having a sexually transmitted infection increases your likelihood of getting infected by HIV	5 57%	2 29%	8 80%	2 20%
1.7 If you get tested for HIV, everyone will find out your status	0 0	7 100%	1 10%	9 90%
1.8 Some medical drugs will prolong the life of an HIV positive person	7 100%	0 0	8 80%	2 20%
1.9 You are safe if you cut your skin with a knife used by someone else who cut themselves	2 29%	5 0	2 20%	8 80%
2.0 The risk of HIV increases if you have many sexual partners	7 100%	0 0	10 100%	0 0
2.1 Some medical drugs can prevent the transmission of HIV from mother to child	7 100%	0 0	2 20%	8 80%
2.2 Smoking increases your chances of getting lung cancer	6 86%	1 14%	9 90%	1 10%
2.3 Drinking alcohol means you are less likely to get pregnant	2 29%	5 71%	7 70%	3 30%
2.4 Alcohol improves sex	3 43%	4 57%	6 60%	4 40%
2.5 Smoking or drinking alcohol whilst you are pregnant does not affect your unborn child	3 43%	4 57%	4 40%	6 60%
2.6 HIV can be transmitted by talking about it	0 0	7 100%	9 90%	1 10%
2.7 Do you feel comfortable telling people in your community that you are a woman in sex work?	3 43%	4 57%	3 30%	7 70%
2.8 Do you feel comfortable telling a health-care worker that you are a sex worker?	2 29%	5 71%	6 60%	4 40%
2.9 Do you feel comfortable telling the police that you are a woman in sex work?	1 14%	6 86%	2 20%	8 80%
3.0 Do you feel supported by some authorities	1	6	2	8

in your community?	14%	86%	20%	80%
3.1 Do you feel the police are there for your safety?	3 43%	4 57%	3 30%	7 70%
3.2 A man over 16 years having sex with a girl under 16 years is illegal	6 86%	1 14%	7 70%	3 30%
3.3 Everyone has the right to report gender or sexual violence	7 100%	0 0	9 90%	1 10%
3.4 It is ok for a man to beat a woman who is a sex worker	1 14%	6 86%	3 30%	7 70%
3.5 Sex workers have no rights because sex work is illegal	1 14%	6 86%	4 40%	6 60%
3.6 Women have the right to say no to unwanted sex	4 57%	3 43%	9 90%	1 10%
3.7 If I get beaten up by a client or boyfriend, I would report it to the police	6 86%	1 14%	10 10%	0 0
3.8 It is illegal for a man to rape a woman in sex work	7 100%	0 0	9 90%	1 10%
3.9 Women in sex work do not have the right to say no to sex without a condom	1 14%	6 86%	0 0	10 10%
4.0 In law, women are not equal to men	1 14%	6 86%	7 70%	3 30%
4.1 Women in sex work are worth less than other women	0 0	7 100%	3 30%	7 70%