



Sex Workers' Network, Accra, Endline Report

May 2016



A Theatre for a Change New Partnerships Project

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Executive Summary

Background

In August 2016, 20 female sex workers from Old Fadama and Jamestown in Accra were invited to join eight months of workshops focused on improving their sexual and reproductive health and their sexual and gender rights, and their economic independence. All participants were women between 18 – 25 years old whose main income source came from transactional sex work. The project also employed six community facilitators, all current or former sex workers, who were trained to facilitate the workshops.

Impact

All project participants took part in a participatory baseline and endline study. In addition the project used qualitative reflection from project participants and facilitators to deepen the understanding of the change process.

Over the course of the eight months it is clear that the project made a positive impact on participants' behaviours through:

- Improved contraception use
- Improved knowledge of participants around HIV and sexually transmitted infections (STIs)
- Improved numbers of participants testing for HIV and STIs
- Improved confidence of participants when negotiating for condom use with clients and non-paying partners
- Improved ability to save money

Study limitations

The study results are limited by three participants being replaced shortly after baseline, and its reliance on some reported behaviours; reducing the accuracy of data comparison. There is more work needed to be able to understand the motivations behind change, and thus project attribution.

Learning

Whilst progress has been made, there is still a need to further on areas of behavioural change, particularly in deepening confidence around relationships with non-paying partners. The workshop programme was limited in its focus on rights, reducing the potential for participant-led advocacy. There is a need for increased clarity about the role of the project and its participants in the formation of a sustainable Network for women in sex work.

Full Report

Background

Over the last eight months the Network Project has been working closely with a group of 20 women who are currently engaged in transactional sex work. The women split into two groups, one made up of ten women based in the Jamestown area of Accra; the other made up of ten women based in the Old Fadama slum in Accra. The two groups joined together for certain project activities, including baseline and endline surveys, and HIV testing.

Over the course of eight months each group met together twelve times. Each meeting took place at Jamestown Community Centre. In addition to the meetings the groups took part in savings group training and supporting advocacy performances, created by former participants, in their communities. The group also met twice to take part in HIV testing and counselling.

The meetings

Each meeting was split into two parts; savings business and behaviour change. The savings section focuses on building a group savings account which can then be used to provide capital for its members, with an agreed loan repayment plan. The behaviour change workshops looked at a range of issues highlighted by the women. Each behaviour change workshop was led by three facilitators, themselves former sex workers, and supervised by the Project Officer. The workshops were designed to balance sharing of correct information with an exploration of attitudes around each topic, and the development of practical skills to reduce risk. The workshops used a range of participatory approaches including role plays, mapping and body sculpture to engage the women in a deeper understanding of their sexual and reproductive health needs and to develop practical solutions to addressing these needs. Over the course of the workshops topics included, family planning, condom negotiation, HIV, sexually transmitted infections (STIs), right to health care, self-confidence and assertiveness. Workshop attendance, at 95%, was particularly impressive bearing in mind the difficult lives of participants.

Challenges faced by participants

During the project several of the women in the Old Fadama group were living in tents due to the recent demolition of their homes; others were staying with friends. The instability caused by the politically motivated slum clearance situation in Old Fadama is stressful and damaging to the health of participants and their children.

Over the course of the workshops many of the women revealed the challenges they face. They recounted experiences of being sexually abused as children, sexual and physical abuse from clients and partners, feelings of helplessness, painful untreated sexually transmitted infections, illegal abortions, bereavement and stigmatisation.

What we wanted to achieve

The aim of the project was the establishment of two support groups that providing economic empowerment and health education to their participants. These support groups were intended to form the foundation of a Sex Workers' Network, providing longer term care, support and solidarity for women in sex work in Accra. The aim was underpinned by three main outcomes that we sought to achieve.

Outcome One: By March 2016 20 participants who have joined the Network are able to collectively save their money improving their self-esteem, independence and dignity.

Outcome Two: By March 2016 20 participants have improved knowledge of their human rights, with a particular focus on their gender and health rights, and have the self-esteem to access the health services they require.

Outcome Three: Between Jan and March 2016, participants have the self-confidence to tell their stories and advocate for their human rights, increasing the respect they have from their communities.

The endline

In order to check the assumptions of our outcomes and aim, and to understand the prioritisation and nuances of our activities we devised a baseline that took place with participants in August 2015 in the Jamestown Community Centre. In April 2016 participants took part in an endline that used the same activities and approaches as in the baseline to test project impact.

The endline was facilitated by Project Officer, Susana Dartey and supported by six project facilitators.

The endline was taken by 20 identified project participants. All the participants were female and their ages ranged from 18 - 25. 17 out of the 20 participants took part in the baseline. Three participants dropped out of the project shortly after the baseline and were replaced by new participants who then took part in the full programme. Whilst new participants were selected on agreed vulnerability criteria (Annex 1) and self-identified as being engaged in transaction sex, it is unlikely that the new participants would have shared an identical response to the baseline. This limitation must be recognised during this analysis.

The endline was conducted in English, Ga and Twi. Participants were not required to read or write during the baseline.

All endline activities were active and participatory, using body and space, as well as voice to help us build a holistic understanding of the participants' needs.

The baseline and endline were designed to test change against outcomes one and two. Outcome three was planned to be tested separately through qualitative interviews with performers and audience members following interactive theatre performances in the Jamestown and Old Fadama communities, a summary of this activity is captured in Annex 2.

The endline results

1. Sexual and Reproductive Health knowledge, attitudes and practice

a) Knowledge and reported use of contraception

Approach

Facilitators led an open discussion with participants to elicit the different forms of contraceptives that they knew.

Participants then indicated the different contraceptive methods that they have used in the last month.

Results score card

Contraceptive method	Number of participants who say they use this in the last month BASELINE	Number of participants who say they use this in the last month ENDLINE	Change
None	2 (10%)	0	- 2
Female condom	4 (20%)	6 (30%)	+ 2
Male condom	9 (45%)	15 (75%)	+ 6
Contraceptive implant	6 (30%)	4 (20%)	- 2
Contraceptive injection	2 (10%)	4 (20%)	+ 2



Coil	0	0	No change
Contraceptive pill	3 (15%)	6 (30%)	+ 3
Diaphragm / Cap	0	0	No change
Natural family planning / calendar method	1 (5%)	1 (5%)	No change
Abstinence	0	0	No change
Female sterilisation	0	0	No change
Local preparation	3 (15%)	0	- 3
Emergency contraception	2 (10%)	0	- 2
Post-menopausal	0	0	No change
Other	5 say they 'use alcohol' (25%)	0	- 5

Summary of results

Overall use of contraceptives has improved. The most significant change is the use of male condom, rising from 45% of the women to 75%. Male and female condoms are the safest form of contraception for this target group, protecting participants from pregnancy and STIs / HIV; so the increase in both male and female condom use is positive.

There has been a small decrease in the use of contraceptive implants and an increase in contraceptive injections. This may be as a result of availability. The project is now working in partnership with Willows Foundation who offer family planning services, so further research is needed to understand their influence on the choices of option available for the women. The implant offers longer term contraceptive protection which reduces reliance on health services and for some participants may be a safer choice.

The numbers of women using a contraceptive pill has increased from three to six. Again this may be due to better availability of services. Whilst the contraceptive pill provides protection against pregnancy it is important for facilitators to emphasize, as with the implant and injection, that the pill should be used in conjunction with condoms in order to provide

full protection. There is also a potential risk for participants, many of which live in temporary housing and have differing daily schedules, that the pill is being taken daily and at the same time.

One participant continues to rely on the calendar method which is an unsafe form of contraception. Future workshops need to ensure this is addressed.

In the baseline two women were using emergency contraception. In the endline no women were using emergency contraception. Whilst it is important that participants are aware of the option of emergency contraception it should not be a regular form of contraception and so this change is positive.

In the baseline eight women (54%) were using local preparation (herbs) and alcohol as contraceptive, neither of which provide protection. In the baseline no women said she used alcohol or herbs as a form of contraception in the last month.

Project learning

There has been significant focus on knowledge and use of contraceptives in the workshops, both in relation to STIs and HIV and pregnancy. It is clear that progress has been made. This may in part be as a result of increased access to services for participants.

Whilst it is encouraging to see an increase in condom use, more information is needed to understand how many women use a condom (male or female) every time they have sex. During the project participants expressed their dislike of using female condoms. It is however, important for the facilitators to continue exploring with participants whether female condoms can provide an alternative when male condoms are not the contraceptive of choice – this is particularly relevant when participants are having sex with their boyfriend, as female condoms can be used more discreetly by participants. This group is at high risk of contracting HIV and STIs and so the use of condoms in every sexual encounter must continue to be a fundamental aim of workshops moving forwards.

As increased family planning options becoming available for participants through partnerships with health providers, it is worth exploring whether facilitators feel comfortable explaining the differences between different options and advising women accordingly.

b) Knowledge and attitudes towards HIV and STIs

Two exercises were used to assess knowledge and attitudes.

Approach



The participants formed a circle with their backs to each other. They were asked to close their eyes. The facilitator read out a statement and participants were asked to step forwards if they believed the statement to be true.

Results score card

Statements	Number of participants who think this is true BASELINE	Number of participants who think this is true ENDLINE	Number of participants who think this is false BASELINE	Number of participants who think this is true ENDLINE	Change in % of correct answers
A person can get HIV through witchcraft. CORRECT ANSWER IS FALSE	10 (50%)	1 (5%)	10 (50%)	19 (95%)	50% - 95% + 45%
All people who have HIV look sick. CORRECT ANSWER IS FALSE	6 (30%)	1 (5%)	14 (70%)	19 (95%)	70% - 95% + 25%
If you don't take drugs then HIV can kill you. CORRECT ANSWER IS TRUE	17 (85%)	20 (100%)	3 (15%)	0 (0%)	85% - 100% + 15%
Some medical drugs can prevent the transmission of HIV from mother to child. CORRECT ANSWER IS TRUE	17 (85%)	16 (80%)	3 (15%)	4 (20%)	85% - 80% - 5%
Condoms do not prevent you from getting HIV and STIs. CORRECT ANSWER IS FALSE	6 (30%)	0 (0%)	14 (70%)	20 (100%)	70% - 100% + 30%

Some STIs mean you will never be able to have children. CORRECT ANSWER IS TRUE	5 (25%)	19 (95%)	15 (75%)	1 (5%)	25% - 95% + 70%
If you wash after sex you won't get HIV or STIs. CORRECT ANSWER IS FALSE	7 (35%)	0 (100%)	13 (65%)	20 (100%)	65% - 100% + 35%

Summary of results

Knowledge of HIV and STIs has improved. The biggest gain is the number of participants who understand that some STIs cause infertility, rising from 25% to 95%. Many of the participants care deeply about their ability to have children so this knowledge may have a positive impact on participants' desire to protect themselves.

On the other hand there was a decrease in understanding around mother to child transmission of HIV, from 85% answering correctly in baseline to 80% in endline; suggesting further clarification of this area is needed.

Previously situational analyses combined with qualitative research with participants and stakeholders in Old Fadama and Jamestown show high levels of stigma around HIV. The endline suggests that some of the myths around HIV in regard to witchcraft, its impact on your physical appearance and its prognosis have been debunked, with 95% of participants now sharing correct information.

The endline shows there is increased knowledge around the role of condoms, with 100% of participants knowing they protect against HIV and STIs (30% increase), and 100% of participants knowing that washing alone will not prevent HIV and STIs (35% increase).

Project learning

The workshops seem to have made a significant impact on knowledge around HIV and STIs. There is following up work needed to clarify issues of mother to child transmission of HIV. The improved knowledge provides a strong building block for behavioural change, however, it is important to remember that knowledge in itself rarely changes long held attitudes and or behaviours.

Approach

Participants were asked to find a quiet space in the room and handed four slips of paper. The facilitator asked them the four questions and for each they indicated whether their answer was Yes / No / Don't know. Participants then folded their slips of paper and handed them in. The exercise was devised to prevent unwanted disclosure and maintain privacy. However, even within these conditions our expectation was that some participants would find these questions challenging and might prefer to not answer or to not reveal the truth.

Results score card

Question number	Yes BASELINE	Yes ENDLINE	No BASELINE	No ENDLINE	Don't know BASELINE	Don't know ENDLINE	Change
1 (Have you taken an HIV test in the last six months?)	11 (55%)	20 (100%)	7 (35%)	0 (0%)	2 (10%)	0 (0%)	55% - 100% + 45% increase in HIV testing
2 (Would you tell someone if were HIV positive?)	8 (40%)	16 (80%)	11 (55%)	3 (15%)	1 (5%)	1 (5%)	40% - 80% + 40% increase in disclosure
3 (Are you HIV positive?)	1 (5%)	0 (0%)	12 (60%)	20 (100%)	7 (35%)	0 (0%)	65% - 100% + 45% knowledge of status
4 (Have you taken an STI test in the last six months?)	10 (50%)	18 (90%)	3 (15%)	1 (5%)	7 (35%)	2 (10%)	50% - 90% + 40% increase in STI testing

Summary of results

These results were given privately by each participant. The biggest discrepancy is that whereas one participant said they were HIV positive at baseline, no participants at endline

said they were positive. The most likely explanation for this is that one of the three original participants who dropped out of the project was positive. All participants have tested during the project and all have disclosed to the Project Officer as negative. However, it may be that a participant feels the need to hide their status. In 2011 average HIV prevalence nationally in sex workers was 11.1% which should equate to two women in the project. Bearing in mind national HIV prevalence results are often low due to their reliance on accurate and wide spread testing, and that Accra has higher than average prevalence, we would expect the number of women who are HIV positive to be higher.

The endline shows an increase in testing of 45% for HIV and 40% for STI. 80% of participants say they would disclose their status, an increase of 40%.

Project learning

HIV and STI testing are known as key drivers of reduced risk behaviours. As such the project has shown great progress in ensuring all participants have been tested for HIV twice during the eight months and that 90% have been tested for STIs. It would be useful to explore why two women tested for HIV and not STIs and what the project can do in the future to ensure HIV and STI testing happens at the same time and reaches all participants. Feedback from the project suggests that testing was made easier by having it at the workshops, led by a health professional known and trusted by the women, and arranged so that all participants, facilitators and staff tested at the same time. The success of this strategy suggests it should be employed in the future.

The increase in the numbers of participants who feel comfortable disclosing their status is positive. However, this refers to a group all of whom have disclosed as negative. It would be interesting to explore whether the facilitator team felt the participants would feel the same if more were positive. It is also important for facilitators to ensure the women continue to engage in regular, three monthly testing.

If, as is the most likely assumption, a participant with HIV chose to disengage with the project post baseline, it would be interesting to consider whether the activities of the baseline, or the proposed activities of the project, influenced this decision. It would be useful to consider whether, in the future, the project could provide additional support for HIV positive participants from the onset to help them engage in the work; whilst at the same time respected desire for anonymity and non-disclosure.

c) Attitudes and skills to negotiate condom use

Approach

Participants worked in pairs. They were asked to sculpt their partners' body to represent how they feel when they are asking their clients to use condoms. The person being sculpted then froze. The sculptee was then asked to score their image of self-confidence. The facilitator then scored their image of self-confidence. The exercise was repeated so that each participant had the opportunity to model the image of how they feel.

Results score card

Participant number	Participants' score	Participants' score	Facilitator's score	Facilitator's score
	1 = No confidence 5 = Very confident BASELINE	1 = No confidence 5 = Very confident ENDLINE	1 = No confidence 5 = Very confident BASELINE	1 = No confidence 5 = Very confident ENDLINE
1	1	3	1	4
2	3	4	4	5
3	4	4	5	5
4	2	3	3	4
5	5	2	5	4
6	4	4	5	3
7	5	3	5	4
8	4	4	3	4
9	5	5	4	5
10	5	1	5	2
11	5	4	5	5
12	2	4	4	5



13	4	3	1	4
14	2	5	5	5
15	3	4	1	5
16	1	4	3	4
17	1	5	2	5
18	3	5	4	5
19	5	5	5	5
20	4	3	5	3
TOTAL	68 (average 3.4) BASELINE	75 (average 3.75) ENDLINE	75 (average 3.75) BASELINE	86 (average 4.3) BASELINE
TOTAL	Average BASELINE score (participant and facilitator scores) = 3.56		Average ENDLINE score (participant and facilitator scores) = 4.03	

Summary of results

All participants took part in the endline, however, participants were not allocated the same participant number as in baseline so comparison by participant number alone are unhelpful. Impact can however be seen through a comparison of the total and average scores of the group.

Again, as with baseline there is a difference between the facilitator score and the participants' own score. This suggests there is a gap between the participants' own perception of their confidence and what they demonstrate with their bodies. The gap suggests that participants tend to present, in both baseline and endline, a more confident body image than they might feel.

The endline suggests that confidence across the group has increased, with an increase from an average score of 3.56 to an average score of 4.03. This score is weighted evenly between self-perception by participants, and perceived perception by the facilitator.

Participants have the self-confidence to negotiate a condom use with non-paying partners

Approach

As previous exercise

Results score card

Participant number	Participants' score	Participants' score	Facilitator's score	Facilitator's score
	1 = No confidence 5 = Very confident BASELINE	1 = No confidence 5 = Very confident ENDLINE	1 = No confidence 5 = Very confident BASELINE	1 = No confidence 5 = Very confident ENDLINE
1	2	3	1	3
2	3	2	1	3
3	4	3	1	3
4	1	2	1	2
5	3	2	1	3
6	5	2	3	3
7	5	3	3	3
8	4	1	2	1
9	3	2	1	2
10	1	1	1	1
11	2	4	1	5
12	3	3	2	3
13	1	3	1	4

14	4	3	1	4
15	3	4	1	4
16	4	3	2	4
17	3	3	4	3
18	2	4	1	4
19	5	3	4	4
20	4	4	2	4
TOTAL	62 (average 3.1) BASELINE	55 (average 2.75) ENDLINE	34 (average 1.7) BASELINE	63 (average 3.15) ENDLINE
TOTAL	Average BASELINE score (participant and facilitator scores) = 2.4		Average ENDLINE score (participant and facilitator scores) = 2.95	

Summary of results

Again it is useful only to consider the comparison between the overall group score and average between baseline and endline rather than individual participant numbers.

There remains a gap between participant perception and facilitator perception of confidence. There has been a notable improvement, from 1.7 to 3.15 in the facilitator's perception of the group's confidence and an overall increase in confidence from 2.4 to 2.95. Confidence with non-paying partners remains significant lower than with paying clients. This is in line with experience of sex workers from across the globe.¹

Project learning

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<http://strive.lshtm.ac.uk/sites/strive.lshtm.ac.uk/files/Understanding%20the%20relationship%20between%20sex%20workers%20and%20their%20intimate%20partners.pdf>
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2966672/>

Whilst it is clear that there have been improvements in confidence with both paying and non-paying partners there is still the need for further work, particularly around raising confidence of participants when negotiating condom use with non-paying partners. The facilitator noted a pattern of participants displaying increased body language with non-paying partners that suggested their belief that they needed to 'beg' for condom use, an attitude which reveals a lack of confidence and increases their vulnerability to poor sexual and reproductive health. This is clearly a deeply held attitude and gendered power dynamic which needs to be further explored and supported to result in long-term behavioural change. This work may benefit from participants' having a deeper understanding of their right to choose how and when they are going to have sex.

2. Access to services

Approach

During the baseline participants were asked to think about the different kinds of challenges they had experienced accessing health care. They then create short improvisations in which they showed these situations, before trying different physical and behavioural solutions to try and influence the situation for the better. The results were recorded using a mobile phone.

Project learning

Over the course of the project deeper exploration of access challenges revealed that the major barriers to access of health care were the locations of the clinics and the cost of services. These access issues have been somewhat mitigated by developing closer partnerships with a range of health services including Prolink, the Willow Foundation, the Maternity Clinic in Jamestown and the Polyclinic in Jamestown. Participants were reported, and observed, attending these services and obtaining the support needed. They reported particular satisfaction with the service from Prolink, provided by a health care professional who was supportive of their identity as female sex workers. As a result it was decided not to redo this exercise in endline but instead to focus on advocating for increased health services with a focus on women from Jamestown and Old Fadama being able to acquire anti-retroviral medication and free condoms; both of which were highlighted as particular challenges.

3 Savings ability and practice

a) Current and desired spending habits



Approach

The facilitator laid out sheets of paper with different items that participants could spend their money on. Participants were then asked to stand on the item which they currently spend the majority of their money on; this number was recorded. Participants were then asked to stand on the items which they would like to spend the majority of their money on; this number was recorded.

Results score card

Item	Number of participants who stand on it in 1 st exercise (current situation) BASELINE	Number of participants who stand on it in 1 st exercise (current situation) ENDLINE	Change	Number of participants who stand on it in 2 nd exercise (desired situation) BASELINE	Number of participants who stand on it in 2 nd exercise (desired situation) ENDLINE	Change
Rent	5 (25%)	1 (5%)	- 4	2 (10%)	0 (0%)	- 2
Clothes	3 (15%)	1 (5%)	- 2	1 (5%)	0 (0%)	- 1
Hair	2 (10%)	0 (0%)	- 2	3 (15%)	0 (0%)	- 3
Food	4 (20%)	1 (5%)	- 3	0 (0%)	0 (0%)	-
Savings	1 (5%)	10 (50%)	+ 9	11 (55%)	12 (65%)	+ 1
Items to sell	0 (0%)	1 (5%)	+ 1	1 (5%)	2 (10%)	+ 1
Business	0 (0%)	0 (0%)	-	0 (0%)	0 (0%)	-
Medicine	1 (5%)	1 (5%)	-	0 (0%)	1 (5%)	+ 1
School fees	2 (10%)	3 (15%)	+ 1	2 (10%)	4 (20%)	+ 2
Money to give	0 (0%)	1 (5%)	+ 1	0 (0%)	0 (0%)	-



someone else						
Money for police	2 (10%)	0 (0%)	- 2	0 (0%)	0 (0%)	-
Alcohol / cannabis	0 (0%)	1 (5%)	+ 1	0 (0%)	0 (0%)	-

Summary of results

There have been significant changes between baseline and endline. At baseline the item which the most participants identified as spending money on was food (20%). The desired item that most participants wished to spend money on was savings (55%). At endline the item that most participants identified as spending money on was savings (50%). The desired item that most participants wished to spend money on was also savings, rising to 65%.

There is a notable decrease in money spent on rent which needs further investigation but may be a result of participants losing their homes due to the demolition process. There is a notable decrease in money spent on food which needs further investigation. It is also worth investigating whether there is less money being spent on these items or whether participants have more money overall, resulting in them being able to spend more money on different items. There is a slight increase in money being spent on school fees, on items to sell and on money being given to someone else. There is a decrease of money being given to the police – it would be interesting to learn if the focus on rights in the workshops made any impact on this. One participant asked for a new category during the endline to reflect that she spends the majority of her money on alcohol and wee (cannabis).

As well as a focus on savings, mentioned above, the participants' desired expenditure choices in the endline survey show an increase on items to sell, medicine and school fees and a decrease on hair, rent and clothes. As always with a public exercise in front of facilitators it is important to consider whether participants' response to this question was influenced by their perceived perception of the choices they 'should' take.

Project learning

The results suggest that the savings group has had an impact on enabling participants to save and may have had an impact on participants' desire to continue to save.

The results, coupled with qualitative reflection from facilitators, suggest some participants' have shifted their priorities to focus more on saving for school fees.

It is interesting that despite the workshops being mainly focused on health, there is little change on expenditure, or desired expenditure on medicine. Potentially the provision of free testing and health checks by the project might undermine the need for participants to prioritise their own health – a potential risk to long term project sustainability.

b) Current savings practice

Approach

Participants were asked to stand along a measuring line, created on the floor, to show how much money they saved in the last week,

Results score card

Amount saved last week	Number of participants BASELINE	Average amount of savings BASELINE	Number of participants ENDLINE	Average amount of savings ENDLINE
0 – 20 cedis	8 (40%)	80 cedis	2 (10%)	20 cedis
20 – 40 cedis	4 (20%)	120 cedis	6 (30%)	180 cedis
40 – 60 cedis	3 (15%)	150 cedis	5 (25%)	250 cedis
60 – 80 cedis	2 (10%)	140 cedis	2 (10%)	140 cedis
80 – 100 cedis	3 (15%)	270 cedis	4 (20%)	360 cedis
More than 100 cedis	0	0 cedis	1 (5%)	110 cedis
Other	0			
Don't wish to take part	0			
Total saved		760 cedis (£138)		1060 cedis (£192)

Summary of results

The endline shows participants report an increase in savings on a week by week basis, from an average of £6.9 a week per participant saved in baseline, to an average of £9.6 a week per participant saved in endline.

It is important to consider whether participants were honest in their disclosure of their savings as this is potentially a very personal subject. However, the facilitator reported that participants seemed comfortable taking part in this activity and she believed were responding honestly. In the endline workshop eight participants reported that they are now running small businesses alongside their work as sex workers, none of these women were previously running businesses. It would be interesting to learn more about the impact of the project on this change, and whether these businesses are enabling these participants to save more than their peers each week.

Project learning

Further investigation is needed to understand the impact of the project on participants' increased savings. However, it is positive to see reported increased economic resources, which is supported by increased participation and contribution to the savings groups from participants over the course of the project. It is interesting to note that participants who had previously engaged with the work contributed more savings to the saving group from the beginning of the project, whereas new participants contributed less money at the onset of the project and only increased their participation after a number of months.

Conclusion

The endline was focused on assessing impact against outcomes one and two. The endline was supplemented by an evaluation meeting with project facilitators and project participants to collect qualitative information.

Outcome One: By March 2016 20 participants who have joined the Network are able to collectively save their money improving their self-esteem, independence and dignity.

The endline results suggest that participants are able to collectively save more money. The Project Officer reports a change in the mind-set of participants: "Participants are thinking differently about their futures", suggesting an impact on participants' self-efficacy. However, the Project Officer also warned that economic independence is a gradual process and that it is important to continue supporting participants to maintain this attitudinal change and encourage further independence.

Outcome Two: By March 2016 20 participants have improved knowledge of their human rights, with a particular focus on their gender and health.

The endline suggests that participants have improved knowledge of their sexual and reproductive health. It also suggests that this knowledge may have translated into action, with an increase in contraceptive use and HIV and STI testing. The endline revealed less evidence about participants' focus on gender. The observation from the facilitator that participants feel a desire to 'beg' their non-paying partners to use condoms, suggests a deep rooted power imbalance which is likely to be at least partially a result of gender roles in the community in which the women are situated. The project workshop plan introduced the language of rights as the workshops progressed, partly in reaction to need, for example a workshop about the right to report abuse. This potentially led to 'rights' being seen as secondary to 'health' and as a result there being less learning and confidence from participants' about their 'rights', resulting in less impact around Outcome Three.

Outcome Three: Between Jan and March 2016, participants have the self-confidence to tell their stories and advocate for their human rights, increasing the respect they have from their communities.

During the project the participants felt they had not yet the confidence to present their stories to a wider community. As a result the decision was taken to work with past participants on the development of a play, leaving the participants in the project to concentrate on the development of their confidence more slowly. However, the participants were involved in the devising process and supporting the performances by inviting audiences to see the work. The participants reported feeling satisfied that they connected with the story of the performance.

The facilitators reported observing the participants increase their confidence during the workshop period. The endline shows an improvement in confidence when negotiating condom use. The facilitator reported improved ability for women to hold and maintain eye contact. The participants also reported increased confidence in accessing and using health services.

The *project aim* was *the establishment of two support groups that providing economic empowerment and health education to their participants*. Based on the endline results the project achieved its aim over the eight month period. The achievement of this aim suggests that these approaches could be used to support further groups of women in sex work in Accra.

Unintended results

During the project, one of the facilitators proved to be deeply committed to the Network and keen to develop her leadership role. As a result it was decided to promote her to become the Project Assistant.

Participants consistently revealed challenges with their 'boyfriends' / 'non-paying partners', particularly around issues of contraceptive use. During the project the facilitator team emphasised the importance of non-paying partners testing for HIV. This resulted in five participants bringing their non-paying partners to test with them in April 2016. These couples were referred to Prolink so that they could take part in longer HIV testing counselling together.

The workshop plans were designed to be responsive to the needs of the women. It became clear that many women felt unsure about how they should respond to abuse. As a result all participants took part in a workshop focused on understanding what abuse is and their right to report abuse to appropriate authorities. It was clear that many participants have experienced challenges when reporting to the police in the past, either been ignored or long delays, so this is a potential area of work in the future.

During the duration of the project eight women began small businesses; it is, however, unclear how much this change came as a result of the project.

During the project the Project Assistant and Project Officer became increasingly aware of the numbers of sexually exploited girls, living in brothels in Old Fadama. Investigation into this issue uncovered serious issues around trafficking and debt bondage.

Study limitations

The endline study was limited due to the replacement of three members of the team immediately following the project baseline. Whilst the 20 women who took part in the endline had been with the project from the beginning of the workshop, the change means that comparison between data is less accurate than desired.

The endline study relies on some reported information about habits and behaviours, as a result this evidence may be unreliable. The evidence can be further ratified through individual observed behaviour within the community and within workshops by facilitators.

Whilst the endline study reveals changing habits, the data alone does not recognise the impact of other factors and changes that have taken place within the course of the project. As such the endline does not claim sole attribution for impact.

Key learning

- Condom use at every sex, particularly with non-paying partners, is particularly challenging for participants.
- Group support is effective at creating the conditions needed to encourage HIV testing.
- Cost and location are particular barriers for participants accessing health care services.

- Participants need time to develop their own confidence before feeling secure to tell their stories and advocate for their rights in public. The language of rights became more prominent in workshops but was largely absent at the onset – it would be useful to explore the impact of including rights as a fundamental part of the workshops from the onset.
- The group engaged strongly in the saving group process. However, engagement is affected by the trust participants feel for the process. It would be interesting to explore the relationship between savings, confidence and self-efficacy.
- There may need to be further support needed to ensure the most marginalised participants, including those with HIV, choose to engage with the Network.
- Whilst progress was made the participants still have clear sexual and reproductive health and rights’ needs, in future we could consider running more workshops with each cohort to improve impact.
- There is a clear and urgent need for dedicated Child Protection provision to ensure girls reached through the project are given the support they need.

Next steps

The learning from this study, as well as the reflections of everyone engaged in the project will inform the development of a five year strategy of the Network.

Current participants will continue to engage with the Network through monthly saving group meetings. Participants will also be invited to join the advocacy group and take part in quarterly HIV and STI testing. Selected participants may be asked to train as facilitators.

The Network leadership team will be trained to be able to provide responsible, appropriate support for sexually exploited children.

Thank you to Mercy, Asanatu, Bridget, Esther, Joyce, Mariama, Susana and all the project participants.

Annex 1 – Selection Criteria

- Participants must self-identify as female sex worker (main income source)
- Participants must be seaters rather than roamers. Seaters are women working from their home / brothel. Roamers are women working from the streets / bars. HIV prevalence in Accra is considerably higher in seaters rather than roamers. A 2011 study by the IOM recorded HIV prevalence of 6.6% among roamers and 21.4% among seaters.² This prevalence ratio was also found in a study that took place in 2001.³
- Participants must be between the ages of 18-25 years.
- Participants must have been living within the community of Old Fadama or Railways for at least 6 months.
- Participants must be able to give us their name, date of birth, phone number and address.
- Participants must show a high level of interest in the project and express a strong desire to take part.

² <http://www.iom.int/news/hiv-vulnerability-among-female-sex-workers-ghana-iom-study>

³ <http://www.ncbi.nlm.nih.gov/pubmed/11707673>

Annex 2 – Interactive Performance

During March 2016 eight female sex workers, who had taken part in project activities in 2014 / 2015 joined together to devise a short play based on the challenges they face in their communities. The play was developed to emphasis a strong power imbalance between the protagonist (Ama) and the antagonist (the rapist) and was designed to show a number of events that happened that had serious consequences for the protagonist. The play reflected the current situation in Old Fadama, where many women have lost their homes and are staying in tents.

The play contained three scenes:

Scene 1: Ama is a female sex worker who due to the demolition of Old Fadama is now staying in a compound house. Due to the way she dresses and the men who sometimes visited her at home, most of her co-tenant stigmatised her and called her names. News of her profession reaches her landlord and she is evicted.

Scene 2: Ama goes back to her old community and sleeps in a tent, as she cannot afford rent. She is raped one night a man she doesn't know who breaks into the tent.

Scene 3: It is nine months later and Ama is pregnant as a result of the rape. She goes into labour, but she does not have the money to go to the clinic. She is visited by a friend who sees her condition and leaves to try and find the money to take her to hospital, but by the time her friend has returned she finds Ama has died in her tent.



Rehearsals



The advocacy group then decided who they wanted to see their play. They agreed that they wanted to share their story with brothel owners, clients and community members, as well as other female sex workers in two communities, Old Fadama and Jamestown.

In April they performed the plays. In Jamestown they had an audience of 28 women and 12 men. In Old Fadama they had an audience of 28 women and 7 men. Following each performance the lead facilitator encouraged the audience to come into the drama and explore ways that characters could change the story so that Ama had a safer and better outcome to her story. These interventions from audience members explored some of the following behavioural changes:

- Ama being more assertive and demanding her right to housing after the demolition.
- Ama going to stay with a family member when she was evicted.
- Ama screaming for help when the rapist entered her tent.
- Ama holding onto the rapist to prevent him running away before the Police came.
- Ama aborting the pregnancy.



Interactive performance

Following the performances some of the following issues were raised and discussed by the audience with the performers:



- Female sex workers have the right to accommodation.
- The government should provide alternative accommodation for people who have lost their homes.
- Female sex workers need to dress decently when they are living in place where children are present.
- Sex work is a form of work and people must respect them.
- Some landlords demand sex in place of rent.
- Sex work should not be done in the home but outside the home.

The facilitator summed up the event by emphasising the rights of women, and how those rights are equally held by women in sex work. She also explained the goal of the Network and encouraged it to be supported by its community.