
A Performance Evaluation of the National HIV Prevention Program for FSW and MSM in Ghana



This research has been supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement GHA-A-00-08-00003-00, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, with Futures Group, ICF International, John Snow, Inc., Management Sciences for Health, and Tulane University. The views expressed in this publication do not necessarily reflect the views of PEPFAR, USAID, or the United States government.

ACRONYMS

ADRA	Adventist Development Relief Agency
ART	Antiretroviral therapy
eTWG	Expanded Technical Working Group
FGD	Focus group discussion
FSW	Female sex worker
GAC	Ghana AIDS Commission
IBBSS	Integrated Biological and Behavioral Surveillance Survey
IEC	Information, education, communication
PWID	People who inject drugs
IRB	Institutional review board
KII	Key informant interviews
M&E	Monitoring and evaluation
MARP	Most-at-risk population
MSM	Men who have sex with men
NACP	National AIDS/STI Control Programme
NGO	Nongovernmental organization
NSP	Ghana National Strategic Plan
OCA	Organizational capacity assessment
PE	Peer educator
PLWHA	People living with HIV/AIDs
PMTCT	Prevention of mother-to-child transmission of HIV
SPA	Service provision assessment
STI	Sexually transmitted infection
TWG	Technical Working Group
UIC	Unique identifier codes
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
VCT	Voluntary counseling and testing
WAPCAS	West Africa Project to Combat AIDS and STI, Ghana

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EXECUTIVE SUMMARY

BACKGROUND AND STUDY AIMS

The Ghana AIDS Commission (GAC) estimates that 1.5% of the general population in Ghana is HIV positive; however, analyses have shown that the epidemic disproportionately affects certain marginalized groups, including female sex workers (FSW) and men who have sex with men (MSM). In response to these findings, the Ghana National Strategic Plan (NSP) for HIV and AIDS 2011-2015 places a strong emphasis on expanding access to HIV services for key populations at greatest risk of acquiring and transmitting HIV. By concentrating efforts on at-risk groups and their partners, the NSP seeks to attenuate the epidemic among key populations while reducing the risk of new infections in the general population.

More specifically, the NSP aims to reach 80% of all key populations by 2015 with a comprehensive package of HIV services, including prevention, treatment, and support. Under the strategy, a number of evidence-based services have been rolled out to key populations nationwide by GAC and implementing partners. This evaluation, therefore, was conducted as a mid-point assessment by MEASURE Evaluation and the University of Ghana School of Public Health, with USAID support and in collaboration with GAC, in order to describe the achievements and challenges of the ongoing implementation of the National HIV Prevention Program for FSW and MSM in Ghana.

This performance evaluation employed a mixed-methods approach in order to assess the following key study aims:

- describe how services are being delivered;
- document barriers and facilitators to accessing health services for MSM and FSW as well as the larger structural influences on sexual and health seeking behaviors such as stigma and discrimination;
- assess whether organizations directly providing services to FSW and MSM have standard operating procedures, functional supervision mechanisms, monitoring and reporting systems, and administrative, management, and planning capacity; and
- document efforts to increase stakeholder and organizational coordination and to address social, cultural, religious, political, and legal barriers to HIV prevention efforts among FSW and MSM.

METHODOLOGY

The evaluation was conducted as a post-test only non-experimental design using quantitative and qualitative methods. A mixed-methods approach was best suited to evaluate the above mentioned strategic objectives. The evaluation included seven distinct yet complementary components:

1. survey interviews with FSW and MSM who utilized National HIV Prevention Program services

2. survey interviews with FSW and MSM non-users of services provided as part of the National HIV Prevention Program
3. qualitative focus group discussions with FSW (both service users and non-service users)
4. assessment of fixed service delivery points
5. survey interviews with peer educators
6. organizational capacity assessment
7. key informant interviews with stakeholders and policy makers involved in program planning and implementation

Descriptions of study populations, recruitment processes, sample sizes, and data collection techniques are provided in detail in Section 2 of this report.

FINDINGS

Service delivery, quality, accessibility, and acceptability: Peer educators, drop-in centers, and mobile outreach provide a wide variety of services, including HIV testing, condoms and lubricant, HIV prevention and treatment information, and referrals for related services. FSW service users sought out services from peer educators (96.2% of all FSW who had used services) more often than drop-in centers (62.1%) and mobile outreach (38.6%). However, considering the hard-to-reach nature of these groups, all three service providers offer unique opportunities for FSW and MSM to seek care. In terms of quality, service users were overwhelmingly satisfied with the services they received from program providers. In fact, more than 90% of MSM and FSW had repeat encounters with peer educators, for example, which may be a strong indicator of service acceptability. However, the challenge remains to engage non-users of services and help familiarize them with the providers and services available. Furthermore, continued education of both providers and service users will help ensure appropriate messaging is communicated among at-risk groups as well as the general population at large.

Barriers and facilitators to accessing health services: Several barriers and facilitators to accessing services were identified from service users and non-service users surveys, FSW focus groups, and peer educator interviews. Peer educators felt that the mobility of FSW and the privacy required by both groups served as significant barriers to providing services. The ubiquity of cell phone use among FSW and MSM is therefore considered an important opportunity for communicating information to these hard-to-reach populations. FSW and MSM can receive prevention and treatment information and support from the relative privacy of their mobile telephones. Services such as the Text me! Flash me! Call Me! Helpline, a service in Ghana that uses cell phones to provide counseling and other services to key populations, have great potential but need wider advertising campaigns, particularly among non-users of services. Related to the need for privacy, fear of stigma and discrimination keep MSM and FSW from accessing services. The establishment of more MSM-friendly facilities as well as public education campaigns to de-stigmatize these groups might be important program facilitators.

Organizational opportunities and challenges: The organizational capacity assessment was conducted to determine the extent to which implementing organizations established and adhered to standard operating procedures, supervision mechanisms, monitoring and reporting systems, and capacity building efforts. In absolute terms, implementers reported reaching significant numbers of FSW and MSM; however, definitions of “program reach” varied considerably across organizations. Procedures for measuring reach and handling double counting were not standardized. Despite the need to streamline certain procedures, implementers generally achieved high marks for incorporating the community in decision-making processes. Furthermore, most had written work plans and operating procedures, as well as functional supervision mechanisms and reporting systems.

Stakeholder and organizational coordination: Key informant interviews with stakeholders involved in the planning and oversight of the NSP offered important insight into the social, cultural, and political barriers associated with program implementation. Although more than half of key informants felt the NSP offers a comprehensive package that is capable of achieving program goals, other stakeholders were dubious that 80% of key populations would be reached by 2015. Pervasive social stigma, discrimination, and the law that criminalizes sex work and homosexuality were cited as significant barriers to reaching FSW and MSM. Additionally, some stakeholders noted that implementing organizations should operate under a common definition of coverage in order to better describe and standardize measurement and reporting of program coverage. Addressing such issues will require concerted and coordinated efforts by implementing partners with strong leadership from the expanded Technical Working Group (TWG) of GAC.

CONCLUSIONS AND RECOMMENDATIONS

Study findings suggest that leadership provided by the GAC and the TWG are strong, and while some greater capacity building and standardization could improve data collection and reporting and standardize service availability, organizations are striving to adhere to the service package and to provide a high quality product. This effort has resulted in high demand for services and a positive reputation for respectful treatment and confidentiality among FSW and MSM. Overall, recommendations focus on the ways in which the program can continue to be strengthened and expanded to better meet demand for services without sacrificing the reputation for service quality upon which that demand is predicated.

1. INTRODUCTION

1.1. BACKGROUND, RATIONALE, AND CONTEXT

The HIV epidemic in Ghana is characterized as a generalized epidemic with data from the recent HIV Sentinel Surveillance Report indicating a national prevalence of 1.3% (NACP, 2012). Among some groups, however, the prevalence is much higher. For example, the 2011 Integrated Biological and Behavioural Surveillance Survey (IBBSS) reported that 11.1% (Roamers [6.6%], Seaters [21.4%]) of female sex workers (FSW) were living with HIV (Ghana IBBSS, 2011). A multi-country analysis done in March 2010 by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Bank covering the West African sub-region indicated that 38% of new HIV infections in Ghana were attributed to these groups and their partners (UNAIDS & World Bank, 2010). A much earlier policy paper by the UNAIDS underscored the need to link these high risk and marginalized populations with services in order to address the concentrated nature of the epidemic in Ghana (UNAIDS, 2005).

In line with this effort, a major focus of the Ghana National Strategic Plan (NSP) for HIV and AIDS covering the period 2011-2015 is to deliver HIV services to key populations at highest risk for HIV acquisition and transmission, including FSW, MSM, people who inject drugs, and prisoners. With the recognition that increasing access to appropriate interventions for these groups and their partners can reduce the number of new infections in the general population, the Ghana AIDS Commission (GAC) in August 2011 came out with the first NSP focusing on these key populations (previously referred to as most-at-risk population [MARP]). Seeking to provide a framework for the implementation of a comprehensive package of services for these subgroups, the strategy's target is to reach 80% of all identified key populations by 2015 with a comprehensive package of HIV prevention, protection, treatment, care, and support services that are evidence-based, accessible, and acceptable to the groups mentioned. A reading of the NSP reveals a number of such evidence-based services including: advocacy strategies designed to address specific vulnerabilities of the key population subgroups; interventions to reduce stigma and discrimination toward key population subgroups by generating greater awareness from within the general population; improving mapping, surveillance, and other social research among key population subgroups; and ensuring the meaningful engagement of key population subgroups in the implementation, monitoring, and evaluation of the key population strategy.

This performance evaluation was well timed as it will enable the GAC and stakeholders to glean relevant and useful information on the challenges and successes in the ongoing implementation of the strategy. Data from the evaluation will, among other things, advise the GAC on the course of the program in relation to its goals and objectives. Information on the quality of care being provided, constraints, and opportunities are needed to better tailor the program. Per the objectives and deliverables outlined in the scope of work for this call, the specific information this evaluation will provide to the GAC and its partners will include the level of coverage, quality, and uptake of program interventions targeting

FSW and MSM. It also includes whether the real-world implementation of the program is keeping Ghana on track to meet its target of reaching 80% of all key populations by 2015. In addition, findings of this performance evaluation will benefit the international public health community by helping to build the evidence base for effective programming targeting most-at-risk populations with HIV prevention services. Finally, as an adjunct to the Operational Plan and Strategic Plan for HIV Prevention among Key Populations (GAC, 2010), the Technical Working Group (TWG) for HIV Prevention among Key Populations and GAC have also adopted an impact evaluation plan for the National HIV Prevention Program for Key Populations (MEASURE Evaluation & GAC, 2013). This impact evaluation plan relies on a plausibility design that draws on the complete body of evidence around HIV prevention programming for these populations, including this performance evaluation. Therefore, this performance evaluation not only contributes to a mid-term evaluation of the national HIV prevention program but also to a future understanding of the impact of this programming.

Implementation of the National HIV prevention program for FSW and MSM is being carried out nationwide by a network of service provision organizations. A total of 12 organizations were identified as providing services to FSW and MSM in Ghana at the time of data collection (July-October 2013). Further, an additional two organizations (FHI 360 and West Africa Project to Combat AIDS and STI [WAPCAS]) were identified as providing program level support and coordination among partner organizations to provide services to FSW and MSM. All organizations providing HIV prevention services to FSW and MSM are considered part of the national HIV prevention response for these key populations, and their work is expected to align with the National Strategic Plan for Most-at-Risk (or Key) Populations. Representatives of these organizations and other stakeholder representatives sit on the national TWG for Key Populations and contribute to strategic and operational planning affecting these populations under the auspices of the GAC.

Within this implementation context, this evaluation employed a mixed-method quantitative and qualitative data collection approach to gather the information needed to address the four key study aims and the related objectives (outlined below). The study was implemented by MEASURE Evaluation and the University of Ghana School of Public Health in collaboration with the GAC and with support from the U.S. Agency for International Development (USAID). Quantitative methods included service provision assessments (SPA), organizational capacity assessments (OCA) of partners implementing Ghana's key populations HIV prevention services, structured interviews with FSW and MSM accessing HIV prevention services, structured interviews with FSW and MSM not accessing services, and structured interviews with peer educators providing HIV prevention services to key groups. Qualitative methods were used to elicit important contextual information, including focus group discussions (FGDs) with FSW and key informant interviews (KIIs) with relevant stakeholders and decision-makers of Ghana's key populations HIV prevention programming.

1.2. SPECIFIC AIMS AND OBJECTIVES OF THE EVALUATION

The overarching goal of this performance evaluation was to determine whether and to what extent current program activities and interventions are being conducted; it assessed the level of quality, coverage, and uptake of a wide range of services outlined in the NSP. In particular, it evaluated progress toward reaching 80% of MSM and FSW with relevant services in Ghana by 2015 per the NSP. This overall goal was achieved by addressing the following specific objectives:

1. To describe how services are being delivered:
 - a. measure the coverage and quality of those services; and
 - b. determine acceptability and accessibility of those services to service users and staff.
2. To document barriers and facilitators to accessing health services for MSM and FSW as well as the larger structural influences on sexual and health seeking behaviors such as stigma and discrimination.
3. To assess whether organizations directly providing services to FSW and MSM have:
 - a. program standard operating procedures;
 - b. functional supervision mechanisms;
 - c. functional monitoring and reporting systems; and
 - d. assess organizational administration, management, and planning capacity.
4. To document efforts to increase stakeholder and organizational coordination and to address social, cultural, religious, political, and legal barriers to HIV prevention efforts among FSW and MSM.

1.3. OVERVIEW OF REPORT

This report provides a detailed description of the methods and data collection activities (found in section 2) used to address the four specific objectives described above. The main findings of the study as they pertain to each of the four specific objectives are then outlined in sections 3 through 6. Finally, in section 7, a discussion and synthesis of the results is provided in section, with specific recommendations and next steps presented on the basis of this evaluation.

2. EVALUATION METHODOLOGY

2.1. STUDY DESIGN

We employed a post-test only non-experimental evaluation design using quantitative and qualitative methods. This mixed-method study design is best suited to address the evaluation objectives stated in section 1.2. The study sites and size estimation of FSW and MSM were based on data from previous local studies as well as data obtained from service providers. Data collection was stratified by Ghana's three ecological zones: the savannah, forest, and coastal zones. Within each stratum, a city center was purposively selected for data collection. Tamale and Kumasi were selected for the savannah and forest zones, respectively. The cities of Accra-Tema, Koforidua, and Takoradi were selected to represent the coastal belt. These cities are known "hotspots" or areas with concentrated populations of FSW and MSM in Ghana based on the 2012 Integrated Biological and Behavioral Surveillance Survey (IBBSS) studies of FSW and MSM. FSW and MSM self-identified as such. FSW were further defined as "roamers" (those FSW who go out to recruit clients) and "seaters" (home- or brothel-based FSW). Further, all FSW and MSM for this study were determined to be "service users" or "non-users of services".

2.2. SENSITIZATION OF STUDY COMMUNITY

Sensitive entry into study communities was required given the stigma and vulnerabilities associated with our study population. Prior to the launch of the study, informational meetings were held with relevant stakeholders, including the expanded TWG (eTWG) of the GAC, to describe the study objectives and protocol. The goals, hopes, and expectations for participation were also discussed at the meeting. Members of the eTWG and local nongovernmental organizations (NGOs) in attendance were then asked to relay the news of the proposed study to their constituents. Peer educators played a key role by advertising the study to the FSW and MSM communities. Peer educators were also instrumental in recruiting both FSW and MSM receiving services as well as MSM non-users of services. The pre-implementation meetings were co-facilitated by the GAC, the USAID Ghana/SHARPER Project, and the University of Ghana School of Public Health (UG-SPH). The GAC solely facilitated the study team's interaction with the MARP TWG, whose members contributed to the stakeholder key informant interviews.

2.3. EVALUATION AREAS AND COMPONENTS

To achieve the study's stated objectives, quantitative and qualitative data were collected using the following methods:

- survey interviews with FSW and MSM service users
- survey interviews with FSW and MSM non-users of services
- qualitative focus group discussions (FGDs) with FSW
- a service delivery assessment of fixed service delivery points

- survey interviews of peer educators
- an implementer capacity assessment
- key informant interviews with stakeholders and policy makers involved in program planning and implementation

Details on the data collection techniques, study populations, and recruitment processes are presented below. To facilitate a nuanced understanding of these processes, a brief background on the FSW and MSM HIV prevention program and how it is being delivered in Ghana is provided. The national HIV prevention program for FSW and MSM is coordinated by the GAC with the participation of the MARP TWG which consists of stakeholders from various organizations, groups, and sectors. All HIV prevention services are carried out through implementing partners, all of whom offer services to MSM and FSW through trained peer educators and a national information helpline (Text me! Flash me! Call Me! Helpline). Many implementers also offer services at discrete locations where FSW and MSM can interact confidentially with service providers. All implementing partners offer condoms, lubricants, HIV testing, and HIV prevention education. Some provide additional services including community outreach, social opportunities, online peer education, STI screening and treatment, referrals to MARP-friendly community resources, and political advocacy. Implementers are responsible for collecting, organizing, and reporting routine program data and can expect support and capacity building for that effort through larger program partners, such as FHI 360.

2.3.1. SURVEY INTERVIEWS WITH MSM AND FSW

2.3.1.1. Sampling of MSM and FSW

This evaluation surveyed FSW and MSM service users and non-users of services in order to assess coverage of services for key populations, including quality of services and access to services. The analysis was powered on client satisfaction, which was chosen as the main client indicator because client satisfaction and word of mouth are the primary ways through which the HIV prevention program reaches key populations in Ghana. A service user's sense of safety and perceived protection of privacy were also included as part of the satisfaction criteria because safety and confidentiality have been named as top priorities for both clients and providers of services to key populations in Ghana (MSA, 2012). Taken together, these critical elements ensure that services are of adequate quality and appropriate reach. Thirty percent was chosen as the proportion to estimate because it was felt that this was a high goal for services to achieve. While client satisfaction reports among FSW are generally high (Morin et al. 2008), levels of internalized stigma and discrimination among MARPS are likewise high, and might compromise feelings of safety and privacy (Smith, 2009).

In order to estimate a proportion of 30% of MSM and FSW service users who report being satisfied or very satisfied overall with the MARP HIV services received, feeling safe or very safe while receiving services, and that client privacy was respected at all times, with a two-sided 95% confidence interval and a distance from proportion to limit of 0.6, a minimum

sample size of 600 service users (360 FSW and 240 MSM) was required. In addition to the 600, 400 non-clients were estimated as a minimum sample size (240 FSW and 160 MSM). This sample was deemed large enough to allow for estimation of a proportion of 0.6 or 60% FSW and MSM non-clients (with a two sided confidence interval of 95% and 80% power) who report being aware of HIV prevention services for key populations in their communities. This variable was chosen as the main non-client indicator because awareness of the service is a first step in service utilization while word of mouth is the main means of recruitment in these vulnerable populations. In all, 1,140 MSM and FSW were interviewed (298 MSM service users, 362 FSW service users, 153 MSM non-users of services, and 327 FSW non-users of services).

2.3.1.2. Survey Procedures

Service users were recruited via peer educators, while non-users were recruited through a place-based methodology that employs various sampling techniques such as snowballing. We relied on sampling frame of “hotspots” for MSM and FSW created by previous studies in Ghana. This sampling frame was used to create population proportional to size sampling targets for MSM and FSW in the three geographical zones. The survey interviewers that conducted fieldwork were street-savvy personnel with past experience with key population surveys. Both seaters and roamers were interviewed the day they were identified, with the exact place and timing of the interview agreed upon mutually. All interviews were recorded with paper and pencil by the trained data collectors. Consent was oral so as to not collect any identifiers that might link an individual to the personal information on health service utilization and HIV risk addressed in the study. Each FSW or MSM who successfully completed the interview was given compensation worth 20 Ghana Cedis to cover transportation costs. It typically took about one hour to complete a survey interview.

In addition to asking about awareness of and satisfaction with services (for non-users and service users, respectively), all MSM and FSW surveyed responded to questions covering a range of topics, including: barriers to accessing services; HIV risk behaviors (including trans-generational sex, substance use, condom use, and partner history); HIV related testing and treatment; HIV knowledge, attitudes, and practices; and experience with stigma, discrimination, and violence. Finally, respondents were asked to provide recommendations for how to improve HIV services for key populations. Survey questionnaires were predominantly quantitative in nature but also included some open-ended questions.

2.3.2. FOCUS GROUPS WITH FSW

Qualitative focus group discussions were held with FSW to help understand barriers and facilitators to accessing health services for FSW as well as the larger structural influences on sexual and health seeking behaviors such as stigma and discrimination. A total of eight FGDs were held with FSW (table 1).

Table 1. Distribution of FGD Participants by City and Type of FSW

City	Seaters		Roamers		Number of FGD
	Service users	Non-users of services	Service users	Non-users of services	
Accra-Tema, Kofridua	1	0	1	0	2
Kumasi	1	0	1	0	2
Takoradi	0	1	1	1	3
Tamale	0	0	0	1	1
Total	2	1	3	2	8

Participants were selected through convenience sampling. Each group discussion was comprised of eight to 12 participants. FSW service users were recruited by peer educators in the same manner, as part of the same process, and with the same eligibility criteria as service users are recruited for the FSW service user and non-user of services survey interviews. FGDs, which lasted about an hour each, were held in confidential locations. Trained facilitators moderated the discussions using a study-specific FGD guide. Focus group participants referred to each other by aliases that each person chose for herself. All focus group participants gave oral informed consent to participate in the study. Compensation for focus group participation was equal to that given to survey participants. All interviews were recorded with a digital audio recorder and later transcribed for analysis. All but two of the discussions were done in English; the two conducted in Kumasi were done in the local language (Twi) and later translated into English during the transcription stage. No FGDs were held with MSM as the extreme stigma against MSM poses high risks for conducting such data collection with this population.

2.3.3. SERVICE PROVISION ASSESSMENT AND PEER EDUCATOR INTERVIEWS

The service provision assessment consisted of a series of structured quantitative study instruments. These included a fixed service delivery point (SDP) questionnaire and a peer educator survey. The assessment was designed to describe how services are being delivered, measure the quality of those services, and understand the acceptability and accessibility of those services to staff. Peer educators served as the primary sampling unit for this assessment and included peer educators that work predominantly with one of three groups: roamers, seaters, and MSM. A minimum sample of 145 peer educators was required in order to determine, for each of these three main types of peer educators, if 40% of them report accurate HIV prevention knowledge with a 95% confidence in a two-sided interval and with a distance of proportion to limit of 0.08.

The design effect present in this study (wherein peer educators are clustered among implementing organizations and service users are clustered among peer educators) was compensated for by multiplying the original sample estimate by 1.2 to achieve a final sample size of 174 peer educators. This number was rounded up to a total sample size of 180. The expected frequency of 40% was chosen as the proportion to power based on a

Demographic Health Survey comparative report of comprehensive HIV knowledge by men and women in sub-Saharan Africa (Mishra et al, 2009). This report cited figures between 25% and 45% of men and women with comprehensive HIV knowledge and lower proportions of such knowledge among those in West Africa than in East and Southern Africa. In this study, 40% was chosen with the expectation that trained peer educators in West Africa would demonstrate HIV knowledge scores on the higher end of what is found in the general population. Since the total number of peer educators identified in the study area was fewer than the 180 sample size calculated for the study, all 174 peer educators aged 18 years or older were interviewed, resulting in a census rather than a sample of peer educators. All of them participated in survey interviews about training, attitudes towards key populations, and services provided.

All fixed SDP locations where the 174 peer educators are based were assessed, including drop-in centers and field offices. The service delivery site coordinator or other implementing organization designee was interviewed. These interviews described the services offered, training and availability of staff, resources and commodities available for service delivery, staff perceptions of service quality, accessibility as well as barriers, and opportunities for service delivery. Interviews were about one hour in duration.

2.3.4. ORGANIZATIONAL CAPACITY ASSESSMENT

The OCA sought to identify the key elements that enable organizations to implement programs as planned and to conduct procedures to report and monitor the uptake and quality of program services. The assessments were conducted with the universe of FSW and MSM HIV prevention implementers in Ghana. It consisted of a structured interview conducted with a representative selected by each organization. This capacity assessment focused primarily on areas believed to pose challenges to program implementation, including making and following up on referrals and difficulties in systematic collection and reporting of program monitoring data. The OCA assessed the extent to which organizations have standard operating procedures, functional supervision mechanisms, functional monitoring and reporting systems, and organizational administration, management, and planning capacity.

2.3.5. KEY INFORMANT INTERVIEWS WITH STAKEHOLDERS

Qualitative KIIs were conducted with stakeholders utilizing a semi-structured interview guide. This aimed to gather the information needed to document efforts to increase stakeholder and organizational coordination and to address social, cultural, religious, political, and legal barriers to HIV prevention efforts among FSW and MSM. Fourteen of the 24-member Key population TWG consented to participate in the KIIs on HIV prevention for key populations. Only positions and titles were recorded. Interviews lasted for about 30 to 45 minutes, and no compensation was offered.

2.4. DATA HANDLING, MANAGEMENT, AND STORAGE

Fieldwork was conducted by 36 support staff (supervisors and field data collectors). One field supervisor oversaw the data collection process in each ecological zone. Data collectors reviewed all completed data collection forms and corrected any errors or inconsistencies before hand-delivering them, along with their accompanying consent forms, to field supervisors. Supervisors also reviewed the forms for accuracy, consistency, and completion. Once the data collection forms were considered complete, they were securely delivered to the in-country principal investigator's office where they were kept in locked filing cabinets. Completed instruments will be stored for five years following the study, at which point they will be destroyed. All quantitative survey data were doubly entered into pre-programmed data screens. Qualitative interviews and discussions were transcribed in English. All electronic data files were transmitted to MEASURE Evaluation for data analysis through a secure server.

2.5. QUANTITATIVE DATA MANAGEMENT, PROCESSING AND ANALYSIS

The screens for data entry were designed in CPro and doubly entered at a centralized location at UG-SPH. Data were exported to IBM SPSS Statistics, version 20, and to Stata, version 11, for consistency checks and validation. Cleaned and validated data sets were analyzed using SPSS and Stata. Analyses were descriptive; we examined distributions and proportions of key variables for which the study was powered as well as secondary outcomes of interest. These included variables related to service coverage, accessibility, quality, and the logistics of service provision.

2.6. QUALITATIVE DATA MANAGEMENT, PROCESSING, AND ANALYSIS

The recorded KIIs and FGDs were transcribed verbatim and translated as necessary (all KIIs were done in English and two of the eight FGDs were translated into English). Transcriptions were augmented with moderators' field notes. All qualitative data were transcribed and translated as necessary. Preliminary analysis was conducted in Microsoft for Windows 7 software, including Microsoft Word and Microsoft Excel. Thematic analysis was performed using QSR International's NVivo 10 for Windows.

2.7. ETHICAL CONSIDERATIONS

This study protocol was reviewed by two institutional review boards (IRBs) to ensure that the study adhered to both local and international standards for protecting the rights and safety of human subjects in research. The IRB of the Noguchi Memorial Institute for Medical Research at the University of Ghana and an IRB at the University of North Carolina at Chapel Hill reviewed and approved the study before initiating data collection activities. The specific measures put in place to ensure the ethical conduct of this research are detailed below.

2.7.1. INFORMED CONSENT AND MINIMIZATION OF RISKS TO PARTICIPANTS

FSW and MSM survey and focus group participants provided oral informed consent. This was deemed necessary to minimize the risk of individual study participants being identified as members of a vulnerable and stigmatized group. All other participants, including peer educators, provided written informed consent. Informed consent forms are included in this report (appendix 2). The consent form described the purpose of the research, the risks and benefits of their participation in the study, their rights as study participants (e.g., the ability to stop the interview at any time), and any details regarding compensation, how their information would be safeguarded, and how any risks to participation would be minimized. The consent form also provided contact information in case a participant had questions or wished to follow up with researchers.

Risks to participants in this study vary dependent on whether the participant was a service user (FSW or MSM), a peer educator, a designee of the implementing organization, or a key informant interviewee. The major risk to any participant in this study is a breach of confidentiality. While this is a minimal risk for key informants and program implementers who are professionals publicly serving key populations, this is a more serious risk for members of the FSW and MSM communities who risk stigma and discrimination should their status be widely revealed. Organization designees and key informants were asked about the programs being implemented and not for any personal information of a sensitive nature. The risk of breach of confidentiality for all participants was minimized by arranging to conduct all data collection in a secure location at a mutually agreed time, not recording names and contact information or other identifiers, and by keeping all informed consents separate from data collection forms (both physically separate and in electronic data files) and interview recordings (for key informant interviews and focus groups).

For FSW and MSM, risks were minimized by asking for oral rather than written informed consent. All participants were assigned a participant number; no identifying information was recorded. No participant will be identified in presentations or publications, including this evaluation report. All participants in the study were 18 years of age or older.

2.8. DATA COLLECTORS TRAINING

Data collectors and supervisors were trained over a period of four days. They were trained on procedures for collecting qualitative and quantitative data, ethics and community entry, maintaining confidentiality of data, and appropriate handling and storage of data. Training included extensive discussion of the research instruments as well as practicing with mock interviews. Tools and techniques were pretested on the third and fourth days of the training. Pretested tools were discussed and adjustments were made to the finalized tools.

3. STUDY FINDINGS

Through the NSP for 2011-2015, the GAC seeks to provide evidence-based prevention, treatment, and support service to 80% of key populations by 2015. As a key part of this performance evaluation, insights into how coverage is being tracked and what progress is being made by programs in reaching target populations was assessed. This evaluation also sought to describe the management, resources, and technical capacity of providers to meet the needs of the key populations that they serve.

3.1. PROVIDER DEMOGRAPHICS

3.1.1. *ORGANIZATIONAL CAPACITY ASSESSMENT WITH LOCAL NONGOVERNMENT ORGANIZATIONS*

The OCA was conducted with 14 local NGOs that were implementing HIV prevention programs for key populations. Of these 14 NGOs, 13 were officially registered with a government organization, such as the Department of Social Welfare or the Registrar General Department. Roughly 43% of these NGOs provided services for MSM over a 12-month period, whereas 64% provided services for FSW. Each organization was managed by a board of directors, ranging from four to nine members, and had an average of 24 full-time paid employees. Additionally, all NGOs had the capacity to support peer educators, a type of case worker that networks directly with FSW and MSM to provide HIV prevention, testing, counseling, and related services, and all were doing so at the time of this study. On average, each NGO supported 57 peer educators.

3.1.2. *SERVICE DELIVERY POINTS*

A site visit and key informant survey were conducted for a sample of 17 SDPs that offer services to MSM and FSW at fixed locations (see the previous chapter for additional details regarding sampling). More than two-thirds of SDPs were drop-in centers where FSW and MSM go for services without scheduling an appointment in advance. Other SDPs included field offices and project offices. The average SDP had been operating at its current location for 5.4 years and employed a range of staff members, including nurses, counselors, and program officers. On average, each SDP had 14 peer educators on staff.

3.1.3. *PEER EDUCATORS*

A peer educator survey was conducted with 174 peer educators, including four supervisors, in order to better understand the types of services provided by peer educators to FSW and MSM. About 68% of peer educators were female and had an average age of 26 years; and ranged from 18 -56 years. Although eighty percent of all peer educators had never been married, 53.5% reported having at least one child. About 91% of all peer educators had received at least a junior high school education, and roughly 65% had occupations outside of their role as a peer educator. In terms of populations served, 31% of

peer educators provided services primarily to MSM. A combined 62% reported working mainly with FSW; however, 51% and 11% worked with roamer FSW and seater FSW, respectively. An additional 6% worked specifically with partners of FSW. Approximately 42% of peer educators were from the Greater Accra region (Accra-Tema), 23.6% from the Eastern region (Koforidua and Krobo Odumase), 25.9% from Ashanti region (Kumasi), 2.9% from the Northern region (Tamale), and 5.8% from the Western region (Sekondi-Takoradi, Tarkwa).

3.2. SERVICES

The NSP recommends that critical steps be taken to scale up the response to at risk populations. This may include defining service packages and tailoring specific services to better meet the needs of key populations. This section outlines the services being provided by NGOs, SDPs, and peer educators, as well as the uptake of these services by client FSW and MSM.

3.2.1. SERVICES PROVIDED

Peer educators offer a wide array of prevention, treatment, and wellness services to key populations. As shown in table 2, the top services provided by peer educators were condoms and lubricant. On average, 94.4% of peer educators provided this service to their primary key population. A majority of peer educators also reported providing assessments of HIV risk, referrals for sexually transmitted infection (STI) services, and referrals for HIV testing. Across the board, peer educators reported offering information on correct and consistent condom use almost half as often as they provided condoms and lubricant. Services that were offered least often included pregnancy tests, referrals for prevention of mother-to-child transmission, and referrals for mental health services. These were offered by fewer than 5% of all peer educators.

In general, peer educators offered similar services regardless of the primary population they served. However, there are some key differences. Peer educators serving MSM, for example, offered information via mobile device more often than other peer educators. Peer educators serving MSM reported providing information on the Text me! Flash me! Call Me! Helpline, mHealth information, and referrals for mFriend services more often than other peer educators. Another key difference was between peer educators serving roamer FSW and seater FSW populations; 16.9% of peer educators of roamer FSW offered a variety of contraceptive methods outside of condoms and emergency contraception in comparison with just 5.3% of peer educators serving seater FSW. The variation in services provided by peer educators is indicative of the differences in the specific populations that they serve.

Table 2. Percent of Services Provided by Peer Educators, Separated by Population Most Served

Service	MSM	Roamer FSW	Seater FSW	Partners of FSW
Condoms and lubricant	98.2	97.8	100.0	81.8
Assessment of HIV Risk	77.8	67.4	63.2	100.0
Referrals for STI services	59.3	62.9	73.7	45.5
Information about correct and consistent condom use	53.7	51.7	42.1	81.8
Referrals for HIV Testing	53.7	53.9	63.2	45.5
Emergency contraception	7.4	2.3	5.3	100.0
Other in-person HIV prevention	20.4	18.0	26.3	18.2
Information on the Text me! Flash me! Call Me! Helpline	18.5	14.6	10.5	18.2
Contraceptive methods other than condoms and EC	7.4	16.9	5.3	27.3
Text (mHealth) information	13.0	3.4	10.5	9.1
Rape counseling	9.3	10.1	15.8	0.0
Referrals for Mfriend services	14.8	4.5	5.3	0.0
Pregnancy tests	0.0	5.6	0.0	9.1
Referrals for PMTCT	3.7	2.3	5.3	0.0
Referrals for mental health services	1.9	1.1	0.0	0.0
Number of Observations (PEs)	54	89	19	11

While peer educators tended to work with one specific population, SDPs often worked with multiple groups. Among all SDPs, 41.2% served MSM, 70.6% served roamer FSW, 58.5% served seater FSW, and 58.8% also served partners of FSW. As shown in Table 3 below, SDPs offered comparable services to those provided by peer educators. Specifically, all SDPs provided condoms and lubricant, HIV counseling and testing, and STI screening and referral. More than 90% of all SDPs also offered referrals for HIV treatment and mFriend services. Several SDPs also offer additional services, including group events that focus on education and health promotion.

Table 3. Percent of Services Provided by Service Delivery Points

Service Provided by SDP*	Percent Offering Service to any Key Population
HIV counseling and testing	100.0
HIV risk assessment	82.4
Condoms & lubrication	100.0
Emergency Contraception	23.5
Regular contraception other than condoms	11.8
Pregnancy tests	23.5
STI screening and referral	100.0
Rape counselling	52.9
Mental health referral	11.8
mFriend referral	94.1
Referral for HIV treatment	94.1
Referral for PMTCT	35.3
Other referral	17.7
Text me! Flash me! Call Me! Helpline	82.4
MARP specific IEC materials	88.2
Delivery of mHealth messages	64.7
Mobile outreach	94.1
Group events (education and promotion)	88.2
Internet access	17.7
Safe physical space for MARP	41.2
Number of Observations (SDPs)	17

* Among all SDPs, 41.2% served MSM, 70.6% served roamer FSW, 58.8% served seater FSW, and 58.8% served partners of FSW.

3.2.2. CLIENT DEMOGRAPHICS

Outlining the breadth of services provided by peer educators and SDPs is an important step to understanding coverage; however, we must also link these services to reported client uptake in order to generate a more comprehensive picture of program reach. FSW and MSM clients of peer educators were interviewed about their service utilization, knowledge and beliefs regarding HIV/AIDS, and barriers and opportunities for improving quality and access to services in their areas.

Table 4 describes the demographic characteristics of the FSW and MSM service users. On average, seater FSW were older than roamer FSW and MSM. Ghanaians represented the vast majority of respondents, although seater FSW also had a large Nigerian representation at 13.8%.

Table 4. Demographic Information for Client Populations

	MSM	Roamer FSW	Seater FSW	Average
Average Age (Years)	25.82	25.45	30.34	27.20
Nationality				
Ghanaian	95.6%	94.5%	84.8%	91.6%
Nigerian	3.4%	2.8%	13.8%	6.6%
Other	1.0%	2.8%	1.4%	1.7%
City				
Accra	27.9%	40.1%	27.6%	31.8%
Tamale	0.0%	11.1%	5.5%	5.5%
Koforidua	8.4%	14.3%	4.8%	9.2%
Sekondi/Takoradi	40.3%	16.1%	31.0%	29.1%
Kumasi	22.8%	18.4%	31.0%	24.1%
Tema	0.7%	0.0%	0.0%	0.2%
Marital status				
Never married	83.9%	72.4%	49.0%	68.4%
Divorced/separated	9.7%	16.1%	39.3%	21.7%
Widowed	0.3%	3.2%	6.2%	3.3%
Currently married/ living with spouse	6.0%	3.2%	0.0%	3.1%
Religion				
Christian	85.9%	76.5%	86.2%	82.9%
Muslim	9.1%	21.7%	11.0%	13.9%
Other	5.0%	1.8%	2.8%	3.2%
Highest level of education				
Never Attended	3.0%	6.9%	15.9%	8.6%
Primary	4.4%	21.2%	28.3%	17.9%
Middle/Secondary	20.8%	42.4%	34.5%	32.6%
SHS/technical/vocational	51.0%	26.7%	19.3%	32.4%
Higher	20.8%	2.8%	2.1%	8.5%
Mean No. of children	0.3	1.0	1.5	0.9
Number of observations	289	217	145	

MSM and FSW respondents were sampled from various cities across the country, including Accra, Tamale in the north, and the Sekondi/Takoradi area in the coastal west. Forty percent of MSM respondents were from Sekondi/Takoradi. Forty percent of roamer FSW were from Accra, while 31% of seater FSW were located in both Sekondi/Takoradi and Kumasi. Few respondents were married or living with spouses at the time of the interview. For example, 83.9% of MSM were never married in comparison with 49.0% of seater FSW and 72.4% of roamer FSW. On average, seater FSW seem to have more relationship experience, with 39.3% being separated or divorced and 6.2% being widowed. Furthermore, seater FSW had more children on average than roamer FSW or MSM. In terms of average education, MSM were higher achievers than FSW with 51% having completed technical or vocational school. Seater FSW and roamer FSW were similar in that

the majority of each population completed at least middle school; however, 15.9% of seater FSW had never attended school, in comparison with 6.9% of roamer FSW.

3.2.3. *SERVICE UPTAKE AS MEASURE OF COVERAGE: PEER EDUCATORS*

This evaluation asked service users about the services they received from peer educators, drop-in centers, and mobile outreach clinics. The vast majority of service users across all three groups reported having contact with peer educators in the last 12 months. Table 5 details the percent of FSWs and MSM utilizing specific peer educator services *of those who reported having contact with peer educators in the past 12 months*. Service users reported receiving HIV risk reduction counseling from peer educators more often than any other service, although FSW received such counseling more often than MSM (98.6% of seater FSW compared with 89.6% of MSM). Service users also cited HIV testing and screening for STI as commonly received services from peer educators. In general, FSW and MSM reported similar rates of service uptake across the board; however, on average, MSM received HIV tests from peer educators more often than FSWs (94.2% and 82.1%, respectively). Additionally, 16.2% of MSM reported being referred by peer educators for antiretroviral therapy (ART), whereas 9.0% of FSW reported receiving ART referrals from peer educators. Finally, peer educators provided 13.0% of MSM with referrals for mental health services in comparison with 8.8% of FSW. Seater and roamer FSW tended to receive similar services except for a few notable differences. For example, roughly twice as many seater FSW reported receiving referrals for mental health services than roamer FSW. Similarly, 20.3% of seater FSW were referred for drug and alcohol abuse services, whereas 10.0% of roamer FSW reported receiving this type of referral. On average, these referral rates may be indicative of larger social issues impacting these groups. Tables providing a breakdown of service uptake for clients of peer educators by ecological zone and by city are provided in appendix 1.

Table 5. Percent of Service Uptake for Clients of Peer Educators

	MSM	Roamer FSW	Seater FSW	Average
Has been in contact with peer educator in past 12 months	93.3	96.8	98.6	96.2
Number of observations	289	217	145	
<i>Services among those in contact with peer educator in past 12 months:</i>				
HIV risk reduction counseling	89.6	97.6	98.6	95.3
HIV counseling and testing	94.2	82.4	81.8	86.1
Screening for STI	77.0	87.1	83.9	82.7
Referral for treatment of STI	52.5	56.2	54.6	54.4
Emergency contraception or referral for EC	--	20.5	21.0	20.7
Contraceptive methods other than condoms or referral	--	19.5	24.5	22.0
Pregnancy test or referral for pregnancy test	--	20.0	28.7	24.3
Referral for primary health care	37.8	32.4	40.6	36.9
Referral for mental health services	13.0	5.7	11.9	10.2
Referral for drug/alcohol addiction	14.0	10.0	20.3	14.8
Referral for legal assistance	14.4	4.3	13.3	10.7
Referral for clinical care/clinical care	16.2	4.8	13.3	11.4
Referral for PMTCT	--	7.6	14.0	10.8
Sexual assault/rape crisis services or referral	12.6	10.5	13.3	12.1
Condoms	95.7	95.2	93.7	94.9
Lubricant	95.0	88.1	88.1	90.4
Information about reducing risk of HIV	91.4	95.7	90.9	92.7
Number of observations	278	210	143	

3.2.4. SERVICE UPTAKE AS MEASURE OF COVERAGE: DROP-IN CENTERS

Across all three groups, fewer service users reported receiving services at drop-in centers than from peer educators. Just 49.0% of seater FSWs received any service at a drop-in center over a 12 month recall period as compared with 71.4% of roamer FSW and 65.8% of MSM. As shown in table 6, *of those who did receive services*, utilization rates were similar to those receiving services from peer educators. For example, as with peer educators, service users reported receiving HIV risk reduction counseling, HIV testing, and STI screening most often from drop-in centers. However, there was less between group variation for HIV risk reduction counseling and HIV testing at drop-in centers.

Although service uptake between the two types of providers was largely the same, there were some notable differences. For instance, more service users across the three groups reported receiving referrals for legal assistance at drop-in centers than from peer educators. Pregnancy tests or referrals for pregnancy test, on the other hand, were offered less often at drop-in centers, with 19.0% of all FSW receiving one compared with 24.3% of FSW with peer educators. Finally, service users received condoms and lubricant more often from peer educators than drop-in centers. On average, 90.3% of service users received condoms from drop-in centers compared with 94.9% from peer educators. Roamer and seater FSWs continued to report markedly different utilization rates for certain services. For example, more than twice as many seater FSWs received referrals for prevention of mother-to-child transmission of HIV (PMTCT) than did roamer FSW at drop-in centers (18.3% and 7.1%, respectively). The variation was relatively consistent for drop-in centers and peer educators, which likely indicates an inherent difference in roamer and seater FSW. Tables providing a breakdown of service uptake of FSWs and MSM at drop-in centers by ecological zone and by city are provided in appendix 1.

Table 6. Percent of Service Uptake for Service Users at Drop-in Centers

	MSM	Roamer FSW	Seater FSW	Average
Has been to a drop-in center in past 12 months	65.8	71.4	49.0	62.1
Number of Observations	289	217	145	
<i>Of those who have been to a drop-in center in past 12 months:</i>				
HIV risk reduction counseling	96.4	97.4	95.8	96.5
HIV counseling and testing	94.4	96.8	94.4	95.2
Screening for STI	80.1	93.6	87.3	87.0
Referral for treatment of STI	55.6	53.6	45.5	51.5
Emergency contraception or referral for EC	--	15.5	23.9	19.7
Contraceptive methods other than condoms or referral	--	23.9	25.4	24.6
Pregnancy test or referral for pregnancy test	--	16.8	21.1	19.0
Referral for primary health care	39.8	34.2	31.0	35.0
Referral for mental health services	14.8	7.1	15.5	12.5
Referral for drug/alcohol addiction	15.8	10.3	18.3	14.8
Referral for legal assistance	18.4	7.1	16.9	14.1
Referral for clinical care	18.4	7.1	9.9	11.8
Referral for PMTCT	--	7.1	18.3	12.7
Sexual assault/rape crisis services or referral	15.8	9.7	14.1	13.2
Condoms	92.4	91.0	87.3	90.2
Lubricant	88.3	85.8	80.3	84.8
Information about reducing risk of HIV	90.3	91.0	91.6	90.9
Number of observations	196	155	71	

3.2.5. SERVICE UPTAKE AS MEASURE OF COVERAGE: MOBILE OUTREACH

Mobile outreach services were utilized least often by service users. On average, just 38.6% of service users sought out services from mobile outreach clinics over a 12 month recall period. FSW received services from mobile outreach far more often than MSM, with fewer than one-quarter of MSM accessing these services. As with peer educators and drop-in centers, HIV risk reduction counseling, HIV testing, and STI screening were the predominate services utilized by key populations. However, as shown in table 7, service uptake for FSW and MSM who did access mobile outreach services varied considerably by group. For example, of MSM accessing mobile outreach services, 94.3% received HIV counseling and testing, whereas just 64.1% of all FSW accessing mobile outreach received this service. Furthermore, 67.1% of MSM were referred for STI screening and treatment, yet just 38.2% of all FSW received this type of referral. Moreover, considerably fewer FSW received condoms and lubricant at mobile outreach clinics than with peer educators or at drop-in centers, while rates of service uptake for MSM remained relatively constant.

In general, service uptake by roamer and seater FSW was much lower at mobile outreach clinics for the majority of services offered, including HIV testing and STI screening. Furthermore, 19.4% of roamer FSW were referred for primary health care, in comparison with 32.4% and 34.2% of roamer FSW at peer educator and drop-in centers, respectively. On the other hand, greater percentages of MSM accessing mobile outreach reported receiving referrals for mental health, drug and alcohol abuse, legal, and sexual assault services (31.4%, 34.3%, 34.3%, and 34.3% respectively). Additionally, more than one-third of all MSM accessing mobile outreach services reported receiving a Referral for clinical careclinical care.

Table 7. Percent of Service Uptake by MSM and FSWs at Mobile Outreach Centers

	MSM	Roamer FSW	Seater FSW	Average
Has received services from mobile outreach center in past 12 months	23.5	47.5	44.8	38.6
Number of Observations	289	217	145	
<i>Of those who have received services from mobile outreach center in past 12 months:</i>				
HIV risk reduction counseling	95.7	82.5	89.2	89.2
HIV counseling and testing	94.3	62.1	66.2	74.2
Screening for STI	85.7	61.2	76.9	74.6
Referral for treatment of STI	67.1	37.9	38.5	47.8
Emergency contraception or referral for EC	--	11.7	26.2	18.9
Contraceptive methods other than condoms or referral	--	13.6	21.5	17.6
Pregnancy test or referral for pregnancy test	--	10.7	20.0	15.3
Referral for primary health care	55.7	19.4	27.7	25.7
Referral for mental health services	31.4	4.9	15.4	17.2
Referral for drug/alcohol addiction	34.3	5.8	18.5	19.5
Referral for legal assistance	34.3	5.8	13.9	18.0
Referral for clinical care/clinical care	35.7	6.8	10.8	17.8
Referral for PMTCT	--	7.8	16.9	12.3
Sexual assault/rape crisis services or referral	34.3	6.8	12.3	17.8
Condoms	95.7	68.0	72.3	78.7
Lubricant	94.5	64.1	60.0	72.9
Information about reducing risk of HIV	95.7	70.9	72.3	79.6
Number of observations	70	103	65	

3.3. MEASUREMENT

Specific local NGOs providing HIV prevention services to FSW and MSM across the country are outlined in this section, as well as the types of services being offered to and accessed by FSW and MSM. Implementers' strategies for measuring program reach are provided in this section in order to more clearly understand the extent of program coverage in Ghana.

3.3.1. DESCRIBING COVERAGE

The NSP prevention strategy is carried out largely by the peer educators, SDPs, and local NGOs that work directly with key populations of interest. While each provides essential programs to MSM and FSW, they also provide analogous services to potentially overlapping groups. Peer educators reported working with an average of 16 new service users and 23 repeat service users over a 30-day recall period. SDPs, on the other hand, estimated that they came into contact with an average of 70 new FSW service users within the 30 days. They also reported working with an average of 193 repeat FSW service users during the same time period. SDPs saw far fewer MSM service users; averaging about 23 new contacts and 19 repeat service users in 30 days.

SDPs were able to provide specific estimates of new and repeat service users per month; however, it is unclear whether SDPs are reaching appropriate numbers of service users given the ambiguity surrounding the size of key population groups within SDP catchment areas. On average, SDP interviewees were unable to provide estimated group sizes. When asked about the size of FSW groups, 52.9% of SDPs were not able to provide an estimate. Of the SDPs that could approximate the size of the FSW group they serve, estimates ranged from 300 to 15,000 FSW. Similarly, the estimated size of MSM groups within catchment areas ranged from 150 to 250,350 men, and 76.5% of SDPs were unable to provide any estimate. Just one SDP reported figures from an IBBSS study, and two others reported estimates based on other studies. The remaining SDPs provided estimates based on expert opinion or peer educator reports.

Local NGOs also reported estimates of the FSW and MSM reached over a 12 month period. There were eight organizations that did not serve MSM; however, those that did reported reaching an estimated 2,597 MSM in one year. There were also five organizations that did not serve FSW, yet those that did reported reaching an estimated 4,596 FSW over 12 months. The size estimates reported by local NGOs ranged considerably. Although this may reflect differences in the size or capacity of organizations, it is more likely a result of the lack of clarity surrounding how program reach is defined. For example, one respondent defined program reach as specifically "when a client has been provided with at least three services of the HIV package." Another respondent's criteria were much broader, including "people reached by HIV prevention messages." Yet another respondent acknowledged a two-part process for reaching key populations that involved providing information and referring clients to the care they need, described as "number of [people] reached with information on HIV, STIs, condoms, and then referred to services." This lack of clarity

provides a source of measurement error, making it difficult to compare and interpret the results of this evaluation.

3.3.2. REPORTING, TRAINING, AND SUPERVISION

3.3.2.1. Implementer Reporting Procedures for Measuring Coverage

The NSP seeks to implement a package of high quality, accessible, and acceptable HIV prevention services. Data collection and reporting mechanisms can help facilitate this process by generating evidence to monitor progress and guide decision making. Peer educators and employees of SDPs are trained on the client data reporting processes that should be followed. Although not all SDPs follow the same procedures, the mechanisms for reporting seem to be more streamlined for fixed drop-in centers. However, the procedures continue to differ considerably between individual peer educators.

There was sizeable variation in the type and richness of information collected for each new contact by peer educators. Although the vast majority of peer educators collected client data, 9.2% of peer educators reported that they do not take down any basic client contact information. The range of new client data collected is as follows: 89.7% reported asking for a new client's name, 44.3% asked for a new client's address, and just 17.8% recorded the service provided to the client. Of the peer educators that did record client data, 69.0% recorded this information in a notebook, while 25.3% used a standardized client register. SDPs, on the other hand, tended to collect more detailed information on new service users. Although only 82.35% of all SDPs reported collecting basic contact information, 94.1% collected names of new service users, 76.5% collected addresses, and 82.5% recorded the service that the client received. All SDPs reported recording this information in a standardized client ledger or chart. Finally, 56.9% of peer educators said they reported client data to a supervisor on a weekly basis. An additional 28.7% reported back every month. More than two-thirds of SDPs (64.7%) reported their data to supervisors or program officers on a monthly basis, while an additional 23.5% reported data on a weekly basis.

Double counting is a potential limitation and source of measurement error when recording and reporting client data. Double counting could take place both within and between providers. For example, if a peer educator reports providing services to a single client twice, the peer educator overestimates the number of FSW or MSM he or she has reached in that reporting period. Additionally, if a SDP and peer educator report providing services to the same MSM and FSWs, together they will overestimate the total population served. For this reason, providers must be very clear in their reporting mechanisms and check in with partner organizations so as to eliminate double counting to the extent possible. Unique identifier codes (UIC) are numbers given to each new contact to help identify that person as a service user while keeping their contact information private. Client identifiers are also meant to help providers manage their client list and avoid double counting. Slightly more than half of peer educators (51.1%) assigned service users unique identifier numbers. While a significant portion of peer educators reported using UICs, only 8.0% of

peer educators mentioned using UIC in a free response question about how to define a client contact for reporting purposes. By comparison, 100% of SDPs reported using UIC to identify their clients.

When asked if there was a way of knowing for sure whether or not a client had seen another peer educator or drop-in center, 87.4% of peer educators and 100% of SDPs confirmed that they did have a method. However, the responses for how one could tell were less convincing. The vast majority of peer educators responded that they could tell if a client had been in contact with another peer educator by asking the client directly. Of course, recall bias is a significant concern with this strategy. Just one peer educator reported that he or she would cross-check his or her records with the local health facility, and two others mentioned checking records with peer educator colleagues. Roughly 41% of SDPs, on the other hand, mentioned the use of UICs to determine whether or not a client had seen another provider. However, asking clients directly was still a prominent response among SDPs. Of local NGOs, 57.1% said that double counting was never a problem for their organizations; however, 28.6% reported that it is a problem at times. The level of uncertainty surrounding double counting suggests that program reach may indeed be overestimated by certain providers.

3.3.2.2. Training for Program Implementers

SDPs provide formal training to peer educators on standard operating protocol as well as procedures for reporting client data. Of peer educators, 97.7% reported attending an orientation when they first became a peer educator. Senior peer educator mentors, supervisors, or the director of local NGOs were the primary providers of these trainings, which typically cover a range of topics including: client data collection, data reporting, HIV knowledge and attitudes, client confidentiality, and mHealth. Similarly, 100% of local NGOs reported having a standard training that all peer educators are required to attend. Furthermore, 100% of local NGOs provide equipment and materials to peer educators, including uniforms, notebooks, condoms, and models for demonstrations.

However, of all peer educators, 87.9% reported ever receiving formal training on reporting mechanism with 69.3% being trained by their supervisor. Of the peer educators that received training in the 12-month period prior to the interview, just 52.9% and 47.7% received training on client data collection and data reporting, respectively. Despite that roughly half of peer educators received data reporting training during the previous year, 97.1% reported feeling very confident in their ability to appropriately record and report client related data.

All SDPs employ and train at least one staff member to collate and report client data on a regular basis. Monitoring and evaluation coordinators at local NGOs or donor organizations were most often responsible for training employees. Of those with this position at SDPs, 94.1% felt very confident in their reporting abilities, and the remaining 5.9% felt somewhat confident.

3.3.2.3. Supervision and Support for Program Implementers

Supervising and providing sufficient support to peer educators and staff ensures that providers have the relevant skills to make them more efficient in their roles. About 99% of peer educators receive support and supervision. All peer educators are encouraged to meet with supervisors on a regular basis; however, meetings range in frequency from daily to twice per year. Roughly one-quarter of peer educators met with their supervisor on a daily basis, while 27.8% met with their supervisor every week. These meetings are an opportunity for peer educators to report client data and ask questions. The peer educator-supervisor relationship appears strong with 80.5% referring to supervisors when they are unsure how to answer a client's question. Others typically ask fellow peer educators in the field.

Not all supervisors provide peer educators with the same materials. For example, 80.5% of peer educators received a written description of their roles and responsibilities. Furthermore, 74.1% received a written supervision checklist with an equal percentage receiving written performance evaluation objectives. Similarly, 70.1% of peer educators received a performance appraisal from their supervisor in the past year, which is an important aspect of improving the services they provide. All local NGOs employed peer educator supervisors. Although 71.4% of local NGOs had one supervisor, others had up to four at the time of interview. Of all local NGOs, 92.9% provided supervisors with specific training and 78.6% provided supervisory checklists.

3.3.3. *OTHER SERVICE PROVIDERS*

Another important aspect of coverage is overlap between organizations within the same service area. It may be effective having multiple organizations in a given area providing complementary services, particularly if they are serving a large, complex client base. However, the challenge lies in working together to reach all potential clients instead of competing for the same clients and offering duplicative services. More than half of SDPs (52.9%) reported that there are organizations other than the Ghana Health Service providing HIV prevention programs to key populations in their catchment area. Another 11.8% were unsure of any potential overlap. Most SDPs felt these other organizations provided complementary services, particularly to the general population, and did not feel that overlap was an issue.

3.4. PROGRESS TOWARD 80% COVERAGE

As previously mentioned, the NSP's main goal is to "reach 80% of all identified key populations by 2015 with a comprehensive and evidence-based package of HIV prevention, protection, treatment, care, and support services." This evaluation has found that a sizeable portion of the population is indeed being reached, as evidenced in part by the percentage of service users accessing services from peer educators, drop-in centers, and mobile outreach clinics. However, the exact reach of the key population program is unclear given the measurement error in how providers define coverage and determine double counting.

In order to assess the reach of the program, providers must operate under a clear and common definition of coverage. As mentioned above, local NGOs defined program reach in various ways. Some considered a client had been reached when they received three or more prevention services, whereas others felt any FSW or MSM receiving HIV prevention messages could be included per their definition. This variation introduces measurement error into the evaluation and makes the numbers reported here not directly comparable. At the time of this writing, the GAC TWG for Key Populations had already identified this as a potential problem and had initiated conversations to define program reach for reporting purposes.

Double counting is another source of measurement error that limits our ability to determine the full extent of program reach. Providers do not have a clear mechanism for concluding whether or not two providers served the same client during a specific reporting period. Simply asking a client about his or her service uptake is not a reliable method to determine double counting since a client may forget or decline to disclose the information. Some organizations have implemented UICs in an effort to reduce double counting; however, this may not be as effective across organizations without collaboration and cross checking.

Defining coverage and establishing mechanisms to manage double counting represent two strong limitations of using routine program data to measure program success. An alternative for successfully measuring reach might be to use a representative population-based survey such as IBBSS. GAC will need to collaborate with partners to eliminate these issues in order to determine whether or not 80% of the population is reached by 2015.

3.5. QUALITY

Under the NSP's first objective, "to develop and implement evidence-based, comprehensive HIV prevention, protection, treatment care, and support services for MARPs," GAC has included several strategies that aim to update and implement a package of services that are acceptable, accessible, and of high quality. If clients and staff do not perceive services to be of high quality, it is unlikely the program will achieve a strong, sustainable impact that reaches its goal of at least 80% of the population. This section addresses the evaluation's second priority question: To what extent are planned MSM and FSW program activities realized and implemented with improved quality? To answer this question, quality and its associated dimensions must first be defined, and the resulting framework must then be related to the key population program.

3.5.1. *DEFINING QUALITY*

Measuring quality in health care is a complex undertaking because the term *quality* can take on different meanings for different people and in different contexts. For the purposes of this study, quality is defined in terms of the way FSW and MSM are treated by providers of HIV prevention programs. Quality is also defined in terms of provider perceptions of how care is being received by the population of interest. This study uses a multi-

component definition provided by the *Operational Guidelines or Monitoring and Evaluation of HIV Programmes for Sex Workers, Men who have Sex with Man, and Transgender People* and adapted by Andrudh K. Jain (1989). The definition of quality in this study explores the five A's of quality, which are adherence to national standards, availability of services, accessibility of services, acceptability of services, and attitudes of service delivery providers towards users are positive. This study also used Jain's definition to inform and modify the five A's. For example, the study includes Jain's appropriate constellation of care, which ensures that services are appropriate, convenient, and acceptable to the population they are intended to serve, under the fourth A of acceptability. The fifth A, attitudes of services delivery providers towards users are positive, was adjusted so that it would be bi-directional, allowing an evaluation of positive attitudes of both providers and clients. Jain's elements of provider competence and a strong client/provider relationship were also included in defining quality for this study.

3.5.2. *QUALITY: ADHERENCE AND AVAILABILITY*

The first of the five A's, adherence to national standards, was addressed in that all services offered by the local NGOs and reported by FSW and MSM service users are part of the service package detailed in the Operationalization Plan for Key Populations. As evidenced by discussion in sections 3.3 and 3.4, mechanisms for reporting and supervision may need to be nationally standardized in order to continue to improve service provision across the country.

The second A, availability of services, was discussed in detail in section 3.2. In general, implementers are providing a comprehensive package of services that covers education, prevention, and referrals for treatment and care. These services are made available through several providers, including peer educators, drop-in centers, mobile outreach clinics, and a number of mobile and internet-based platforms. However, not all services are presently available from all program implementers.

3.5.3. *QUALITY: ACCESSIBILITY OF SERVICES*

One way to determine accessibility is to understand the characteristics of those who are not currently accessing services and to tailor services to better meet their needs. This evaluation does so by evaluating the perceptions of FSW and MSM non-users of services. Further discussion of access is contained in section 4.

3.5.3.1. Non-client Demographics

This evaluation included a survey of 327 FSW and 153 MSM non-users of services that were used as comparison groups by which the impact of program exposure can be measured. Non-users of services, or 'non-clients', are defined as FSW or MSM who were not receiving peer educator services at the time of the interview. As shown in table 8, service users and non-users of services have similar demographic backgrounds. For example, mean age and mean number of children were similar for all non-user groups in comparison with

their service user counterparts. MSM, in particular, exhibit similar baseline characteristics between the two groups with the exception of education. MSM service users were more educated than non-users of services, with 20.8% of service users and 5.9% of non-users having completed programs higher than vocational school.

Demographics tended to vary more for FSW. For instance, a higher portion of the roamer FSW service user population was Ghanaian compared with the non-user group. More notably, greater percentages of roamer FSW ‘non-clients’ reported having no education *and* higher education than their client counterparts. More specifically, 12.2% of non-user roamers had no education compared with 6.9% of service users, and 6.3% of non-users of services had completed programs higher than vocational school compared with 2.8% of service users. Seater FSW ‘non-clients’ were also different from their client counterparts in terms of education. While both groups had high percentages of women never attending school (15.9% of service users and 16.7% of ‘non-clients’), the variation in those completing primary and secondary school was much greater. More than half of seater non-users of services finished secondary school compared with little more than one-third of seater service users. Finally, seater ‘non-clients’ reported being never married more often than users of services, 58.3% and 49%, respectively.

Table 8. Demographic Information – FSW & MSM Service Users and Non-users

	Service Users			Non-users		
	MSM	Roamer FSW	Seater FSW	MSM	Roamer FSW	Seater FSW
Average age in years (range)	25.8 (18-48)	25.4 (18-60)	30.3 (18-65)	25.4 (18-65)	25.4 (18-51)	27.2 (18-43)
Nationality						
Ghanaian	95.6%	94.5%	84.8%	98.0%	87.1%	83.3%
Nigerian	3.4%	2.8%	13.8%	0.7%	7.6%	12.5%
Other	1.0%	2.8%	1.4%	1.3%	5.3%	4.2%
City						
Accra	27.9%	40.1%	27.6%	54.9%	39.6%	33.3%
Tamale	0.0%	11.1%	5.5%	10.5%	10.6%	25.0%
Koforidua	8.4%	14.3%	4.8%	2.0%	9.9%	4.2%
Sekondi/Takradi	40.3%	16.1%	31.0%	15.0%	20.1%	4.2%
Kumasi	22.8%	18.4%	31.0%	17.7%	11.2%	33.3%
Tema	0.7%	0.0%	0.0%		8.6%	
Marital status						
Never married	83.9%	72.4%	49.0%	78.4%	66.0%	58.3%
Divorced/separated	9.7%	16.1%	39.3%	10.5%	23.1%	20.8%
Widowed	0.3%	3.2%	6.2%	2.0%	2.0%	0.0%
Currently married/living with Spouse	6.0%	3.2%	0.0%	9.2%	5.3%	0.0%
Refused					3.6%	20.8%
Religion						
Christian	85.9%	76.5%	86.2%	84.3%	79.2%	54.2%
Muslim	9.1%	21.7%	11.0%	11.1%	14.9%	29.2%
Other	5.0%	1.8%	2.8%	4.6%	5.9%	16.7%
Highest level of education						
Never Attended	3.0%	6.9%	15.9%	2.6%	12.2%	16.7%
Primary	4.4%	21.2%	28.3%	8.6%	14.9%	4.2%
Middle/Secondary	20.8%	42.4%	34.5%	38.1%	39.3%	54.2%
SHS/Technical/Vocational	51.0%	26.7%	19.3%	44.7%	27.4%	20.8%
Higher	20.8%	2.8%	2.1%	5.9%	6.3%	0.0%
Don't Know						4.2%
Mean # of children	0.31	1.03	1.54	0.36	1.03	1.08
Observations	289	217	145	153	303	24

3.5.5.2 Service uptake by non-users of services

Peer educators: Fewer than half of FSW non-users of services had heard of peer educators at the time of interview, which includes 42.9% of roamer ‘non-clients’ and 37.5% of seater ‘non-clients’. More MSM ‘non-clients’ had heard of peer educators, though this only represents 60.1% of all MSM non-users. These figures suggest that peer educators and associated organizations could better advertise their services to their population of interest. Fortunately, of those had heard of peer educators, the majority reported hearing positive opinions of peer educators and the services provided, including 89.2% of roamer, 88.9% of seaters, and 93.8% of MSM non-users of services. When asked what types of services they had heard peer educators provided, FSW and MSM ‘non-clients’ mentioned several relevant topics such as education, HIV prevention, and condom distribution.

The ‘non-clients’ that had heard of peer educators indeed demonstrated an understanding of the peer educator mission. Nevertheless, they did not access peer educators services for a number of reasons. Of the FSW non-users of services who had heard of peer educators, 19.2% and 11.1% of roamers and seaters, respectively, said they did not know how to find a peer educator. An additional 10.9% of MSM reported not knowing how to contact one. Twenty percent of roamer ‘non-clients’ and 11.1% of seaters said they were afraid others would discover they were FSWs. Interestingly, lack of confidentiality was a concern for 15.4% of roamers but not at all for seaters. MSM were more concerned with confidentiality, with 19.57% reporting it as a barrier to contacting a peer educator. Some ‘non-clients’ simply did not have the time, including the 23.3% of roamers, 22.2% of seaters, and 28.3% of MSM that reported being too busy to access services. Finally, 16.9% of roamers, 11.1% of seaters, and 16.3% of MSM reported that they did not require peer educator services.

Mobile outreach: Far fewer FSW and MSM non-users of services had heard of mobile outreach services than peer educators at the time of the survey, including 28.4% of all FSW ‘non-clients’ and 29.4% of MSM ‘non-clients’. Slightly more than one-third of all roamer FSW non-users had heard of mobile outreach services compared with 20.8% of seaters. The 15-percentage point difference may be due to the limited mobility of seaters and lack of advertising on behalf of the mobile outreach provider. Similar to those who had actually heard of peer educators, ‘non-clients’ reported hearing positive feedback and comments about mobile outreach services, including 100% of MSM, 95.4% of roamer FSW, and 100% of seater FSW ‘non-clients’. Non-users of services were also able to correctly name education, prevention, and condom distribution as key services provided by mobile outreach.

Non-users of services who had heard of but had not used mobile outreach services provided important insight as to why services were not accessed. Not having sufficient time to seek services was a common response for MSM and FSW (28.9% and 25.6%, respectively). Additionally, some ‘non-clients’ felt the hours of operation were too inconvenient. Others, including MSM and roamer FSW, had concerns about privacy and avoided mobile outreach so others would not learn that they were involved in sex work. Lack of transportation did not appear to be a barrier for any of the non-client groups.

Text me! Flash me! Call Me! Helpline: Non-users of services were also asked about their experience with the Text me! Flash me! Call Me! Helpline, an HIV prevention service that provides information on reducing risks and accessing services to targeted populations. Mobile phone access was widespread in ‘non-client’ populations; 96.7% of MSM ‘non-clients’ and 94.5% of FSW ‘non-clients’ either owned or had access to a cell phone. Mobile phone usage, however, was slightly lower in both populations with 92.2% of MSM ‘non-clients’ and 85.0% of FSW ‘non-clients’ reporting that they always used a cell phone. Despite the ubiquity of mobile phones, few ‘non-clients’ had heard of the Text me! Flash me! Call Me! Helpline. Less than one-quarter (23.3%) of MSM ‘non-clients’ had heard of the helpline, and only 19.4% of those who had heard of it took advantage of its services. By contrast, 19.9% of FSW ‘non-clients’ had heard of the Text me! Flash me! Call Me! Helpline, but 38.5% of those who had heard of it went on to utilize its services. Both FSW and MSM ‘non-clients’ that used the helpline were pleased with the services they received. Furthermore, those who had not actually used the helpline reported hearing positive comments about the service offered, including 92.7% of FSW ‘non-clients’ and 86.2% of MSM ‘non-clients’. The fact that a greater portion of FSW ‘non-clients’ that had heard of the helpline actually used the services suggests that this method for disseminating HIV prevention information may be more appealing, more accessible, or more acceptable to FSW than MSM ‘non-clients’. Alternatively, FSW ‘non-clients’ reported hearing more favorable feedback, which may have impacted FSW ‘non-clients’ decision to utilize this service more often than MSM ‘non-clients’.

3.5.4. QUALITY: ACCEPTABILITY OF SERVICES

3.5.4.1. Appropriate Constellation of Care

Constructing and ensuring an appropriate constellation of care requires that providers offer appropriate and convenient services that are acceptable to the target population as well as the surrounding community. This evaluation assessed community awareness of SDP services as one measure of appropriateness. Although some SDPs were unsure if their community knew about the services provided by their organization, 58.8% of SDPs reported that their community was indeed aware. One SDP reported that the surrounding community was somewhat intolerant of their organization; however, 82.4% of SDPs reported receiving community support. All SDPs felt their physical location was accessible to their target population, although 41.2% reported most service users accessed their location by taxi. Only 11.8% reported clients most often accessed the location by walking. Having a location within walking distance would certainly help reduce ancillary costs of receiving care; however, qualitative evidence suggests that some clients actually prefer locations to be outside of town for privacy reasons.

Privacy is also a key measure of service acceptability. Providers are required to follow standards for ensuring that the privacy of clients is maintained. Of all SDPs, 76.5% reported having a confidential room available for HIV counseling and testing. Also, 94.1% of SDPs have a lockable filing cabinet for storing patient information. Privacy and safety was evaluated at drop-in centers for clients. Overall, 94.4% of MSM and 98.6% of all FSW that

accessed services at drop-in centers felt safe while at the facility. Furthermore, 93.4% of MSM, 92.9% of roamer, and 100% of seater FSW felt their privacy was maintained at all times during their appointment.

3.5.4.2. Repeated Service Uptake

Service uptake by clients can be a strong indicator of how acceptable services are to the population of interest. However, the descriptive statistics provided in the coverage chapter are somewhat limiting; perhaps a stronger indicator of service acceptability and usability is the number of times clients return to a specific provider for HIV prevention services. For example, as shown in table 9, a large percentage of clients utilize peer educator services. Of those who were in contact with a peer educator, only 8.6% of MSM and 7.9% of all FSW had one encounter with a peer educator. All others reported having more than one, and sometimes quarterly, interactions with peer educators. Smaller percentages of the overall client population sought care at drop-in centers and mobile outreach. Nevertheless, clients who received care tended to return for additional services within a 12-month period. Mobile outreach services had the lowest rates of return for clients who received services. These findings suggest that once a client is exposed to a particular provider or service, they find the services to be of acceptable quality and are interested in receiving services again. Peer educators may have a high rate of repeat clients since they more actively reach out to those on their client lists. Mobile outreach, on the other hand, might consider addressing some of the barriers to care expressed by clients and ‘non-clients’ in order to encourage clients to return.

Table 9. Percent of Repeated Service Uptake by Clients by Place of Contact, including Number of Times Clients Who Sought Care in 12-Month Period

	MSM	Roamer FSW	Seater FSW
<i>Peer Educators</i>			
Has been in contact with peer educator in past 12 months	93.3	96.8	98.6
Once*	8.6	8.1	7.7
More than once*	91.4	91.9	92.3
<i>Drop-in Centers</i>			
Visited a drop in center in the past 12 months	65.8	71.4	49.0
Once*	9.2	12.3	9.9
More than once*	86.7	87.7	85.9
<i>Mobile Outreach</i>			
Received services from mobile outreach in past 12 months	23.5	47.5	44.8
Once*	11.4	35.9	30.8
More than once*	88.6	64.1	69.2

* Note: “once” and “more than once” are only for those who did have contact with provider

3.5.5. QUALITY: ATTITUDES OF PROVIDERS AND CLIENTS

3.5.5.1. Knowledge and Attitudes of Peer Educators

The knowledge and attitudes of peer educators can also be used as an indicator of service quality. After all, one cannot expect clients to be well educated in HIV prevention and treatment options if providers themselves are not sharing good quality information. Measuring peer educator attitudes and knowledge is also an important tool to help inform the content of future trainings and refresher courses. Overall, peer educators were quite knowledgeable on the causes and modes of HIV transmission. Peer educators answered 90.5% of questions correctly in a module assessing HIV prevention knowledge. Almost all peer educators knew men can give HIV to women and women can give HIV to men, with 98.3% of peer educators correctly answering each question. In addition, 96.6% of peer educators knew that HIV is virus that causes AIDS.

Although the overall average seems high, responses to some questions might suggest that peer educators require additional training and information. For example, one-third of peer educators incorrectly responded that a person must have many different partners in order to contract HIV. This is concerning given that their clients engage in sex with multiple partners on a regular basis. Another example is that 15.5% of peer educators responded that there is a cure for HIV and another 2.9% responded that they did not know. Peer educators must clearly understand that, although treatment exists to alleviate the symptoms of HIV/AIDS, this is not the same as a cure.

Having a positive attitude toward people living with HIV/AIDS (PLWHA), including but not limited to potential clients, is an important aspect of the peer educator position. Measuring peer educator knowledge ensures that clients are receiving appropriate information, whereas peer educator attitude gives insight into prevailing social norms. Overall, peer educators had an encouraging attitude toward HIV. One module in the survey asked whether or not peer educators disagreed with a statement about HIV; for example, “People who have HIV are like everybody else”. In general, peer educators had a positive response 83.8% of the time. However, these responses varied considerably. For example, 97.1% of peer educators disagreed that people who have HIV must have done something wrong and deserve to be punished. Yet 44.3% of peer educators felt that people with HIV should feel guilty, which seems to imply that they should feel they have done something wrong. Another interesting point is that 95.4% of peer educators agreed that getting tested for HIV helps people feel better. At the same time, 29.3% of peer educators agreed that those who test positive should hide it from others. Furthermore, 50.3% of peer educators agreed that people in their lives would leave them if they knew they were HIV positive. These conflicted attitudes toward PLWHA suggest that stigma and discrimination are widespread and even affect a knowledgeable, supportive group of individuals who are committed to working with those most at risk.

3.5.5.2. Knowledge and Attitudes of Clients

We also measured the knowledge and attitudes of clients to better understand the extent of information sharing between patients and providers, as well as the key messages that are being conveyed to the target population. Clients were asked to name ways to reduce their risk of contracting HIV, and the results indicate that condom usage is promoted as a prevention method far more often than any other method. Condoms were mentioned by 96.7% of FSW and 87.9% of MSM. By comparison, being faithful to one partner was mentioned as a HIV prevention strategy by 48.1% and 53.4% of FSW and MSM, respectively. FSW mentioned avoiding contaminated needles more often than MSM (62.4% and 43.3%). FSW also mentioned avoiding casual sex more often than MSM (44.2% and 28.5%). Overall, roamers and seaters shared similar responses, and FSW mentioned more methods than MSM.

FSW and MSM generally had an encouraging attitude toward PLWHA, though MSM attitudes were slightly more positive. MSM responded positively 86.7% of the time to statements about how those with HIV should be treated, and FSW responded positively 79.4% of the time by comparison. MSM and FSW agreed that people living with HIV deserve equal treatment from healers (91.9% and 91.7%, respectively). However, 80.4% of FSW agreed that people living with HIV should be allowed to participate in social events in the community compared with 94.6% of MSM. In general, FSW had less positive attitudes toward inclusion and allowing people with HIV to work and participate in the community. Furthermore, 44.2% of FSW said they would feel ashamed if someone in their family had HIV compared with 36.9% of MSM.

The attitudes of non-users of services followed a similar pattern. MSM ‘non-clients’ responded positively 81.4% of the time while FSW ‘non-clients’ reported an encouraging attitude 75.7% of the time. The attitudes of on-users of services were slightly lower for most questions than their client counterparts. One exception was that slightly more MSM ‘non-clients’ thought those with HIV should be treated the same by healers (93.5% compared with 91.9% of MSM service users above). Also, slightly more FSW ‘non-clients’ agreed that people with HIV should participate in social events in their community than their client counterparts. However, 54.7% of FSW ‘non-clients’ and 43.1% of MSM ‘non-clients’ said they would be ashamed if someone in their family had HIV, which are greater proportions than both service user groups by comparison.

3.5.5.3. Client/Provider Relations

Peer educators: Of the service users who saw peer educators over a 12-month period, the vast majority reported feeling satisfied with the services they received, including 98.6% of MSM, 97.1% of roamers, and 97.9% of seaters. As shown in table 10, service users felt very positively about peer educators and reported that they were attentive, responsive to client needs, and friendly. In line with these findings, 98.9% of MSM, 96.2% of roamers, and 96.5% of seaters said they would be interested in receiving services again from a peer

educator. Furthermore, 99.2% of MSM, 96.2% of roamers, 96.5% of seaters would recommend peer educator services to a friend.

Table 10. Percent of Clients with Positive Feelings about Services from Peer Educators

Clients Reporting that Peer Educators Were:	MSM	Roamer FSW	Seater FSW
Attentive	98.9	98.1	97.9
Responsive	99.2	98.5	97.2
Friendly	99.6	99.1	98.6

Drop-in centers: Service users also reported feeling satisfied by the services they received at drop-in centers. Of those that visited drop-in centers, 98.7% of roamer and 97.2% of seater FSW as well as 94.4% of MSM felt satisfied with the services provided. As shown in table 11, MSM and FSW generally rated drop-in center with high marks for attentiveness, responsiveness, and friendliness. However, MSM felt less positively about these characteristics than either roamer or seater FSW. Drop-in center staff were considered professional and respectful; however, 25.5% of MSM, 20% of roamer FSW, and 32.4% of seater FSW reported feeling judged by staff members. Feeling judged did not directly translate into being treated unfairly, yet almost one-quarter of MSM as well as 9% of roamer and 12.7% of seater FSW felt they received unfair treatment at drop-in centers. MSM reported being less likely than FSW to receive services at drop-in centers again, although 94.4% of MSM and 97.6% of all FSW reported they would recommend drop-in center services to a friend.

Table 11. Percent of Clients with Positive Feelings about Services with Drop-in Center Providers

Clients Reported Drop-in Center Staff Were:	MSM	Roamer FSW	Seater FSW
Attentive	94.4	100.0	97.2
Responsive	94.4	99.4	97.2
Friendly	94.4	100.0	97.2
Felt welcomed	94.4	100.0	97.2
Treated unfairly	23.5	9.0	12.7
Respectful	93.9	100.0	95.8
Professional	94.4	99.4	97.2
Knowledgeable about resources	97.4	100.0	97.2
Maintained privacy	93.4	92.9	100.0
Serviced helped reduce risk (a lot)	85.2	91.0	87.3
Staff listened to concerns (a lot)	86.7	86.5	85.9
Staff judged you? (a lot)	25.5	20.0	32.4
Felt Safety	94.4	98.7	98.6

Mobile outreach: Clients reported feeling less satisfied with mobile outreach than peer educators or drop-in centers. However, satisfaction was still quite high as evidenced by the 98.6% of MSM, 91.3% of roamers, and 92.3% of seaters reporting that they felt satisfied with mobile outreach services. Table 12 shows the percentages of service users who felt staff members at outreach centers were attentive, responsive, and friendly. MSM scored outreach staff higher across all three categories than roamers or seaters. All FSW, but roamers in particular, felt that staff members at outreach centers were less attentive, responsive, and friendly than those at drop-in centers or peer educators. Reflective of these findings, 98.6% of MSM, 89.3% of roamers, and 87.7% of seaters reported that they would receive services at mobile outreach centers in the future. Slightly fewer in each category, however, would recommend these services to a friend: 97.3% of MSM, 90.3% of roamers, and 89.2% of seaters.

Table 12. Percent of Clients with Positive Feelings about Services from Mobile Outreach Centers

Clients Reporting that Mobile Outreach Staff Were:	MSM	Roamer FSW	Seater FSW
Attentive	98.6	88.4	92.3
Responsive	97.3	90.3	92.3
Friendly	98.6	91.3	92.3

4. BARRIERS AND FACILITATORS TO ACCESSING HEALTH SERVICES BY MSM AND FSW

This section presents both the potential and real barriers and opportunities for key populations with regards to access to health services from program implementers. The chapter draws heavily on the qualitative data collected through open-ended questions in the FSW, MSM, and service provider questionnaires (peer educator and SDP) as well as focus group discussions held with FSW. Quantitative survey data from the FSW and MSM questionnaires are used to address specific barriers and opportunities relating to mobile and Internet technologies.

4.1. POTENTIAL BARRIERS AND OPPORTUNITIES FOR FSW

Table 13 presents some opportunities as well as potential barriers that prevent FSW service users from accessing health services from program implementers. One such opportunity is the ubiquity of mobile phone use among FSW clients; more than 80% of FSW have and always use a mobile phone. Unfortunately, only about 40% of FSW had heard of the Text me! Flash me! Call Me! Helpline and, of those who had heard of it, nearly 60% had not used it.

Similarly, Internet use among FSW was very low. Eighty percent of FSW indicated that in the past 12 months they had not used the Internet to get information about HIV prevention specifically intended for FSW. Most FSW would like services such as periodic HIV information through peer educators (90%) and TV/radio (56.9%). Channels of mHealth such as text messaging, Facebook, Twitter, WhatsApp, email, or the Web were not popular.

Table 13. mHealth Opportunities and Experiences of FSWs

Opportunity or Barrier	FSW Service Users (%)	FSW Non-Users of Services (%)
Has a cell phone	82.3	85.6
Cell phone usage frequency		
Always	80.9	85.0
Sometimes	10.8	10.4
Rarely	5.8	4.0
Never	2.5	6.6
FSW has heard of the Text me! Flash me! Call Me! Helpline	43.6	19.9
Ever used the Text me! Flash me! Call Me! Helpline		
No	57.0	61.5
Yes, one time	14.6	26.2
Yes, more than once	28.5	12.3
Satisfaction with the Text me! Flash me! Call Me! Helpline		
Very Satisfied	86.8	72.0
Somewhat satisfied	11.8	20.0
Don't Know	1.5	4.0
Impressions based on things heard about Text me! Flash me! Call Me! Helpline		
Very positive	44.4	0
Somewhat positive	44.4	92.7
Very negative	1.1	4.9
Don't Know	6.7	85.6
Never used the Internet to get information about HIV prevention specifically for FSW in the past 12months	79.8	74.3
Willingness to use a service that allows FSW to send text message and request for HIV information	69.3	
Willing to use a service that provides periodic HIV information through various channels		
Peer educators	90.1	37.6
Drop-in Centers	45.3	20.5
Mobile Outreach	27.9	39.8
TV/radio	56.9	66.7
Text Messaging	23.5	35.5
Facebook	6.9	14.7
Twitter	1.9	5.8
WhatsApp	5.8	11.3
Email	2.5	5.8
Web Portal	0.3	0.6
Number of Observations	362	327

Barriers to receiving HIV testing or attending referrals are echoed in the FGDs conducted among FSW. FSW who use and do not use services, both roamers and seaters, were interviewed in FGDs. However, the FGDs did not largely differ in their content on the basis of these divisions. Both service users and non-users emphasized the role of social stigma in

influencing their use of services. FSW reported a reluctance to use services unless they can be assured of respectful treatment and confidentiality. For example, one FSW reported:

They said nurses came around to undertake HIV testing for us but we suggest the nurses to come to our community in order for us to have a convincing issue of confidentiality. We can create a conducive place for the nurse to operate. We don't want just anybody to come and talk to us or test us when we don't know the person. Since somebody can pretend to come from the hospital and get to gather information from us.

Tema seater FSW

This comment illustrates the importance of trust and confidentiality to FSW. Another FSW FGD participant said the following:

Sometimes the looks and treatment/care or handlings you would receive after disclosing your identity [as a sex worker] puts you off from visiting the clinic or hospital and therefore buy a drug at the pharmacy and cure yourself.

Accra roamer FSW

This comment illustrates the FGD finding that FSW will avoid formal health services if they believe they would be exposed as an FSW and would suffer mistreatment as a result. One FGD participant, a user of program services, explained her preference for FSW specific program services, by saying the following:

This work has a lot of risk which when I go to the doctor, he educates me and tells me more about STI prevention.

Kumasi service user seater FSW

The study also surveyed FSW not receiving services from program implementers. FSW non-users of program services were also included in FGDs, as reported above. These FSW, like their counterparts using program services, cite fear of exposure, social stigma, confidentiality, and privacy as key considerations when choosing whether to use services and where to seek care.

Access to mobile phone and use could be said to be an opportunity for service delivery both for FSW users and non-users of services. Eighty-five percent of non-users of services indicated having and using a mobile phone. Unfortunately, only 11.9% of FSW non-users of services received health information on their mobile phone about how to reduce their risk of HIV infection 12 months preceding the survey. More than 80% of those who got the message espoused its relevance to our survey staff. When quizzed about Text me! Flash me! Call Me! Helpline, 65 of the 327 (19.9%) surveyed indicated that they had heard of the Helpline. Of those who had heard of it, 17 (26.2%) had used it once, and eight (12.3%) had used it more than once in the past 12 months. Internet use among FSW was very low; 85.6% had not used the Internet to get information about HIV prevention specifically for FSW in

the past 12 months. Likewise, most (74.3%) had not used the Internet to get information about HIV prevention and risk reduction.

The survey also explored FSW access to HIV prevention commodities such as condoms, lubricants, or information about how to use them (tables 5 through 7). Given the survey's screening questions, and also their self-identification as non-recipients of services from organizations rendering services to key populations, it was not unexpected that 50% of them had not received these commodities from a health facility or related service. Most of those who did access these commodities cited a government health facility or mobile outreach staff as their sources. Overall, the staff providing these services was adjudged by the respondents to be very professional (73.8%) or somewhat professional (22.6%). Only one of the 164 FSW who responded to the question on staff professionalism characterized the staff as very unprofessional.

In addition to the questionnaire items with fixed answer choices, open-ended questions were also included to ask respondents about where FSW go to receive services and about barriers FSW experience in accessing care. Further, FSW FGDs provided important information on FSW care seeking behavior. These qualitative data were analyzed thematically, to further explore potential barriers and opportunities for serving these populations with targeted health services. FSW did not significantly differ in their responses regardless of status (roamer vs. seater), geography, or use of FSW prevention services. Therefore, results are presented collectively for FSW in the study.

Several themes were identified by FSW as barriers to accessing treatment. However, the main theme that dominated FSW's choice to seek health care, where, and under what circumstances are tied to past interactions with specific providers and service locations. FSW in the study reiterated that positive interactions with specific health care workers guided FSW decision making around health care seeking. For example, past interactions would determine where an FSW would seek care. One respondent summed up this view, saying such things as:

Sometime the questions they ask you puts you off and don't even go to the hospital for check up again.

Koforidua roamer FSW

The nurse in charge takes proper care and attention for FSWs. There is a cordial relationship there with the FSWs.

Tema seater FSW

The value placed on previous interactions was tied in part, as demonstrated above, to respectful treatment and lack of stigma against sex work. It was also examined specifically relating to concerns regarding confidentiality. For example, one respondent commented:

I do test but when they finish and they go back to their office they discuss those of us the FSW who are infected. Even they disclose your status in front of all the people they tested, so now we have been avoiding them when they come here by telling them to wait we are doing something else.

Takoradi FSW

FSW in this study also raised concerns regarding the cost of services and the fear of learning negative health diagnoses as reasons FSW avoid seeking services relating to health concerns. For example, one participant stated:

Sometimes the drugs the doctors prescribe for us are too expensive and the money we get from our business is not even enough to buy the drug.

Tamale roamer FSW

Another, participant mentioned cost by saying:

We have to be testing for our HIV status at least every month. We pay some money at the hospital during checkups, so if you don't have money then you don't go for checkups.

Tema seater FSW

A fear of receiving a negative diagnosis, particularly learning of a positive HIV status, was also commonly mentioned by FSW in this study. Here are two examples of focus group respondents raising the issue of fear of diagnosis in this study.

It depends on the kind of sickness. If simple sickness, that is fine but if a serious one then they might fear that HIV test would be done for them and the fear of knowing their HIV status.

Koforidua roamer FSW

Some people are afraid they will be told they have a sickness, that's why they do not go to the clinic/hospital. So they will intentionally not visit the clinic for want of fear of being told the disease they have.

Kumasi seater FSW

In addition to discussing barriers to seeking health services and factors that guide choice of health care provider, FSW also were asked about the services that are most important for FSW and recommendations they have for programmers thinking of offering services to FSW. Several services were named, most of which are already included in the HIV prevention Program Service Package for Key Populations. The recommended services

include HIV testing, HIV education, condoms and lube, and referrals to “mFriends” in the community.

However, FSW also specifically mentioned services that are desirable for FSW but are currently not offered frequently or by all program implementers. These include services for the children of FSW, services to assist FSW in obtaining other work and opportunities such as vocational training and microcredit programs, and additional health services for family planning and STI treatment (and not just referrals for these services). These services were also mentioned by service providers as services they would like to see included in the comprehensive care package for FSW (see section 4.3 below).

4.2. POTENTIAL BARRIERS AND OPPORTUNITIES FOR MSM

As shown in table 14, mHealth services were popular among MSM service users. Most mHealth service users attested that the information they received was very useful. This was facilitated by the fact that the majority of them owned or had access to mobile phones. The availability of mobile phones is an opportunity that can be further explored to reach more MSM as not all had received information through this medium. Additionally, accessibility to the Internet and social media (Facebook, Twitter, etc.) are avenues that can be used to reach the target groups. Most of the respondents affirmed their willingness to assess services through such channels. Despite the potential for using information technology to reach more MSM, peer educators and drop-in centers remain the most prevalent method for providing services to MSM. Participants mentioned they generally seek health care from a private facility or drop-in center where staff is friendly. MSM also said they would feel comfortable disclosing their sexual orientation if the doctor was also MSM or was non-judgmental, confidentiality was assured, and if their health condition was so serious that there was no other option than to do so.

Although there are several facilitators to help MSM access care, there are also a number of barriers that prevent MSM from seeking services. Stigma and discrimination were prominent reasons listed for not visiting a facility for health care, including for HIV testing and treatment services. Other reasons for not honoring referrals or seeking HIV testing or treatment were lack of confidentiality, fear of knowing one’s status, inconvenient scheduling, and transportation costs. Respondents recommended that any future interventions aimed at getting more MSM to access HIV prevention services should consider providing more MSM-friendly drop-in centers in private areas, educating health professionals against stigma and discrimination, providing free HIV testing, and supplying adequate condoms and lubricants. They also mentioned respect for privacy and confidentiality of service users and collaborating with mobile phone service providers to send regular HIV prevention messages to the youth as ways to improving health care access.

Table 14. mHealth Opportunities and Experiences of MSM

Barrier or Facilitator	Service Users (%)	Non-users (%)
MSM has a cell phone	97.7	92.2
Cell phone usage frequency		
Always	96.0	92.2
Sometimes/rarely	4.0	7.2
Ever received information about how to reduce your risk of HIV infection over the phone in the past 12 months:		
No	45.6	78.4
Yes, one time	17.1	8.5
Yes, more than once	37.2	13.1
Health information received by text message is very useful	85.2	75.8
MSM has heard of the Text me! Flash me! Call Me! Helpline	60.7	23.5
Used the internet to get information about HIV prevention specifically for MSM in the past 12months	48.3	22.9
Would use a service that allows MSM to send text message and request for HIV information	89.3	70.6
Preferred information delivery channels		
Peer educators	82.6	42.5
Drop-in Centers	59.4	26.1
Mobile Outreach	31.5	22.9
TV/Radio	36.9	65.4
Text Messaging	44.3	45.1
Facebook	25.8	27.5
Twitter	9.1	14.4
WhatsApp	16.8	19.0
Email	12.4	11.8
Web Portal	1.0	.7
Number of Observations	298	153

FGDs were not conducted with MSM as part of this study. It was feared that MSM were so highly stigmatized that MSM would not be willing to take part in a group discussion. However, community engagement, the success of key populations programs to gain trust in the MSM community, and the successful recruitment of MSM for the survey questionnaires has led us to recommend that FGDs with MSM be considered for future studies of this kind. In lieu of FGDs, we aimed to gain the insights and recommendations of MSM by including open-ended questions in the individual survey questionnaires about health care seeking by MSM and soliciting opinions and recommendations for health programmers who wished to better serve the MSM community. These open-ended responses of the MSM are summarized here.

MSM in this study were asked about where MSM go for health care. There were largely three different responses to this question. One category of responses suggested that MSM

do not seek health care because of their fears of discrimination and stigma. This view is captured in the following two quotations from the open-ended questionnaire:

Those who may not go to the hospital feel shy and afraid.

Most of them will not go because they are afraid of discrimination.

Other MSM expressed the view that MSM will go to providers who they know personally or to MSM specific providers at drop-in centers and other specialized facilities. This was the most common response and is reflected in the following quotations from MSM:

We go to DICs [drop-in centers] because we feel at home. Very safe and confidential.

We go to a particular private hospital because they have a doctor who understands and is friendly.

Most people visit private clinics or doctors because they feel it is safer.

I go to doctors I know.

The best is to go to DIC [drop-in center] for referral.

Open-ended question responses also described MSM not seeking out specialized or preferred services but instead seeking services wherever they are most convenient. MSM might also seek services wherever they are available in areas with limited options. With few MSM-friendly options available, some MSM felt the need to lie to providers about their status. Examples of these perspectives are captured in the following quotations from MSM in our study:

[MSM go to] central hospital because there is no other place.

For me, I go to the hospital and try to lie.

[I will go to] any hospital near my residence.

To understand better how MSM decide whether or not to offer information about their sexual preferences to providers, we asked MSM whether they would tell a provider about his status. MSM reported three different responses: yes, no, and it depends. Examples of these responses are presented below.

Examples of those answering yes:

This can easily be told. Our health is most important.

I would easily tell the doctor to receive the best care.

Examples of those answering no:

The doctor will report him to the police.

We can't tell because we cannot know his mind.

Examples of those answering that, most commonly, depends on illness or provider:

MSM will only do that if he thinks he is safe.

If the doctor frowns on Gayism, they won't tell him.

It depends on the trust of the doctor.

Would not tell the doctor unless illness was linked.

From these responses, we can determine that the decision to tell a specific provider about his sexual orientation is a very weighty matter for many MSM and may not be automatic. Trust in a provider and confidentiality is very important to the MSM in our study.

When asked about ways in which services could be improved for MSM or what recommendations MSM would have for health programmers interested in better meeting their needs, MSM raised many issues. The most common response was a request for a *regular* supply of *high quality* condoms and lubricants. These responses suggested that stock outs and quality have been perceived as problematic issues with the program to date. Below are four of the responses that raised the issue of supply and quality of condoms and lubricant, which serve to illustrate the high importance of these issues to the respondents in our study.

Should have a regular supply of high quality condoms.

Should provide us with quality condoms.

Improve the quality of condoms and lubes.

Enough condoms and lubricants.

Other recommendations to programmers and providers included an emphasis on security and confidentiality. For example, MSM made the following statements in regard to the security of drop-in centers and other service delivery points:

I would like it to be solely for MSM.

Should be at a strategic place known to MSM.

The location should not be in an open place where a lot of people stay or reside.

The following quotations are presented to demonstrate the emphasis that respondents placed on respectful treatment and confidentiality of interactions with providers by our MSM respondents:

Educate the doctors and nurses to accept MSM.

Confidentiality should be the main priority.

4.3. POTENTIAL BARRIERS AND OPPORTUNITIES: PERSPECTIVES OF SERVICE PROVIDERS

4.3.1. PROVIDERS' (PEER EDUCATORS AND SDPs PROVIDERS) PERSPECTIVES

Of 174 peer educators, more than 75% felt that some key populations were harder to reach than others. MSM were a challenging group to reach for many reasons. Stigma and discrimination are significant barriers that keep MSM from accessing care. MSM often fear exposure, either of HIV or MSM status, and some do not trust that health professionals will keep their information confidential. As a result, some peer educators noted that they had received false information from MSM, making them even more challenging to track down for a second contact. The busy schedules of some MSM also pose a challenge to reaching them. Furthermore, some MSM do not like to be approached in person. Referred to as the “VIP MSM” or “high class” or highly educated older MSM, they prefer to be contacted via calls or text messages. This presents both a barrier and an opportunity. It is an opportunity given that most MSM (98% of service users; and 92% of non-users of services) owned and always use a cell phone (table 14). The challenge, however, is reaching the few MSM who do not have cell phones. Another barrier noted by the peer educators is the “lack of stability” with regard to an appropriate meeting place for MSM. Peer educators noted that venues constantly change and there is little opportunity for MSM to meet safely and regularly in a particular setting and engage with other MSM. Because of this instability, transportation is often a barrier for MSM.

Peer educators suggested a few opportunities for engaging these men. First, peer educators noted that it would be important to provide access to phone credit for all MSM. Peer educators can have frequent engagement via phone with MSM, which is preferred to meeting in-person for many of them. Second, although the use of social media platforms such as Facebook, Twitter and Whatsapp was somewhat low (table 14), many peer educators suggested social media as an important opportunity for accessing this group.

FSW were challenging to reach for different reasons. Unlike the MSM, privacy and stigma were not the main difficulties when working with FSW. Roamers were particularly hard to work with because of their mobile lifestyle. Many peer educators commented that roamers are constantly on the move and provide several home addresses. Even if peer educators can make a first contact with this group, there seem to be significant problems with providing follow-up or secondary services. Peer educators found it challenging to work with FSW even when they stayed in one place. The working hours for FSW are long and

unstructured. Typically, if peer educators want to meet with FSW, they need to find them when they are out at night instead of while they are asleep during the day. However, many FSW do not like to be observed or bothered while they are working. An overwhelming number of peer educators commented on FSW being too busy to make the time for their services. One commented:

They have little confidence in peer educators so they play hide and seek with them.

According to peer educators, the way forward with FSW is through strengthening relationships. Overall, there is a sense that FSW do not recognize the valuable services the peer educators provide. Perhaps they do not feel they are at risk or the opportunity cost of seeking services is too high (i.e., miss customers and lose money while meeting with peer educators). Several peer educators noted a need to establish strong relationships with FSW and good rapport. A trusting relationship between FSW and peer educators would help convince FSW of the importance of peer educators' messages. Some peer educators also commented that FSW need incentives. If peer educators could provide more condoms or even pay FSW for their time, they would have more success with this group. For those that are challenging to reach, peer educators suggest a friendly first contact followed by exchange of contact information. Then peer educators can schedule calls or have FSW call them at their own convenience.

Like the peer educators, almost all SDPs reported that some client groups are more challenging to reach than others. Roamer FSW are a particularly challenging population to reach because they do not work from one location. It is not always possible to track down and work with this highly mobile group on a regular basis. Respondents thought that seeking out roamer FSW at times when they are least busy or finding them at condom activation spots were promising approaches for expanding coverage. Furthermore, two respondents thought collaborating with hotels and facilities with which FSW work could facilitate greater contact with this hard to reach group.

While some respondents commented that MSM in general are challenging to reach due to stigma, three SDPs commented specifically on their difficulty reaching older, "elite" or "VIP" MSM. This group of men also faces the fear and discrimination shared by their younger counterparts; however, business executives or other high power MSM tend to be less likely to identify as MSM. This may be due to fear of exposure and the impact this could have on their job or social standing. These MSM could better be reached by addressing the issues of stigma and education in the general population. One respondent also suggested recruiting older peer educators who can identify with the older cohort of MSM.

4.3.2. PROVIDERS' VIEWS ON HOW TO IMPROVE KEY POPULATION SERVICES

Peer educators provided many ideas that might improve services for key populations. The more common thoughts were around ensuring condoms and materials were always available; outreach and education; and more training for peer educators. Not only are condoms an important tool in the fight against HIV, but peer educators also find that key

populations are more interested in their services when condoms and supplies are available. A steady supply of condoms, lubricants, HIV test kits, ART, and education materials are important for peer educators to provide better services for their clients. Beyond supplies, peer educators felt greater education and outreach were necessary to reach all key populations. Advertisements, social media, and rallies could help raise awareness of available services while meaningfully reduce stigma and discrimination in the population at large. Peer educators also commented that they need more training and capacity building, particularly with how to engage with individuals who are uninterested in their services or who do not trust them. More training for existing peer educators and other health professionals as well as a larger workforce would help improve services delivered to key populations.

To improve the quality of their services, peer educators suggested consistent and regular follow up to clients. Peer educators noted that MSM need their own hospital and MSM friendly doctors. Other suggested ways to improve MARP friendly services included frequent trainings and keeping information confidential. Others felt that organizing events like roamer get-togethers and providing them with health insurance could help improve services.

SDPs suggested three main ideas as to how key population services could be improved. First, designating more facilities as friendly to key populations and having a welcoming and well-trained staff may make hard-to-reach groups more willing to seek care. Second, respondents suggested there be increased efforts to educate the general population and reduce stigma and discrimination against these groups through awareness campaigns. Third, several respondents supported the idea of service providers being more active in seeking out these hard-to-reach groups. Suggestions to “take services to the door steps”, intensify mobile outreach, and recruit more peer educators to go out and educate key populations support this idea.

Apart from reaching more key populations, service quality must also be improved. SDP respondents again pointed to the need for key population friendly workers who are better trained in issues of confidentiality. Periodic capacity building of service providers could reinforce a MARP-friendly approach. At least two respondents also noted that more and better-trained peer educators could help improve service quality. Finally, some respondents commented on the need to improve drop-in centers. More funding and better equipment, along with a more welcoming environment (i.e., games or a café), might elevate the quality of services provided and entice more key populations to access these facilities.

Two respondents commented that FSW and MSM should be involved in decision making that affect their communities. By incorporating representatives of these groups in discussions, GAC and program implementers may be more successful in improving service quality, reaching key populations, and meeting strategic goals. Another respondent commented that while the service delivery for key populations has improved, stigma and discrimination persist, making key populations hesitant to seek services. Greater education and awareness campaigns for the broader population could help improve the health care experience for key populations.

5. ORGANIZATIONAL PROFILES, SERVICE PROVISION, CHALLENGES, AND OPPORTUNITIES

5.1. ORGANIZATIONAL PROFILES

The OCA component of the evaluation involved 12 independent organizations (table 15).

Table 15. Twelve Independent Organizations Involved in OCA Component of Evaluation

Name	Headquarters
4-H Ghana	Koforidua
Center for Population Education and Human Rights	Accra
Ghana Red Cross Society	Accra
Hope for All Foundation	Tarkwa
Interfaith Family Network	Techiman
Maritime Life Precious Foundation	Takoradi
Micdak Charity Foundation	Kumasi
Philip Foundation Programme	Accra
Prolink	Accra
West Africa Programme to Combat AIDS/STIs (WAPCAS)	Accra
Worldwide International Youth Organization	Tema-Ashiaman
Youngsters Peer Education Project	Accra

All organizations were either registered with a government agency (i.e., the Department of Social Welfare or the Registrar General Department), or were umbrella organizations, such as Ghana Coalition of NGOs for Health or GHANET. Some organizations were also affiliated with religious groups, political entities, or trade unions. Eleven of the 12 organizations reported receiving funding from an international donor or NGO. The main donors mentioned included the USAID Ghana/SHARPER Project, Johns Hopkins University (JHU), Global Fund, Heartland Alliance International, the Red Cross, and USAID.

All organizations were overseen by a board of directors, though the period of time served by board members varied by organization. Most organizations held elections on an annual or biannual basis; however, two organizations were unable to provide information on the frequency with which their board members were elected. These boards are considered important decision-making and oversight entities that help manage a variety of full-time and part-time employees, as well as volunteers. The number of paid full-time employees (not including peer educators or Ghana Health Service Nurses) ranged from five to 50, with 11 being the modal number.

5.2. SERVICES PROVIDED

As described in table 16, all organizations were responsible for offering a variety of HIV prevention services to key populations; 100% of organizations reported providing condoms and lubricants, STI screening and referral, and mFriend (service providers in the community with sensitivity training and a willingness to work with key populations) referral services to their clients. HIV treatment referral and voluntary counseling and testing (VCT) were also common services provided by nearly 93% of all organization. In addition to the mFriend services, 85.7% of organizations offered the Text me! Flash me! Call Me! Helpline. Other services, however, were not as widely available. For example, less than half (42.9%) of organizations provided PMTCT referral services and none provided pregnancy testing.

Table 16. Services Rendered by Organizations to Target Populations

Services	Number of Organizations
Condoms/lubricant	12
Emergency contraception	3
Regular contraceptive methods other than condoms	3
Pregnancy tests	0
Mobile outreach	12
VCT	12
HIV risk assessment	12
Rape counseling	8
STI screening and referral	12
Mental health referral	4
Mfriend referral	12
HIV treatment referral	12
PMTCT referral	6
Other Referral	4
Text me! Flash me! Call Me! Helpline	12
Mhealth information by text	5
Follow-up visits to defaulters	1
Number of Observations	12

Understanding the reach of a program is as important as knowing the types and quality of services provided. According to the OCA, a total of 15,584 MSM were reached by six organizations in the last 12 months. The highest number reached by any organization was 7,125 MSM and the lowest number reached was 291. Furthermore, nine organizations reported reaching 41,368 FSW, ranging from a total of 108 to 11,714 FSW.

The absolute numbers provided by organizations are substantial; however, it is difficult to understand the true reach of the NSP given that organizations operate under disparate definitions of program reach. Some definitions of program reach that were mentioned by the organizations are as follows:

The contact we make with the people and the service provided.

When target population receive our services such as HIV testing and counseling, GBV.

MARPs who received message and a change in knowledge, attitudes and practices.

Number of target population reached with information on HIV, STI, condoms and referred with those services.

People reached with the HIV prevention messages.

Program reach is when our target group receives all the services that we provide, such as lubes, condoms, GBV, IEC, materials, referrals, etc.

The target population has been reached with programs and activities.

When a client has been provided with at least three of the HIV prevention package.

As discussed earlier, providers deal with double counting in different ways. As a result of the OCA, eight organizations reported that they did not have any problems with double counting, four affirmed they sometimes encountered difficulties, and one said this problem was rare. Organizations often have policies to avoid double counting that include the use of client unique identifier codes (UICs), by clearly demarcating areas of operation for each peer educator, dividing clients into new, reached, and multiple contacts using the template provided by GAC, FHI 360, and Johns Hopkins University and through monitoring and supervision (tracking of old and new contacts). The extent to which these strategies are appropriately implemented and reported is addressed in section 2.

5.3. SERVICE PROVISION CHALLENGES AND OPPORTUNITIES.

There were a number of obstacles that prevented organizations from reaching FSW and MSM with quality HIV prevention services. High societal stigma and discrimination against the target populations was the main obstacle reported, while other barriers identified included intermittent shortage of commodities, police swoops, poor road networks to the community, lack of employment, inadequate funding for program activities, media attacks, and demand for financial reward by community leaders. Respondents also commented that the legal framework in Ghana, which criminalizes sex work and homosexuality, makes it extremely difficult to reach key populations. The desire to protect one's privacy often makes potential clients reluctant to access drop-in centers or other services.

Despite these challenges, certain opportunities can be explored to help improve access to and quality of HIV services for key populations. OCA respondents mentioned the following as potential opportunities: availability of friendly, non-discriminatory health facilities; support from community and mFriends; the target populations' interest and willingness to change behavior and access interventions; exposure to safe sex practices; the availability of

commodities like lubricant and condoms; and the formation of a Key Populations TWG. The exemplary leadership of the GAC, planned education and capacity building activities targeting key populations, the capture of issues relating to key populations in the NSP 2011-15, the establishment of drop-in centers, and gradual acceptance of key populations by the general population were also mentioned as opportunities worth exploring.

5.4. INVOLVEMENT OF COMMUNITY IN DECISION MAKING AND PROGRAM STANDARD OPERATING PROCEDURES

One of the objectives of this evaluation was to assess whether or not organizations involved their community in decision making and if they have standard program operating procedures. As indicated in table 17, all 12 organizations reported that they involve the community in their decision-making process through consultations with community leaders and the use of field staff in mobilizing community members. Consultation with community members was another popular method; others use groups or community committees. Nine of the 12 organizations have representations of the communities on their boards.

Table 17 also shows that all organizations had written statements of their overall goals, had a written set of objectives, and maintained a written calendar of activities to guide their work. Many also had written organizational development plans and a written work plan that covers the current year. In general, an organization's work plan is approved by the donor, executive director, governing board, and finally the implementing agency or organization's management team.

Progress on the work plan is monitored primarily through each organization's monitoring and evaluation systems. Some organizations reported having daily, weekly, monthly, or quarterly checks to ensure the work plan is on track. Others monitored the activities of project coordinators while some set up targets in line with the plan. In spite of the work plans and other procedures in place, less than two-thirds of organizations had a written list or description of all geographic/catchment areas in which their FSW and MSM services are located. However, a higher proportion (71%) had a manual that establishes standards for managing the needs of FSW and/or MSM clients by organization staff. In order to better reach their target populations, all the organizations have a team of peer educators, ranging from 12 to 254; and all but one had written criteria for choosing peer educators.

Table 17. Community Participation and Program Standard Operating Procedures

Method of Community Participation	Number of Organizations
Consultation with community leaders	12
Consultation with community members	12
Consultation with community leaders	12
Field workers that mobilize community	12
User groups or community committees	12
Representation on NGO board	9
Other methods	7
Organization has received mentoring/coaching from an outside organization in strengthening organizational capacity	12
Respondent has personally participated in a community practice for MSM or FSW service providers in the last 12 months	12
Standard operating procedures that are in a:	
written statement of the over-all goal of the organization	12
written organizational development plan	12
written work plan that covers the current year	12
written set of objectives for the organization	12
There is a written calendar of activities for the organization	12
Organization has a written list or descriptions of all geographic/catchment areas in which FSW and MSM services are provided	9
There is a written organizational chart for the organization	12
Every employee is given a written copy of his or her job description	12
Organization has a personnel manual	10
Organization has an orientation program for all new staff	12
There is a manual that establishes standards for managing the needs of FSW and/or MSM clients	10
Organization has written criteria that are used in choosing peer educators	12
Number of Observations	12

One objective of the study was to determine if organizations had capacity reflecting effective supervision mechanisms. As shown in table 18, most organizations had annual written performance objectives established for each of their employees. All respondents reported conducting annual evaluations of their staff using a well-written performance appraisal form. The organizations generally had a list of all their current employees as well as staff training plans. All but one of the organizations offered special supervision training for their peer educator supervisors. Furthermore, 11 of the 12 organizations provided supervisors with checklists in order to facilitate effective supervision. Finally, all but one organization had their peer educators hold group meetings. Issues discussed at such meetings generally involved achievements, challenges, review of reports and targets, planning the way forward, and strategizing to meet set objectives.

Table 18. Functional Supervision Mechanisms.

Mechanism	Number of Organizations
There is annual written performance objectives established for each employee	11*
Annual evaluations of staff are conducted	12
There is a written performance appraisal form used for evaluating employees	12
There is a written plan for staff training	10
There is a list of all current employees	12
Organization currently support peer educators	12
Each peer educator is given a written statement of his or her objectives for each year	12
There is a standard training that all peer educators attend	12
Provides equipment or materials to the peer educators	12
Peer educator supervisors have received special training in supervision	12
Supervisory checklist has been provided to supervisors of peer educators	11
There are group meetings of peer educators	12
Number of Observations	12

* One of the 11 was unable to provide a copy.

The evaluation also aimed to determine if organizations had effective monitoring and reporting systems in place. All organizations had indicators to assess the quantity or volume of services rendered to the target populations. Some common volume indicators mentioned included the number of condoms and lubricants distributed to target population and number of FSW and MSM reached. Table 19 shows that 11 of the 12 organizations reported having established impact indicators for their services. These impact indicators comprised “the number of MARP reached with services, number of referrals made, number of target population using condoms and lubricants, number of 4H clubs by in-schools and out-of- school youth, total number of commodities such as condoms/lubes sold, total number of IEC [information, education, communication] materials distributed”. Also, 10 of 12 organizations had indicators on the organization’s financial status. They identified their financial indicators to include the total amount of money for program activities, financial statements, funds for outreach activities, and funds for personnel and administration (i.e., staff salaries, allowances for peer educators and drop-in center nurses).

Organizations collect data mainly through service statistics, surveys, and focus groups. Other data collection methods included specifically designed field outreach tools, one-on-one interactions with key populations, and summary sheets. A report on the data collected is typically received on a weekly or monthly basis for review and evaluation. Only one organization receives reports on a daily basis. All participating organizations indicated reviewing quantity indicator reports with program staff. Eleven organizations indicated reviewing impact and financial indicator reports. Nearly all the organizations use the reports to adjust performance targets, help improve resource allocation, change service delivery strategies, initiate or improve quality of care interventions, and appraise staff. All of the organizations had held trainings on monitoring and evaluation for their staff or peer educators in the past 12 months.

Organizations also reported facing challenges in collecting, analyzing, and utilizing data. Prominent among them were inaccurate and inadequate information by key population (e.g., some clients did not want to give personal information, or difficulty in taking pictures of clients). Mobility of key populations, high illiteracy among key groups, lack of transport and logistics, and appropriate software to assist in data analysis were other challenges mentioned.

Table 19. Functional Monitoring and Evaluation Systems

Monitoring and Evaluation Indicator	Number of Organizations
Organization has established indicators regarding the quantity or volume of services provided to your target population	12
Organization collects data on the quantity or volume of services provided to target population	12
Methods of data collection:	
Service statistics	7
Surveys	2
Focus groups	4
Other	5
Receipt frequency of reports on the quantity or volume of services provided:	
Weekly	4
Monthly	9
Other	1
Organization reviews reports on volume of services with program staff	12
Organization has impact indicators of services provided on target population	9
Organization reviews reports on impact, with program staff	11
Organization has key indicators of its financial status	10
Organization reviews financial status reports with program staff	11
Data collected and reports generated are used in:	
Adjusting performance targets	12
Resource allocation	12
Adjusting work loads	12
Changing service delivery strategies	12
Commodity procurement	12
Quality of care interventions	12
Staff appraisal	12
Organization provided staff or peer educators with training in M&E in the last 12 months	12
Number of Observations	12

A series of questions was asked to assess organizational administration, management, and planning capacity. As indicated in table 20, the study found that 11 organizations had a written policy for procuring commodities (all but one provided copies of these policies) and nine had a policy for commodity forecasting requirements. Despite these commodity-forecasting arrangements, shortages were recorded by nine organizations in the last six months. Condoms, HIV test kits, lubricants, and information, education, and communication

materials were the first through fourth most commonly stocked-out items, respectively. Six of the nine organizations that recorded these shortages responded by obtaining emergency supplies from an alternate source, two referred clients to the different provider, and one asked clients to return when the commodity was back in stock. Popular sources of commodity supply were Exp Social Marketing, regional and district health facilities, Adventist Development Relief Agency (ADRA), donors, GAC, National AIDS Control Programme, and the Ghana Health Service.

All of the organizations had a warehouse or storage facility; four of these organizations affirmed that their facility's conditions were completely satisfactory. An audit had been carried out in the last three years on commodity management systems of 10 organizations. As far as financial management is concerned, all 12 organizations had budgets covering the current fiscal year; all had budget performance reports that compare actual to projected expenditures. The budget performance reports are reviewed monthly, quarterly, half-yearly, or annually as deemed appropriate by different organizations. Additionally, almost all the organizations reported having balance sheets, a register for recording receipt of cash and checks, and a fixed assets register. An external audit of the organizations' finances had been done for all 12 organizations. Only one organization charged a fee to MARP for services (GH¢2 per box of condoms and 10 Ghana pesewas for lubricant). At the time of the study, a U.S. dollar (US \$1) was equivalent to 1.4 Ghanaian cedis (GH¢1.4).

Table 20. Administration, Management, and Planning Capacity

Administration, Management, and Planning Capacity Indicator	Number of Organizations
Organization has a written policy for procuring the commodities	11
Organization has a warehouse or storage facility for commodities	12
Commodity storage facility is:	
Completely satisfactory	4
Somewhat satisfactory	3
Somewhat unsatisfactory	5
Organization has a written policy for forecasting commodity requirements	9
There been an audit of commodity management system in the last three years	10
Organization has experienced stock out of commodities in the last 6 months	9
Condoms stock out	9
Lube stock out	4
IEC materials stock out	2
HIV test kits stock out	6
Respond to the stock out by:	
Directing clients to return when commodity was back in stock	1
Obtaining emergency supply of commodity from an alternate source	6
Directing client to alternate source of commodity	2
Organization has a budget covering the current fiscal year	12
Organization has a budget performance report that compares actual to projected expenditures	12
Budget performance report issuance frequency:	
Every month	9
Every quarter	2
Every six months	1
Other [1 quarterly, 1 yearly]	2
Organization has a balance sheet	12
There has been an external audit of the organization's finances	12
Organization has register for recording receipt of cash and checks	12
Organization has a fixed assets register	12
Organization did an inventory of fixed assets conducted in the last 12 months	12
Written bids are obtained for purchases above a fixed amount	11
Organization has a register for accounts payable	12
Organization currently charges fees for its MARP services	1
Number of Observations	12

6. STAKEHOLDER AND ORGANIZATIONAL COORDINATION AND SOCIAL, CULTURAL, RELIGIOUS, POLITICAL, AND LEGAL BARRIERS TO HIV PREVENTION EFFORTS AMONG FSWS AND MSM

This section of the report presents an evaluation of key population HIV prevention programs by 12 selected stakeholders who were involved in KIIs (table 21).. Participants for KIIs included chief executive officers, directors, program managers and coordinators, and technical advisors who had worked in their various positions for a period ranging between one and 11 years Emerging themes from the KIIs focus on: the status of the national program for key populations; stakeholder and organizational coordination efforts and gaps; barriers to HIV prevention efforts; and strategies for moving forward.

Table 21. Participants of Key Informant Interviews

Organization	Title/Position of KII Respondent
ADRA	Technical supervisor
UNAIDS	Social mobilization/partnership manager
Centre for Population Education on Human Rights, Ghana	Programs manager
Ghana Police AIDS Program	Programs coordinator
PROLINK	M&E coordinator
Young Women against Stigma	Chief executive officer
Unite Nations Population Fund	HIV program analyst
World Education, Ghana	Programs Manager
National AIDS/STI Control Programme	Deputy programs manager
FHI 360	Technical advisor
WAPCAS	Project coordinator
GAC	Director, technical service

6.1. STATUS OF NATIONAL KEY POPULATIONS PROGRAM

Key informants submitted split opinions about the current status of the national key populations HIV prevention program. Several participants (eight) believed the program is sufficient in scope, quality, and coverage to facilitate reach to 80% of MSM and FSW. Regarding scope, some stakeholders described the program as comprehensive, acknowledging the increased efforts to expand reach. They identified the effectiveness of programmatic structures, resource availability and keen involvement of key partners as factors that can facilitate progress toward achieving targeted goals of the national program. Below are some statements made by key informants to this effect:

Yes, the strategy is comprehensive and interventions are being scaled up for nationwide coverage. The human rights issues are being addressed. There is also political willingness to create a conducive environment for MARPs. More implementing partners are working hard to meet objectives.

Yes, the program is on course. If the estimates used in setting the target is correct, then this is achievable due to the comprehensive nature of the strategy.

From data seen so far, the program is on course to meeting the set targets. The strategy is comprehensive.

On the other hand, some informants doubted the possibility of reaching 80% of FSW and MSM by 2015. They isolated the case of hard-to-reach FSW and MSM populations and locations where key populations are not effectively networked as problematic. Also, there are areas with limited availability of HIV services for key populations. Additionally, some informants believed the fragmented nature and focus of activities by implementing partners can limit the performance of the entire program. Moreover, some informants showed concerns that HIV prevention in key populations is no longer seen as a national priority, a situation that has led to limited availability of resources. These were illustrated by statements such as:

Meeting the target was based on availability of resources but this is limited now. Also MARP is not currently the top priority on the national agenda.

6.2. STAKEHOLDER AND ORGANIZATIONAL COORDINATION EFFORTS

In commenting on stakeholder and organizational coordination, informants highlighted the creation of the TWG for Key Populations and availability of various resources as efforts that facilitate the HIV prevention program. Several informants described the TWG as one of several structures established to effectively coordinate and drive the national HIV prevention efforts. Participants described it as a central organ, leading and mapping strategies for key population HIV prevention in the country. Its functions include formulation of policies and guidelines as well as coordinating and implementing the key populations strategy, programs, and activities. In this regard, the TWG creates an opportunity for members to share expertise. It also provides updates on strategies as well as technical and program information to stakeholders and donor partners. Following are some comments in this regard:

The TWG provides the platform to share technical and program information. It coordinates activities of implementing partners and provides donor partners information on allocation of resources. These roles are pivotal in meeting the targets set in the national MARP strategy.

The TWG plays a major role as it coordinates the program and shares expertise to maximize achievement of targets.

Additionally, key informants identified the availability of implementing partners and access to relevant information as crucial efforts that facilitate stakeholder organization and coordination. Key informants believed access to relevant information provides overall direction to implementing partners on the HIV program. It also provides details, updates,

and targets/milestones that need to be achieved. Information from IBBS; a legal study; HIV prevalence data; coverage and reach estimates; periodic implementing partner reports; mapping and size estimation data; key population strategic plan and standard operating procedures; the anti-discrimination, barrier to condom-use study; and men's study are useful. These information sources give insights into behavioral patterns and utilization of services.

The above-mentioned opportunities were not considered to be clear strengths by all. Key informants discussed gaps associated with stakeholder and organizational efforts, which included the somewhat dysfunctional nature of the TWG. Unfortunately, some informants believe the TWG does not have a clear agenda, which limits its effectiveness. Particularly, key informants were concerned about the TWG's difficulty in organizing regular meetings, the centralized nature of the group, limited funds, as well as donor influence. Also, some informants were concerned about the lack of leadership by GAC as well as the ineffective vertical approach adopted for the HIV prevention strategy. Other informants found variability in capacity levels of implementing partners to be problematic. This is manifest in the statement of a stakeholder that "competence of IPs differs and so do their delivery. Some implementing partners are better able to reach MARP."

Moreover, informants showed concern about gaps related to resource availability and service provision. They isolated the shortage of HIV test kits; condoms; information, education and communication materials; and lubricants, as well as inadequate MSM-friendly health facilities and limited treatment of STIs at the drop-in centers as gaps in the range of services provided under the program. Some stakeholders also thought there is still inadequate information on the estimates of HIV prevalence among MSM, number of MSM reached with HIV services, full scope typology of the key population groups, data on progress of programs, and prisoners, including information on follow-up interventions, and some Global Fund interventions. Some informants believe such information is crucial since HIV trends among key populations keep changing with time. Despite these gaps, participants believed obstacles could be addressed if the TWG takes full advantage of existing opportunities including willingness on part of implementing partners to implement interventions and the diverse nature of the TWG to reach a wider population.

6.3. BARRIERS TO HIV PREVENTION EFFORTS FOR KEY POPULATIONS

It is worth mentioning that the efforts to increase stakeholder and organizational coordination are currently saddled by social, legal, political, and cultural barriers. Key informants identified high levels of social stigma and discrimination against key populations as a prominent barrier to HIV prevention efforts among MSM and FSWs. Also, stakeholders thought the laws that criminalize sex work and MSM in the country was another clear obstacle. Relatedly, informants believed the non-compliant and uncooperative nature of key populations, as a result of stigma and laws, often serve as a barrier to the HIV prevention efforts. Unfortunately, key populations are sometimes reluctant to honor referrals to mainstream facilities. Other barriers to HIV prevention efforts include inability to serve hard to reach groups and accurately estimate the size of

the MSM population. Unfortunately, this makes it difficult for target setting. In addition, informants highlighted the lack of resources as a hindrance to HIV prevention efforts. The following comments highlight informants' perspectives on identified barriers:

High levels of social stigma, target specific groups like health and legal practitioners for them to see the need to draw a line between their moral values and duty of care to all manner of people.

The law that criminalizes sex work and homosexuality — not much can be done about this at the moment. It may take a lot more years before any change can be seen in this regard.

To help address these challenges, stakeholders suggested the need to change political will and modernize laws. They believed laws must be more flexible and aim to be rehabilitative instead of punitive. They also appealed to authorities to strengthen human rights laws and fast-track a draft proposal for better laws involving HIV/AIDS in Parliament. These are changes that can help key populations have confidence to access services. Other crucial changes in the social spheres to supplement services include integration of services in the health facility into general public health services instead of the drop-in center concept. Also, informants suggested that in some instances drop-in centers should be supported to offer STI treatment. Awareness should be raised on the need to focus on HIV prevention for key populations and to differentiate this goal from advocacy for the legalization of their activities. A stakeholder, for, example said:

Inadequate MARP-friendly health facilities means some MSM, especially, do not access treatment when referred to main-stream facilities, thereby making treatment and prevention more difficult among the group.

6.4. WAY FORWARD FOR PROGRAMS AND POLICIES

Moving forward, the key populations program has several opportunities that can be explored to facilitate stakeholder coordination efforts. Informants identified key opportunities including potential collaborative opportunities, review of MARP programs, capacity building and strengthening, and creation of enabling environment. In order to effectively leverage collaboration, informants urged GAC to organize effectively and harmonize the resource base of implementing partners and donor partners to avoid duplication of efforts and resources and to ensure that capacity increases. Additionally, informants highlighted that the TWG should ensure multi-sectoral collaboration by ensuring dissemination of information and resources across various sectors. Furthermore, the availability of friendly NGOs, presence of human rights organizations, Commission for Human Rights and Administrative Justice, faith-based organizations, civil society organizations, and traditional leaders should be seen as opportunities for collaboration. Finally, informants identified the provision of MSM-friendly services as an opportunity for collaboration with key populations to help disseminate more information. The following statements by key informants highlight these issues:

Availability of MSM friendly NGOs. More MSM can be reached with HIV services and NGOs will sensitize and disseminate information on safer sexual practices and behavior change.

Availability of civil society organizations and implementing partners who are willing to reach out to MARP. There is the need to increase their capacity and harmonize their work to improve efficiency and avoid waste of resources.

In addition to increased collaboration, informants identified other potential opportunities to ensure proper management. Stakeholders proposed the adoption of a holistic approach for the national strategy. That is, interventions should also include psychosocial and financial support to ensure a level of independence for the key populations. For example, FSW and MSM should be trained on life management skills and self-esteem so they can engage in other income-generating activities. Furthermore, other aspects of the strategy, such as rehabilitation, should receive more emphasis. On capacity building and strengthening, informants emphasized the need to strengthen the capacity of implementing partners and embark on routine data collection. Additionally, healthcare providers should be trained so they do not stigmatize key populations. One key informant stated:

The vertical approach of HIV prevention is not helping. A more holistic strategy is needed. Building the self-esteem of MARP and introducing alternative sources of income can help to a large extent, reduce risk of HIV.

In commenting on the creation of enabling environment through advocacy and education, informants urged the TWG to advocate for an environment that would ensure optimum monitoring of activities for key populations. Relatedly, opportunities to educate the public on self-esteem, gender and sexuality, alcohol and drug use, and overcoming stigma should be explored and utilized. Furthermore, education and public awareness among religious groups and opinion leaders should be intensified. Some informants claimed there is a good chance of sensitizing people to at least respect the rights of key populations (if not accepting their activities) through increased social education. On the other hand, key populations should be educated on self-esteem and the need to avoid self-stigma. This is critical since the cooperation of key populations is needed to maximize utilization of service. One informant commented:

Legislation on FSWs and MSM should be modified. Awareness should be raised on the need to focus on HIV prevention for [key populations] and to differentiate this goal from advocacy for the legalization of their activities. Also MARP should be educated on self-esteem and the need to avoid self-stigma. Additionally, health care providers should be trained against stigmatizing MARPs.

Finally, key informants identified the potential of technology for facilitating stakeholder efforts and coordination. For instance, social media can be used to reach more people. This will be an innovative way to bridge the gap and engage the hard-to-reach MSM. Also, informants suggested the use of social media for data collection as well as monitoring and

evaluation purposes. Some also believed the drop-in center system should be integrated into the general public health system to ensure proper monitoring.

7. CONCLUSIONS AND RECOMMENDATIONS

This study sought to document the implementation of the Ghana National HIV Prevention Program for FSW and MSM. To accomplish this aim, the study implemented data collection at all levels of program implementation including the national (through KII with TWG members), organizational (through OCA of implementing partners), service delivery (through interviews with staff at fixed SDPs and with peer educators), and the target population (through surveys and focus group discussions with FSW and MSM who both patronized and did not patronize program services).

The results of this study yield interesting conclusions and suggest relevant recommendations for continued implementation of the program in Ghana. This section summarizes the key findings and presents recommendations relating to the study objectives. Then, the strengths and limitations of the study will be discussed and the way forward outlined.

7.1. COVERAGE

The stated goal of the National Program for Key Populations is to reach 80% of the target populations with services. With this in mind, this study attempted to measure the coverage of services provided by national program implementers to FSW and MSM in the study areas. While we were able to ascertain that large numbers of FSW and MSM were considered by the programs to be “reached” by services, the exact number is difficult to determine. This task was complicated by widely differing definitions of program “reach” and the limited ability to correct for double counting of individuals. This issue of reach vs. exposure and the need for a standardized definition of reach for reporting to the national program has been acknowledged by the National TWG for Key Populations and is addressed in the National Evaluation Plan for the program, intended to outline the plans for an impact evaluation in 2015 (MEASURE Evaluation & Ghana AIDS Commission, 2013). Until this standardization is implemented, however, it is difficult to measure progress in this indicator other than to note that programs are reporting “reaching” ever steady and even increasing numbers of FSW and MSM each quarter; and that the majority of service users interviewed indicating that they are “repeat service users”, indicating that service saturation has not been reached and that unmet demand for program services continues to exist in the target population.

Recommendation: Continue to work towards a common definition of program reach to be reported by implementing partners. Include this reach indicator in future planned representative surveys of FSW and MSM such as the IBBSS. In the meantime, implementers should continue to strive to attract and to meet the demand of new clients, while maintaining current clients.

7.2. QUALITY AND ACCESS

Service quality and access are both multi-dimensional concepts that were measured in a variety of ways in this study. Service quality can be measured in part by demand for services. As mentioned above, demand for services does not seem to have yet been met. Looking at services offered and service uptake, we see that demand for various services is wide-ranging among clients of program services. Implementers are offering a wide range of health and social services, both directly and by referral, though organizations differ in the number of these services being offered, especially those offered by referral. FSW and MSM patronizing the program are reporting using this range of services to varying degrees. While the percentages of service users who are accessing some of these specialized services, such as referrals for mental health, legal support, and rape counseling are relatively low (5% to 10%) compared to the nearly 100% receiving information on HIV and condoms, these are the exact services that potentially are hardest to provide to vulnerable populations in a non-specialized program setting. Further, these are the exact services that are being offered by the smallest number of organizations providing program services. For example, only four of the 12 organizations providing program services offer mental health referrals. Understanding the range of services both offered and received is an important way of understanding program coverage and quality.

Other important markers of program quality include client satisfaction with services and “felt safety” during contact with services. On this measure, the national program performed outstandingly, with a near 100% of clients reporting satisfaction with services. Service users also overwhelmingly report being willing to recommend the services to friends, and feeling “safe” receiving services, reporting respectful, professional treatment during contact with service providers. In addition, the majority of those FSW and MSM interviewed who had not accessed the services did report hearing of the services. Furthermore, of those who had heard of services, the overwhelming majority reported hearing “good things”. This is an especially important finding given the overwhelming responses from both FSW and MSM, triangulating across data collection activities, found that the most critical factor influencing service use among these populations is feeling as though their information and identity would be held confidential and that they were treated well by providers. One of the most frequently given reasons among ‘non-clients’ for not accessing services was a fear of breach of confidentiality. This work underscores the critical importance that the program’s reputation for quality, safety, and confidentiality has for making the services accessible by these key populations. Interviews with peer educators, service providers, and technical working group members all also emphasized the critical nature of confidentiality and trust in making program services accessible for key populations. It appears that on this critical point of quality and access, that service providers and their intended client-base are in sync.

When asked about additional measures that could be taken to improve service accessibility for MSM and FSW, both key populations and service providers (including peer educators and TWG members) stressed expanding the current service package to increase coverage while maintaining high quality in terms of confidentiality and trust in the community. In

general, price, location of SDPs, available services, and modes of service provision were not cited as barriers to access. mHealth and Internet technologies were also cited as a possible means of expanding access to “virtual” services to FSW and MSM who were concerned about confidentiality. The wide use of cell phones and Internet among FSW and MSM in the study illustrate that this is a promising mode of service delivery to explore, although knowledge and use of such interventions as Text me! Flash me! Call Me! Helpline among program service users remains low compared to knowledge and use of in-person service delivery methods, such as peer educators and drop-in centers.

Recommendation: Programmers should give consideration to continuing to expand the national program by adding providers and locations and ensuring all service package services (such as referral for psychosocial services) are offered by all service providers, as demand for services continues to grow. Consideration should also continue to be given to alternative service delivery outlets that provide secure and confidential access to services such as the use of mHealth and the Internet. However, it is critical to place quality of the program, measured in terms of reputation among service users for satisfactory service provision, including respectful and confidential treatment, as paramount to any expansion plans. Study findings make it clear that respectful and confidential treatment (and the reputation for such) is the cornerstone of demand and uptake of services among FSW and MSM.

7.3. ORGANIZATIONAL CAPACITY

The OCA was administered to all 12 local NGOs providing direct services nationwide to FSW and MSM in Ghana. Most, if not all, of these organizations receive direct capacity building support from other organizations or donors, as well as from the GAC. Since this capacity support is an integral (though perhaps under-emphasized) part of the national program meant to strengthen service provision and the monitoring and evaluation (M&E) of program implementation, it is important to understand how these organizations are performing on several aspects of organizational capacity.

In general, there were several “core” services and capacities that virtually all organizations provided or possessed. Outside of these “core” services and capacities, however, the capacity was highly variable and differed by the size and scope of the organization’s key populations programs. In terms of services, while virtually all organizations provided HIV testing and counseling, condoms and lubricant, STI screening, and referral for treatment of HIV and STIs, far fewer (between three and eight of the 12 organizations) provide psychosocial services in the national package, including rape referrals and mental health referrals. Further, only three of the 12 organizations offer contraceptive methods other than condoms or emergency contraception, and none of the 12 organizations offer pregnancy tests. These latter services would certainly have the potential to provide some value to FSW service users and potentially increase demand among that population. However, a majority of organizations report commodities problems, and these concerns could prevent the enthusiastic adoption of additional commodity-based services.

Similarly, there are “core” competencies among the organizations when it comes to human resources and training as well as M&E. All organizations report having written job requirements and required training for peer educators. But fewer have written training plans and provide supervisory checklists. Almost all regularly meet with community leaders, but fewer of these organizations report having representation from the community on their boards or having mapped their service areas. All report regularly reporting coverage data, but only about half report that data coming from routine service statistics with the others relying on “surveys, focus groups, or other” means of gathering this information.

Recommendations: The local NGOs interviewed as part of this study varied widely in size and scope of the national program services that they were implementing. While all the organizations had a set of “core” competencies in breadth of services offered and depth of human resources, community engagement, and M&E responsibilities, the organization capacity assessment revealed a lack of depth in these areas. Many details of what services are offered, to whom, by whom, and how this is tracked varies between organizations. As the national program looks to the future, consideration may be given to how and what sorts of organizational capacities are to be considered the minimum among program implementers and to what degree certain organizational capacities (such as reporting and training of peer educators and other service providers) should be standardized. Further, commodities provision should also be considered going forward, and the degree of support that can be provided to support commodities procurement for program services should be assessed in order to respond to the frequent stock-outs experienced by service providers.

7.4. NATIONAL SOCIO-POLITICO-LEGAL ENVIRONMENT

Information on the socio-legal-political environment for key populations was derived from key informant interviews with 14 members of the TWG for Key Populations (formerly TWG for MARP) convened by the GAC. This technical working group provides the main forum for making recommendations for socio-legal-political change at the national level, which affects key populations.

While group members were split on whether the comprehensive program could achieve their coverage targets by 2015 or was too fragmented and under-resourced to reach that target, the technical working group largely agreed on many other aspects of key populations programming in Ghana. The TWG members interviewed cited that national laws outlawing sex work and sex among MSMs were punitive and an obstacle to providing services. Further, the stigma and risks of exposure in general society were also a barrier that lead to fear among FSW and MSM that prevent many from accessing services or referrals. While admitting that social norms that give rise to stigma may be slow to change, advocating for less punitive laws and a greater emphasis on rehabilitation could begin to open the door for a less stigmatized approach to these populations. TWG members also felt that greater attention to psycho-social services in the national service package could also be beneficial in improving outcomes among key populations. All felt the TWG was a strong platform for discussion, coordination, and advocacy.

Recommendations: The TWG for HIV Prevention among Key Populations should continue to convene, with greater effort to make these meetings regular and frequent. Interviewees also suggested that the TWG form a clearer plan of action, or agenda that would strengthen the effectiveness of the group to continue to monitor the needs of key populations, program implementers, and advocate for national socio-legal-political change.

7.5. STRENGTHS AND LIMITATIONS

This study has many strengths but also some limitations to be considered. Perhaps the greatest strength of the study is the collection of data at all levels of program planning and implementation, from the national (members of the TWG and GAC) to the organizational/service provider, to members of key populations themselves. This style of data collection allows for an understanding of where program planners and implementers are in sync (or not) with the populations that they are trying to serve. Another strength of this study is the comprehensive nature of the sampling. A census was taken of all organizations implementing services and all peer educators in the country. Also, samples were drawn from “hotspots” identified in prior research. There is no reason to think that the sampling was biased, although a respondent-driven sampling approach does not ensure that a representative sample of service users and non-users among FSW and MSM were drawn. Another limitation of the study is the one-time data collection approach, which relies heavily on self-report. This method of data collection among subjects means there is a possibility of a social desirability bias among respondents. Despite these limitations, however, the study fulfills its goals of providing a snapshot of program implementation and raises several points for consideration among program planners as the program continues to be implemented.

7.6. WAY FORWARD

The Ghana National Program for HIV Prevention among Key Populations has several key structures in place to assure that the data in these reports are reviewed and acted on, as deemed appropriate. The program is overseen by the GAC in close cooperation with the TWG for HIV Prevention among Key Populations. This latter group is made up of many stakeholders, the majority of whom are represented in this study. This report summarizing the findings of this study will be reviewed and validated by these key study stakeholders and their input will be sought in refining the recommendations above. The TWG can then act to adopt, modify, or otherwise implement the recommendations as part of the continued development of the operationalization plan for the current program (which runs through 2015) or to take these recommendations under consideration for the next strategic and operational plan to follow.

ACKNOWLEDGEMENTS

The authors would like to recognize the Ghana AIDS Commission and the Technical Working Group for HIV Prevention among Key Populations for their support of this work.

We would also like to acknowledge the hard work and generosity of the study team and study participants who made this work possible.

This research has been supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement GHA-A-00-08-00003-00, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, with Futures Group, ICF International, John Snow, Inc., Management Sciences for Health, and Tulane University.

REFERENCES

- Ghana AIDS Commission. *National Strategic Plan for HIV&AIDS 2011-2015*. Accra, Ghana: Ghana AIDS Commission; 2010.
- Ghana Ministry of Health. *Results from the 2011 HIV/STI Integrated Biological and Behavioral Surveillance (IBBS) in Ghana*. Accra, Ghana: Ghana Ministry of Health.
- Jain AK. Fertility reduction and the quality of family planning services. *Stud Fam Plann*. 1989. 20(1):1-16.
- Joint United National Programme on HIV/AIDS (UNAIDS). *Intensifying HIV Prevention. UNAIDS Policy Position Paper*. Geneva, Switzerland: UNAIDS; 2005
- MEASURE Evaluation, Ghana AIDS Commission. *Evaluation Plan for the Ghana National Strategy for Key Populations*. Chapel Hill, NC: MEASURE Evaluation; 2013. Available at http://www.cpc.unc.edu/measure/publications/sr-13-75/at_download/document
- MEASURE Evaluation. *Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex Workers, Men who have Sex with Man, and Transgender People*. Volumes I and II. Chapel Hill, NC: MEASURE Evaluation; 2013. Available at <http://www.cpc.unc.edu/measure/publications/ms-11-49a> and <http://www.cpc.unc.edu/measure/publications/ms-11-49b>.
- Mishra V, Awal P, Alva S, Gu Y, Wang S. *Changes in HIV-Related Knowledge and Behaviors in Sub-Saharan Africa. DHS Comparative Reports No. 24*. Calverton, MD, USA: ICF Macro; 2009.
- Morin D, Godin G, Alary M, Sawadogo MR, Bernier M, et al. Satisfaction with health services for STIs, HIV, AIDS among a high-risk population in West Africa. *AIDS Care*. 2008. 20:388-394.
- National AIDS/STI Control Programme, Ghana Health Service, Ministry of Health. 2010-2015 national HIV prevalence and AIDS estimates report. March 2011. Accra, Ghana.
- National AIDS/STI Control Programme [NACP]. *HIV Sentinel Survey Report*. Accra, Ghana: Ghana Health Service, Ministry of Health; 2012
- Smith RA. Stigma communication. In Littlejohn S, Foss K (eds.). *Encyclopedia of Communication Theory*. Thousand Oaks, CA, USA: Sage Publishing Co; 2009:931-934.
- UNAIDS, World Bank. *New HIV Infections by Mode of Transmission in West Africa: A Multi-country Analysis*. Dakar, Senegal: UNADS Regional Support Team for West and Central Africa; 2010.

APPENDIX 1. SERVICE UPTAKE

Table A1. Percent of Service Uptake by Clients from Peer Educators by Ecological Zone

	FSW				MSM		
	Savannah	Forest	Coastal	Average	Forest	Coastal	Average
Has been in contact with peer educator in past 12 months	100.0	96.5	97.6	98.0	97.1	92.2	94.6
Number of observations	32	85	245		68	230	
<i>Services among those in contact with peer educator in past 12 months:</i>							
HIV risk reduction counselling	100.0	97.6	97.9	98.5	97.0	87.3	92.2
HIV counseling and testing	87.5	80.5	82.0	83.3	97.0	93.4	95.2
Screening for STI	93.8	81.7	86.2	87.2	80.3	75.9	78.1
Referral for treatment of STI	56.3	39.0	61.1	52.1	53.0	52.4	52.7
Emergency contraception or referral for EC	21.9	11.0	23.9	18.9	--	--	--
Contraceptive methods other than condoms or referral	21.9	14.6	23.9	20.1	--	--	--
Pregnancy test or referral for pregnancy test	25.0	13.4	26.8	21.7	--	--	--
Referral for primary health care	40.6	22.0	39.8	34.1	31.8	39.6	35.7
Referral for mental health services	15.6	6.1	8.0	9.9	6.1	15.1	10.6
Referral for drug/alcohol addiction	21.9	12.2	13.8	16.0	10.6	15.1	12.9
Referral for legal assistance	9.4	7.3	8.0	8.2	10.6	15.6	13.1
Referral for clinical care	25.0	7.3	6.3	12.9	15.2	16.5	15.8
Referral for PMTCT	21.9	9.8	8.8	13.5			
Sexual assault/rape crisis services or referral	18.8	12.2	10.5	13.8	10.6	13.2	11.9
Condoms	96.9	96.3	93.3	95.5	98.5	94.8	96.6
Lubricant	93.8	95.1	84.1	91.0	98.5	93.9	96.2
Information about reducing risk of HIV	90.6	96.3	93.3	93.4	93.9	90.6	92.3
Number of Observations	32	82	239		66	212	

Table A2. Percent of Service Uptake by Clients from Peer Educators by City

	FSW					MSM				
	Accra	Tamale	Koforidua	Sekondi/ Takoradi	Kumasi	Accra	Koforidua	Sekondi/ Takoradi	Kumasi	Tema
Contact with peer educator in past 12 months	96.1	100.0	100.0	98.8	96.5	95.2	92.0	90.0	97.1	100.0
Number of Observations	127	32	38	80	85	83	25	120	68	2
<i>Services among those in contact with peer educator in past 12 months:</i>										
HIV risk reduction counseling	99.2	100.0	100.0	94.9	97.6	82.3	73.9	93.5	97.0	100.0
HIV counseling and testing	79.5	87.5	79.0	87.3	80.5	94.0	95.7	92.6	97.0	100.0
Screening for STI	86.9	93.8	89.5	83.5	81.7	77.2	69.6	75.9	80.3	100.0
Referral for STI treatment	68.9	56.3	65.8	46.8	39.0	60.8	43.5	47.2	53.0	100.0
Emergency contraception or referral for EC	18.0	21.9	31.6	29.1	11.0	--	--	--	--	--
Contraceptive methods other than condoms or referral	19.7	21.9	23.7	30.4	14.6	--	--	--	--	--
Pregnancy test or referral for pregnancy test	20.5	25.0	34.2	32.9	13.4	--	--	--	--	--
Referral for primary health care	37.7	40.6	44.7	40.5	22.0	46.8	34.8	36.1	31.8	100.0
Referral for mental health services	2.5	15.6	5.3	17.7	6.1	7.6	8.7	22.2	6.1	0.0
Referral for drug/alcohol addiction	8.2	21.9	15.8	21.5	12.2	7.6	4.4	23.2	10.6	0.0
Referral for legal assistance	2.5	9.4	10.5	15.2	7.3	11.4	8.7	20.4	10.6	0.0
Referral for clinical care	2.5	25.0	7.9	11.4	7.3	7.6	8.7	25.0	15.2	0.0
Referral for PMTCT	2.5	21.9	10.5	17.7	9.8					
Sexual assault/rape crisis services or referral	5.7	18.8	10.5	17.7	12.2	5.1	0.0	22.2	10.6	0.0
Condoms	92.6	96.9	94.7	93.7	96.3	96.2	95.7	93.5	98.5	100.0
Lubricant	85.3	93.8	84.2	82.3	95.1	97.5	91.3	91.7	98.5	100.0
Information about reducing risk of HIV	96.7	90.6	97.4	84.8	96.3	93.7	95.7	87.0	93.9	100.0
Number of Observations	122	32	38	79	82	79	23	108	66	2

Table A3. Percent of Service Uptake for Clients at Drop-in Centers by Ecological Zone

	FSW				MSM		
	Savannah	Forest	Coastal	Average	Forest	Coastal	Average
Has been to a drop-in center in past 12 months	62.5	55.3	64.9	60.9	73.5	63.5	68.5
Number of observations	32	85	245		68	230	
<i>Of those who have been to a drop-in center in past 12 months:</i>							
HIV risk reduction counselling	95.0	93.6	98.1	95.6	98.0	95.9	96.9
HIV counseling and testing	95.0	91.5	97.5	94.7	94.0	94.5	94.3
Screening for STI	85.0	85.1	94.3	88.2	72.0	82.9	77.4
Referral for treatment of STI	65.0	36.2	54.1	51.8	44.0	59.6	51.8
Emergency contraception or referral for EC	15.0	4.3	22.6	14.0	--	--	--
Contraceptive methods other than condoms or referral	25.0	21.3	25.2	23.8	--	--	--
Pregnancy test or referral for pregnancy test	15.0	6.2	22.0	14.4	--	--	--
Referral for primary health care	30.0	21.3	37.1	29.5	26.0	44.5	35.3
Referral for mental health services	10.0	6.4	10.7	9.0	4.0	18.5	11.2
Referral for drug/alcohol addiction	15.0	12.8	12.6	13.5	4.0	19.9	11.9
Referral for legal assistance	10.0	6.4	11.3	9.2	8.0	21.9	15.0
Referral for clinical care	10.0	8.5	7.6	8.7	10.0	21.2	15.6
Referral for PMTCT	10.0	8.5	11.3	9.9	--	--	--
Sexual assault/rape crisis services or referral	10.0	12.8	10.5	11.1	8.0	18.5	13.2
Condoms	90.0	85.1	91.2	88.8	90.0	93.2	91.6
Lubricant	90.0	80.9	84.3	85.0	92.0	87.0	89.5
Information about reducing risk of HIV	90.0	87.2	92.5	89.9	96.0	88.4	92.2
Number of Observations	20	47	159		50	146	

Table A4. Percent of Service Uptake for Clients at Drop-in Centers by City

	FSW					MSM				
	Accra	Tamale	Koforidua	Sekondi/ Takoradi	Kumasi	Accra	Koforidua	Sekondi/ Takoradi	Kumasi	Tema
Has been to a drop-in center in past 12 months	70.9	62.5	73.7	51.3	55.3	63.9	64.0	62.5	73.5	100.0
Number of Observations	127	32	38	80	85	83	25	120	68	2
<i>Services among those who have been to a drop-in center in past 12 months:</i>										
HIV risk reduction counseling	97.8	95.0	100.0	97.6	93.6	96.2	87.5	94.7	98.0	100.0
HIV counseling and testing	95.6	95.0	96.4	85.4	91.5	96.2	93.8	93.3	94.0	100.0
Screening for STI	93.3	85.0	92.9	97.6	85.1	86.8	75.0	81.3	72.0	100.0
Referral for STI treatment	56.7	65.0	71.4	36.6	36.2	66.0	43.8	57.3	44.0	100.0
Emergency contraception or referral for EC	13.3	15.0	35.7	34.2	4.3	--	--	--	--	--
Contraceptive methods other than condoms or referral	17.8	25.0	32.1	36.6	21.3	--	--	--	--	--
Pregnancy test or referral for pregnancy test	11.1	15.0	35.7	36.6	6.4	--	--	--	--	--
Referral for primary health care	33.3	30.0	46.4	39.0	21.3	39.6	37.5	50.7	26.0	0.0
Referral for mental health services	2.2	10.0	10.7	29.3	6.4	7.6	0.0	30.7	4.0	0.0
Referral for drug/alcohol addiction	2.2	15.0	14.3	34.2	12.8	9.4	6.3	30.7	4.0	0.0
Referral for legal assistance	3.3	10.0	17.9	24.4	6.4	15.1	6.3	30.7	8.0	0.0
Referral for clinical care	5.6	10.0	10.7	9.8	8.5	7.6	12.5	33.3	10.0	0.0
Referral for PMTCT	3.3	10.0	10.7	29.3	8.5	--	--	--	--	--
Sexual assault/rape crisis services or referral	3.3	10.0	14.3	24.4	12.8	9.4	0.0	29.3	8.0	0.0
Condoms	93.3	90.0	82.1	92.7	85.1	94.3	81.3	94.7	90.0	100.0
Lubricant	86.7	90.0	67.9	90.2	80.9	96.2	81.3	81.3	92.0	100.0
Information about reducing risk of HIV	97.8	90.0	82.1	87.8	87.2	94.3	87.5	84.0	96.0	100.0
Number of Observations	90	20	28	41	47	53	16	75	50	2

Table A5. Percent of Service Uptake for Clients at Mobile Outreach Centers by Ecological Zone

	FSW				MSM		
	Savannah	Forest	Coastal	Average	Forest	Coastal	Average
Has been to a drop-in center in past 12 months	28.1	27.1	55.5	36.9	13.2	26.5	19.9
Number of Observations	32	85	245		68	230	
<i>Of those who have been to a drop-in center in past 12 months:</i>							
HIV risk reduction counselling	88.9	82.6	85.3	85.6	88.9	96.7	92.8
HIV counseling and testing	77.8	47.8	66.2	63.9	88.9	95.1	92.0
Screening for STI	66.7	65.2	67.7	66.5	88.9	85.3	87.1
Referral for treatment of STI	55.6	21.7	39.7	39.0	44.4	70.5	57.5
Emergency contraception or referral for EC	33.3	4.4	18.4	18.7			
Contraceptive methods other than condoms or referral	33.3	21.7	14.7	23.3			
Pregnancy test or referral for pregnancy test	33.3	13.0	13.2	19.9			
Referral for primary health care	22.2	4.4	25.7	17.4	11.1	62.3	36.7
Referral for mental health services	11.1	8.7	8.8	9.5	0.0	36.1	18.0
Referral for drug/alcohol addiction	22.2	8.7	10.3	13.7	0.0	39.3	19.7
Referral for legal assistance	22.2	8.7	8.1	13.0	0.0	39.3	19.7
Referral for clinical care	44.4	8.7	5.9	19.7	11.1	39.3	25.2
Referral for PMTCT	44.4	8.7	9.6	20.9			
Sexual assault/rape crisis services or referral	22.2	13.0	7.4	14.2	0.0	39.3	19.7
Condoms	66.7	52.2	72.8	63.9	77.8	98.4	88.1
Lubricant	66.7	43.5	65.4	58.5	77.8	96.7	87.3
Information about reducing risk of HIV	66.7	56.5	74.3	65.8	88.9	96.7	92.8
Number of Observations	9	23	136		9	61	

APPENDIX 2. EVALUATION TOOLS

Ghana's National HIV Prevention Programme for MARPS

Key Informant Interview

Informant Name: _____

Informant Title: _____

Length of time Informant has served on the MARP TWG: _____

Interview Date: _____

Interviewer Name: _____

INTRODUCTION:

Thank you for agreeing to talk with us today. We are interviewing key stakeholders, like yourself, in the National HIV Prevention Programme for MARPS, in particular for FSW and MSM. We are interested in your point of view on the current status of HIV prevention programming for MARP, progress made in achieving national goals for programme coverage, scope, and quality, and in gaps that still remain in programming.

CONSENT PROCESS

READ TO, OR HANDOVER CONSENT FORM TO KEY INFORMANT TO READ

CONSENT FORM

Title: A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk Populations

Principal Investigator: Amos Laar, PhD,

Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

General Information about Research

The purpose of this research study is to gather information about the organizations in Ghana who provide health and social services to female sex workers and men who have sex with men. We are interviewing professionals like you in order to better the difficulties and opportunities you face in maintaining service records, training staff, and structuring your organization. We also would like to learn more about the kind of services you are able to provide and what support might benefit your organization's efforts to provide the highest possible quality services. This will take no more than an hour of your time.

Possible Risks and Discomforts

We are asking questions about your organization and other organizations providing health and social services to men who have sex with men and/or female sex workers. We would also like to learn more about the challenges you face in management, finance, data collection, and other organizational tasks. While nothing you tell us will be shared with anyone other than the researchers, some questions may make you uncomfortable or you may not know the answer to a particular question. You are free to skip any question that you are not comfortable answering.

Possible Benefits

The information gathered from your organization and others like it will help the Ghana AIDS Commission and other partners working with female sex workers and men who have sex with men in Ghana to improve the services being provided and to better support service providers in their efforts to improve HIV prevention services for their communities.

Confidentiality

We will protect information about you to the best of our ability. You will not be named in any reports. Your employers will not be made aware of your responses. Some staff of The University of Ghana and the University of North Carolina may sometimes look at your research records. However, no one other than authorized study personnel will be able to access your information.

Compensation

No compensation is provided for participation in this survey interview. However, we appreciate your time to help us learn how to improve health service provision for female sex workers and/or men who have sex with men in Ghana.

Voluntary Participation and Right to Leave the Research

Your participation in this research is completely voluntary. Also, you can choose to end your participation at any time during the interview.

Contacts for Additional Information

Principal Investigator: Amos Laar, PhD, Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.mimcom.org or HBaidoo@noguchi.mimcom.org. You may also contact the chairman, Rev. Dr. Ayete-Nyampong through mobile number 0208152360 when necessary.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title (A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk Populations) has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

Date

Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date

Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date

Name Signature of Person Who Obtained Consent

BEGIN ASKING QUESTIONS

1. Do you feel that the national MARP programme as it is being implemented on the ground TODAY is of sufficient scope, quality, and coverage to reach the goal of reaching 80% of MSM and FSW with services by 2015? Why or why not?

2. What do you think is the biggest barrier to achieving the goal of reaching 80% of MSM and FSW in Ghana with HIV prevention services by 2015? Do you think this barrier can be overcome? How?

3. What do you think are the biggest opportunities for the National HIV prevention programme for MSM and FSW in working towards their goal of reaching 80% of MSM and FSW by 2015? Do you think those opportunities are being fully exploited? Why or why not? How can the programme take better advantage of these opportunities?

4. What information about MARP programming do you feel that you still lack in order to adequately understand how the National Programme as a whole is performing?

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5. What information about the MARP programming do you think has been or will be particularly useful for you in understanding how the National Programme as a whole is performing? Why has this data been particularly useful?

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6. Do you think any changes could or should be made in the legal, political, and social spheres in Ghana to supplement the services being provided directly to MSM and FSW by the National HIV Prevention Programme for MARPS? What changes do you feel are the most pressing priorities? What obstacles or opportunities do you see for getting these changes in place?

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7. What gaps, if any, do you feel still exist in the range of services being provided to MSM and FSW under the National Programme as it is being implemented on the ground TODAY? What services would you add? What services would you delete? Would you change recruitment, client data collection, or geographic coverage? Anything else about the range of services as offered today that you would like to see change in an “ideal” scenario?

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8. What role do you feel the TWG plays in the ultimate ability of the MARP programme to succeed or fail in its goal of reaching 80% of MARP populations by 2015? Do you think there are challenges or opportunities for the TWG to better facilitate the work of programme implementers? What are these challenges for the TWG? What are these opportunities for the TWG?

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9. Is there anything else you would like to tell us about the work of the TWG and the performance of the MARP programme? Any other gaps or strengths in the program you would like to mention? Any recommendations for ways you would like to see the programme improve?

**A Performance Evaluation of
Ghana's HIV Prevention Program
for At-Risk Populations**

**HIV Prevention Services for FSW
and MSM in Ghana**

**ASSESSING MANAGEMENT CAPACITY AMONG
LOCAL NON-GOVERNMENTAL ORGANIZATIONS
(LNGOS) IMPLEMENTING HIV PREVENTION
PROGRAMMES FOR MARPS**

**INTERVIEW OF NGO
MANAGER**

Name of Organization: _____

Address: _____

Telephone Number: _____

Name of Person Interviewed: _____

Position: _____

Name of Interviewer: _____

Date of Interview: _____

CONSENT FORM

Title: A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk Populations

Principal Investigator: Amos Laar, PhD,

Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

General Information about Research

The purpose of this research study is to gather information about the organizations in Ghana who provide health and social services to female sex workers and men who have sex with men. We are interviewing professionals like you in order to better the difficulties and opportunities you face in maintaining service records, training staff, and structuring your organization. We also would like to learn more about the kind of services you are able to provide and what support might benefit your organization's efforts to provide the highest possible quality services. This will take no more than an hour of your time.

Possible Risks and Discomforts

We are asking questions about your organization and other organizations providing health and social services to men who have sex with men and/or female sex workers. We would also like to learn more about the challenges you face in management, finance, data collection, and other organizational tasks. While nothing you tell us will be shared with anyone other than the researchers, some questions may make you uncomfortable or you may not know the answer to a particular question. You are free to skip any question that you are not comfortable answering.

Possible Benefits

The information gathered from your organization and others like it will help the Ghana AIDS Commission and other partners working with female sex workers and men who have sex with men in Ghana to improve the services being provided and to better support service providers in their efforts to improve HIV prevention services for their communities.

Confidentiality

We will protect information about you to the best of our ability. You will not be named in any reports. Your employers will not be made aware of your responses. Some staff of The University of Ghana and the University of North Carolina may sometimes look at your research records. However, no one other than authorized study personnel will be able to access your information.

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Compensation

No compensation is provided for participation in this survey interview. However, we appreciate your time to help us learn how to improve health service provision for female sex workers and/or men who have sex with men in Ghana.

Voluntary Participation and Right to Leave the Research

Your participation in this research is completely voluntary. Also, you can choose to end your participation at any time during the interview.

Contacts for Additional Information

Principal Investigator: Amos Laar, PhD, Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.mimcom.org or HBaidoo@noguchi.mimcom.org. You may also contact the chairman, Rev. Dr. Ayete-Nyampong through mobile number 0208152360 when necessary.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title (A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk Populations) has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

Date

Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date

Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date

Name Signature of Person Who Obtained Consent

Section 1. ORGANIZATIONAL PROFILE

No.	Question	Response	Skip
101	Could you please give me the name and title of two people besides yourself that should serve as contacts for the study in your organization: 1. Name: _____ Title: _____ 2. Name: _____ Title: _____		
102	Please give the name, title and length of service in current position of three most senior officials of the organization: 3. Name: _____ Title: _____ Length of Service: _____ 4. Name: _____ Title: _____ Length of Service: _____ 5. Name: _____ Title: _____ Length of Service: _____		
103	In what year was your organization founded?	_____ Year Don't Know Refused Missing	
104	Is your organization registered with a government agency or umbrella organization? Circle one	Yes No Don't Know Refused Missing	If No skip to 106
105	What is the name of the agency or organization?	_____ Name Don't Know Refused Missing	
106	Is your organization affiliated with a religious group, political organization, trade union or other group? Circle one	Yes No Don't Know Refused Missing	If No skip to 108

No.	Question	Response	Skip
107	If yes, what is the name of the group?	_____ Name Don't Know Refused Missing	
108	Does your organization have a Board of Directors? Circle one	Yes No Don't Know Refused Missing	If No, SKIP to 111.
109	If yes, how many board member positions are there?	_____ # Don't Know Refused Missing	
110	How often are board members elected? Circle one	Annually Biannually Other No Policy Don't Know Refused Missing	
111	Would you please tell me which of the following services are offered by your organization to your target population? Circle all that apply	a) Condoms/Lube b) Emergency Contraception c) Regular contraceptive methods other than condoms d) Pregnancy tests e) Mobile outreach f) VCT g) HIV Risk Assessment h) Rape counseling i) STI Screening and Referral j) Mental Health Referral k) Mfriend Referral l) HIV treatment referral m) PMTCT referral n) Other Referral o) Text me! Flash me! Call Me! Helpline p) Mhealth information by text q) Other (Specify): _____ r) Don't Know s) Refused t) Missing	
112	How many MSM were reached by your organization in the last 12 months?	_____ Don't Know Refused Missing	

No.	Question	Response	Skip
113	How many FSW were reached by your organization in the last 12 months?	_____ Don't Know Refused Missing	
114	How does your organization define programme "reach"?	_____ _____ Don't Know Refused Missing	
115	How does your organization avoid double counting when counting people reached?	_____ _____ Don't Know Refused Missing	
116	Sometimes double counting is hard to avoid, despite an organization's best efforts. How often do you feel that double counting is a problem for reporting in your service delivery programs for FSW and MSM? Circle one	Never a problem Rarely a problem Sometimes a problem Often a problem Always a problem Don't Know Refused Missing	
117	Does your NGO have a written list or description of all geographic/catchment areas in which your FSW and MSM services are provided? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	
118	How many paid, full-time employees does your organization have (not including peer educators or Ghana Health Service Nurses)?	_____ Don't Know Refused Missing	
119	Is there a written organizational chart for your organization? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	
120	What is the total budget (in local currency) of your organization for the current fiscal year?	_____ Don't Know Refused Missing	

No.	Question	Response	Skip
121	Do you currently receive any funding from an international donor or NGO? Circle one	Yes No Don't Know Refused Missing	If No skip to section 2.
122	What is the amount (in local currency) of the largest grant or contract currently being managed by your organization?	_____ Don't Know Refused Missing	
123	What donor provided the grant or contract?	_____ Don't Know Refused Missing	

Section 2. KNOWLEDGE OF THE COMMUNITY

No.	Question	Response	Skip
201	How does your organization promote community participation in its decision- making? NOTE TO INTERVIEWER (DO NOT READ): Do not prompt but probe by asking "Any other ways that participation is promoted?" Circle Yes to all that were mentioned. No to all that were not mentioned.		
201a	Method of community participation	Yes No Don't Know Refused Missing	
201b	Consultation with community members	Yes No Don't Know Refused Missing	
202	Consultation with community leaders	Yes No Don't Know Refused Missing	
203	Field workers that mobilize community	Yes No Don't Know Refused Missing	

No.	Question	Response	Skip
204	User groups or community committees	Yes No Don't Know Refused Missing	
205	Representation on NGO Board	Yes No Don't Know Refused Missing	
201g	Other: (Specify)_____	Yes No Don't Know Refused Missing	
202	Based on your knowledge of the communities targeted by your MARP HIV prevention program, what are the major obstacles and opportunities to reaching FSW and MSM with quality HIV prevention services?	Obstacles: _____ _____ _____ Opportunities: _____ _____ _____	

Section 3. PLANNING

I would like to ask you a few questions about how planning takes place in your organization.

No.	Question	Response	Skip
301	Is there any written statement of the over-all goal of your organization? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	
302	Is there a written Organizational Development plan for your organization? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	

No.	Question	Response	Skip
303	Is there a written work plan for your organization that covers the current year? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	If No skip to 309
304	What is the time period covered by the plan?	_____ Don't Know Refused Missing	
305	When was the work plan approved?	_____ Don't Know Refused Missing	
306	Who approved the work plan?	_____ Don't Know Refused Missing	
307	Has the plan ever been revised since approval? Circle one	Yes No Don't Know Refused Missing	
308	How is progress on the plan monitored?	_____ _____ _____ _____ _____ _____	
309	Is there a written set of objectives for the organization? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	
310	Is there a written calendar of activities for the organization? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	

No.	Question	Response	Skip
311	Have you received mentoring/coaching from an outside organization in strengthening organizational capacity of your own organization within the last 12 months? Circle one	Yes No Don't Know Refused Missing	If No skip to 313
312	How many mentoring/coaching sessions have you received in the last 12 months?	_____ Don't Know Refused Missing	
313	Have you personally participated in a community of practice for MSM or FSW service providers in the last 12 months? Circle one	Yes No Don't Know Refused Missing	If No skip to section 4.
314	How frequently have you personally participated in a community of practice for FSW and MSM providers in the last 12 months? Circle one	Very Often Often Sometimes Occasionally Never Don't Know Refused Missing	

Section 4. HUMAN RESOURCES MANAGEMENT

Now we would like to ask about your paid staff and employees. The following set of questions does not refer to peer educators or other unpaid staff who are not full-time employees of your organization.

No.	Question	Response	Skip
401	Is each employee given a written copy of their job description? Circle one	Yes No Don't Know Refused Missing	
402	Is there a personnel manual? Circle one and attach if available	No Yes, provided a copy Yes, could not provide a copy Don't Know Refused Missing	

No.	Question	Response	Skip
403	Is there an orientation program for all new staff? Circle one	Yes No Don't Know Refused Missing	
404	Are there annual written performance objectives established for each employee? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	
405	Are annual evaluations of staff conducted? Circle one	Yes No Don't Know Refused Missing	
406	Is there a written performance appraisal form used for evaluating employees? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	
407	Is there a written plan for staff training? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	
408	Is there a list of all employees currently employed by your organization? Circle one	Yes No Don't Know Refused Missing	
409	How many of your staff have resigned or been fired in the last 12 months? Circle one	Yes No Don't Know Refused Missing	
410	Is there a manual that establishes standards for managing the needs of FSW and/or MSM clients by organization staff? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	

Section 5. MANAGING PEER EDUCATORS

No.	Question	Response	Skip
501	Does your organization currently support peer educators? Circle one	Yes No Don't Know Refused Missing	If No go to section 6.
502	How many peer educators do you currently have on the rolls?	_____ Don't Know Refused Missing	
503	Do you have written criteria that are used when choosing peer educators? Circle one	Yes No Don't Know Refused Missing	
504	Is each peer educator given a written statement of his or her objectives for each year? Circle one	Yes No Don't Know Refused Missing	If no skip to 507
505	Does your organization currently support peer educators? Circle one	Yes No Don't Know Refused Missing	If No go to section 6.
506	Who prepared the peer educators objectives for the year? Circle one	Supervisor Peer educator Jointly by peer educator and supervisor Don't Know Refused Missing	
507	Is there a standard training that all peer educators attend? Circle one	Yes No Don't Know Refused Missing	
508	Do you provide any equipment or materials to the peer educators? Circle one	Yes No Don't Know Refused Missing	If No skip to 510
509	What equipment and/or materials do you provide to peer educators?	_____ _____ Don't Know Refused	

No.	Question	Response	Skip
510	How many peer educator supervisors do you employ? Circle one	Yes No Don't Know Refused Missing	
511	Have peer educator supervisors received any special training in supervision? Circle one	Yes No Don't Know Refused Missing	
512	Has a supervisory checklist been provided to supervisors of peer educators? Circle one	Yes No Don't Know Refused Missing	
513	Are there group meetings of peer educators? Circle one	Yes No Don't Know Refused Missing	If No skip to section 6.
514	When was the last such group meeting of peer educators? (Month, Year)	_____Month _____Year Don't Know Refused Missing	
515	What is discussed at these group meetings?	_____ _____ _____ Don't Know Refused Missing	

Section 6. MANAGEMENT INFORMATION SYSTEMS

No.	Question	Response	Skip
601	Has your organization established any indicators of the quantity or volume of services provided to your target population? Circle one	Yes No Don't Know Refused Missing	If No, SKIP to 603.
602	If Yes, please list these indicators:	_____ _____ _____ Don't Know Refused Missing	
603	Do you collect data on the quantity or volume of services provided to your target population? Circle one	Yes No Don't Know Refused Missing	If No skip to 605
604	How do you collect this data? Circle all that apply	Service Statistics Surveys Focus Groups Other (Specify) _____ Don't Know Refused Missing	
605	How often do you personally receive a report on the quantity or volume of services provided? Circle one	Weekly Monthly Quarterly Once every 6 months Once per year Other (Specify) _____ Don't Know Refused Missing	
606	Do you review reports with program staff? Circle one	Yes No Don't Know Refused Missing	
607	How is the information from the reports used?	_____ _____ Don't Know Refused Missing	

No.	Question	Response	Skip
608	Has your organization established any indicators of the impact of services provided on your target population? Circle one	Yes No Don't Know Refused Missing	If No, SKIP to 610.
609	If yes, what are the indicators?	_____ _____ Don't Know Refused Missing	
610	Do you collect data on the impact of services provided to your target population? Circle one	Yes No Don't Know Refused Missing	If No, SKIP to 614.
611	How do you collect this data? Circle all that apply	Service Statistics Surveys Focus Groups Other (Specify) _____ Don't Know Refused Missing	
612	How often do you personally receive a report on the impact of services provided? Circle one	Weekly Monthly Quarterly Once every 6 months Once per year Other (Specify) _____	
613	Do you review reports with program staff? Circle one	Yes No Don't Know Refused Missing	
614	Has your organization established any key indicators of its financial status? Circle one	Yes No Don't Know Refused Missing	If No, SKIP to 616.
615	If yes, what are the indicators?	_____ _____ Don't Know Refused Missing	

No.	Question	Response	Skip
616	How often do you personally receive a report on the financial management of the organization Circle one	Weekly Monthly Quarterly Once every 6 months Once per year Other (Specify)_____	
617	Do you review reports with program staff? Circle one	Yes No Don't Know Refused Missing	
618	How are the reports on programme services, impact, and finances used? (Do not prompt but probe by asking "Are there any other ways you use the information?") Circle Yes for all mentioned.		
618a	Adjust performance targets	Yes No Don't Know Refused Missing	
618b	Resource allocation	Yes No Don't Know Refused Missing	
618c	Adjust work loads	Yes No Don't Know Refused Missing	
618d	Change service delivery strategies	Yes No Don't Know Refused Missing	
618e	Commodity procurement	Yes No Don't Know Refused Missing	
618f	Quality of care interventions	Yes No Don't Know Refused Missing	

No.	Question	Response	Skip
618g	Staff appraisal	Yes No Don't Know Refused Missing	
618h	Other (specify) _____	Yes No Don't Know Refused Missing	
619	Have you provided any staff or peer educators with training in M&E in the last 12 months? Circle one	Yes No Don't Know Refused Missing	
620	To whom did you provide M&E training? Circle one	Headquarters staff Field staff Peer educators Other Don't Know Refused Missing	
621	What are the biggest barriers that your organization faces in collecting, analyzing, or using information needed for managing your MARP programs? _____ _____ _____		

Section 7. COMMODITY LOGISTICS MANAGEMENT

701	Does your organization currently distribute any commodities to MSM or FSW? Circle one	Yes No Don't Know Refused Missing	If No go to section 8.
702	If yes, what commodities does your organization currently distribute? Circle all that apply	Condoms Lube IEC materials HIV test kits Other (Specify): _____ Don't Know Refused Missing	

No.	Question	Response	Skip
703	Does your organization have a written policy for procuring the commodities? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	
704	Does your organization have a warehouse or storage facility for commodities? Circle one	Yes No Don't Know Refused Missing	If No skip to 706
705	If yes, how would you characterize your commodity storage facility? Circle best choice	Completely satisfactory Somewhat satisfactory Satisfactory Somewhat unsatisfactory Completely unsatisfactory No opinion Don't Know Refused Missing	
706	Does your organization have a written policy for forecasting commodity requirements? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	
707	In the last three years has there been an audit of your commodity management system? Circle one	Yes No Don't Know Refused Missing	
708	How does your organization obtain condoms, lube, and HIV test kits?	_____ _____ Don't Know Refused Missing	
709	Have you been out of stock of any commodities in the last 6 months? Circle one	Yes No Don't Know Refused Missing	If No go to section 8.

No.	Question	Response	Skip
710	If yes, of what commodity or commodities have you been out of stock? Circle all that apply	Condoms Lube IEC materials HIV test kits Other (Specify): _____ Don't Know Refused Missing	
711	How did you respond to the stock out? Circle best choice	Direct clients to return when commodity was back in stock Obtain emergency supply of commodity from an alternate source Direct client to alternate source of commodity Other (specify): _____ _____ Don't Know Refused Missing	

Section 8. BUDGETING AND FINANCIAL MANAGEMENT

801	Is there a budget for your organization covering the current fiscal year? Circle one	Yes No Don't Know Refused Missing	
802	Is there a budget performance report that compares actual to projected expenditures? Circle one	Yes No Don't Know Refused Missing	
803	How often is the budget performance report issued?	Every month Every quarter Every six months Other(specify): _____ Don't Know Refused Missing	
804	Is there a balance sheet for the organization? Circle one	Yes No Don't Know Refused Missing	

No.	Question	Response	Skip
805	Has there ever been an external audit of the organization's finances? Circle one	Yes No Don't Know Refused Missing	
806	Is there a register for recording receipt of cash and checks? Circle one	Yes No Don't Know Refused Missing	
807	Is there a fixed assets register? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	
808	Has there been an inventory of fixed assets conducted in the last 12 months? Circle one	Yes No Don't Know Refused Missing	
809	Are written bids obtained for purchases above a fixed amount? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	
810	Is there a register for accounts payable? Circle one and attach if available	Yes, can provide copy Yes, cannot provide copy No Don't Know Refused Missing	
811	Does your organization currently charge any fees for its MARP services? Circle one	Yes No Don't Know Refused Missing	If No then END.
812	If yes, please describe amounts charged for specific products or services.	_____ _____ Don't Know Refused Missing	

END. We have reached the end of our survey. Many thanks for your time and the information provided

FSW HIV Service Quality Focus Group Guide

Focus group discussion facilitator: _____

Notetaker (if applicable): _____

Geographic region: _____

Date: _____

Location: _____

Time discussion started: _____

Time ended: _____

of Women Participating in Focus Group: _____

Brothel-based: 1. Client

2. Non-client

Roamer: 1. Client

2. Non-client

INTRODUCE MODERATORS, NOTE-TAKER:

INTRODUCE THE PURPOSE OF THE GROUP:

Let's go ahead and get started. My name is _____ and this is my colleague _____ . We work for _____. We are very interested in learning about some of the concerns and needs of female sex workers in this community. We're especially interested in hearing about the some of the issues that FSW face in trying to protect themselves from HIV and the experiences of FSW who have received HIV prevention services so that we can make recommendations about how services can be improved. We're not asking for specific stories, so please don't use any names. We will not use your names or even write down your names, so everything you share in this group today will be confidential and will not be directly connected back to you. We will only share the information we learn today in a general way and in a way that does not reveal the identity of anyone in the group. It's important that the information shared in this group does not leave this group, so we ask everyone to not share who was here or what was said in the group with others outside the group when you leave here. We really want to hear what you have to say and want you to feel comfortable in answering questions however you want to. There are no right or wrong answers.

_____ is taking notes to make sure that we don't miss what you have to say. This will help us later when we go back and organize all the information that was shared today. The group should last for [insert amount of time].

Does anyone have any questions before we begin?

FSW all over the world are faced with many challenges that make life difficult for them. We are interested in knowing more about the challenges faced by FSW in general and in [town name] specifically.

1. In your opinion, what are the biggest problems faced by FSW in Ghana/[specific location]?
 -
 - ***IF HIV IS NOT MENTIONED →*** What about getting HIV/ Protecting yourself from getting HIV?
 -

We would like to learn more about the things that FSW may or may not do to try to stay healthy.

2. In general, where do FSW go for health care - that is, if they are sick or want to see a doctor or nurse?

PROBE: Where do FSW go if they have a question about their health or are worried about their health? Why do FSW go to those places and not others?

PROBE: Why do you think some FSW might not go for health care?

3. How comfortable would it be to disclose to the doctor you are an FSW if you visit the doctor for healthcare?

PROBE: What kinds of things would make her more likely to tell the doctor? What kind of things would make her less likely to tell the doctor? What would happen if she told the doctor?

Now I'm going to ask you a few questions specifically about HIV.

4. What kinds of things do FSW do to try to avoid getting HIV?

PROBE: What about using condoms? Getting tested for HIV?

5. In general, in your community, if a FSW wants to get tested for HIV where would she go?

PROBE: What about drop-in centers? Mobile outreach? Peer educators? Are there places that FSW definitely would *not* go to get tested for HIV?

PROBE: How do FSW find out about places that offer HIV testing?

We know that FSW are at risk of HIV, but only some get tested for HIV.

6. What types of things prevent FSW from getting tested for HIV?

PROBE: Why do some FSW not get tested for HIV?

Now imagine that you have a friend who is also a FSW. Your friend goes to get tested for HIV. Afterwards when you see her, your friend tells you that getting tested was a really wonderful experience.

7. What types of things do you think would make getting tested a good experience for her?

PROBE: What would the staff do? What would they say? What would the setting be like?

Now imagine that this same friend goes to get tested for HIV, but this time when you see her, this friend tells you that getting tested was a terrible experience.

8. What types of things would make getting tested a bad experience for her?

PROBE: What would the staff do? What would they say? What would the setting be like?

Now I'm going to ask you a few questions about condoms and lubricant.

9. In general, if a FSW wanted to get condoms and lubricant, where would she go?

PROBE: What about drop-in centers? Mobile outreach? Peer educators? Are there places that FSW definitely would *not* go to get condoms and lubricant?

- **We know that condoms can reduce the risk of HIV if used correctly, but not all FSW use condoms.**

10. What types of things prevent FSW from using condoms?

11. How does being a sex worker influence how you are treated by different people in your life?

PROBE: What about by your family? Friends? Doctors or health care workers? Police?

PROBE: In what ways are you treated differently because you are a sex worker?

Earlier we talked about problems faced by FSW in Ghana.

12. What about violence? To what extent is violence a problem for FSW in Ghana?

PROBE: How does violence affect a FSW's ability to protect her health and avoid HIV?

PROBE: What about physical violence? Sexual Violence? Who is committing the violence? Paying partners? Boyfriends/Spouses? Police? In what kinds of settings does violence occur?

Now think about an ideal situation in which anything is possible. In this ideal situation, there are plenty of resources and anything you want to happen can happen.

13. In this ideal situation, what types of services would be available for FSW? Where would these services be available?

PROBE: What would you recommend to someone who was developing health care services specifically for FSW? What about HIV prevention services specifically for FSW?

End. Thank you for your time and opinions. Your views are invaluable and will help improve MARP services in your community

**A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk
Populations**

SITE VISIT TO MSM/FSW Fixed Service Delivery Points

Name of Organization _____

Name/number/site of Service Delivery Point _____

Contact person at Service Delivery Point _____

Date _____

SERVICE DELIVERY POINTS ASSESSMENT:

CONSENT FORM

Title: A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk Populations

Principal Investigator: Amos Laar, PhD,

Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

General Information about Research

The purpose of this research study is to gather information about the services provided to female sex workers and men who have sex with men at fixed service delivery points. We are interviewing professionals like you in order to better understand the difficulties faced by providers in delivering high quality and confidential services to female sex workers and men who have sex with men. We also would like to learn more about the kind of services you are able to provide at your location or facility. This will take no more than an hour of your time.

Possible Risks and Discomforts

We are asking about your work providing health and social services to men who have sex with men and/or female sex workers. We would also like to learn more about the challenges you face in providing these services at a fixed location or facility. While nothing you tell us will be shared with anyone other than the researchers, some questions may make you uncomfortable or you may not know the answer to a particular question. You are free to skip any question that you are not comfortable answering.

Possible Benefits

The information gathered from public health professionals like you will help the Ghana AIDS Commission and other partners working with female sex workers and men who have sex with men in Ghana to improve the services being provided and to better support service providers in their efforts to improve HIV prevention services for their communities.

Confidentiality

We will protect information about you to the best of our ability. You will not be named in any reports. Your employers will not be made aware of your responses. Some staff of The University of Ghana and the University of North Carolina may sometimes look at your research records. However, no one other than authorized study personnel will be able to access your information.

Compensation

No compensation is provided for participation in this survey interview. However, we appreciate your time to help us learn how to improve health service provision in your community.

Voluntary Participation and Right to Leave the Research

Your participation in this research is completely voluntary. Also, you can choose to end your participation at any time during the interview.

Contacts for Additional Information

Principal Investigator: Amos Laar, PhD, Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.mimcom.org or HBaidoo@noguchi.mimcom.org. You may also contact the chairman, Rev. Dr. Ayete-Nyampong through mobile number 0208152360 when necessary.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title (A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk Populations) has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

Date

Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date

Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date

Name Signature of Person Who Obtained Consent

No.	Question	Response	Skip																						
101	What type of facility is this? Circle one	1 Drop In Centre 2 Field Office 3 Other (specify-----) 99 Don't Know 88 Refused																							
102	How long has this facility been operating in its current location?	1 _____Years/Months (circle appropriate time frame) 99 Don't Know 88 Refused																							
103	What are the categories and numbers of staff and volunteers that provide services associated with this location?	<table border="1"> <thead> <tr> <th>Category</th><th>Number of Staff</th></tr> </thead> <tbody> <tr> <td>1 Program officer(s)</td><td>_____</td></tr> <tr> <td>2 VCT counselor(s)</td><td>_____</td></tr> <tr> <td>3 Ghana Health Service</td><td>_____</td></tr> <tr> <td>4 Nurse(s)</td><td>_____</td></tr> <tr> <td>5 Peer Educator(s)</td><td>_____</td></tr> <tr> <td>6 Cleaners</td><td>_____</td></tr> <tr> <td>7 Other</td><td>_____</td></tr> <tr> <td>(specify)_____</td><td>_____</td></tr> <tr> <td>99 Don't Know</td><td></td></tr> <tr> <td>88 Refused</td><td></td></tr> </tbody> </table>	Category	Number of Staff	1 Program officer(s)	_____	2 VCT counselor(s)	_____	3 Ghana Health Service	_____	4 Nurse(s)	_____	5 Peer Educator(s)	_____	6 Cleaners	_____	7 Other	_____	(specify)_____	_____	99 Don't Know		88 Refused		
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6 Cleaners	_____																								
7 Other	_____																								
(specify)_____	_____																								
99 Don't Know																									
88 Refused																									
104	Does this facility have running water? Circle one	1 Yes, specify _____ 2 No 99 Don't Know 88 Refused																							
105	Does this facility have a working toilet? Circle one	1 Yes, working that day 2 Yes, not working that day 3 No 99 Don't Know 88 Refused																							
106	Does this facility have working internet access? Circle one	1 Yes 2 No 99 Don't Know 88 Refused																							
107	Does this facility have at least one working computer? Circle one	1 Yes 2 No 99 Don't Know 88 Refused																							
108	Does this facility have a lockable storage room? Circle one	1 Yes 2 No 99 Don't Know 88 Refused																							

No.	Question	Response	Skip																
109	Does this facility have a lockable filing cabinet? Circle one	1 Yes 2 No 99 Don't Know 88 Refused																	
110	Does this facility have a confidential room for providing HIV counseling and testing and/or medical exams? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 112.																
111	How many confidential exam /counseling rooms do you have?	_____ total # 99 Don't Know 88 Refused																	
112	Please list the hours that services are provided on each day of the week	<table border="1"> <thead> <tr> <th>Day</th><th>Hours</th></tr> </thead> <tbody> <tr><td>1 S</td><td>_____</td></tr> <tr><td>2 M</td><td>_____</td></tr> <tr><td>3 T</td><td>_____</td></tr> <tr><td>4 W</td><td>_____</td></tr> <tr><td>5 R</td><td>_____</td></tr> <tr><td>6 F</td><td>_____</td></tr> <tr><td>7 S</td><td>_____</td></tr> </tbody> </table>	Day	Hours	1 S	_____	2 M	_____	3 T	_____	4 W	_____	5 R	_____	6 F	_____	7 S	_____	
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1 S	_____																		
2 M	_____																		
3 T	_____																		
4 W	_____																		
5 R	_____																		
6 F	_____																		
7 S	_____																		
113	Is your street/neighborhood aware of the services you are providing here and the type of clients you serve? Circle one	1 Yes 2 No 99 Don't Know 88 Refused																	
114	How tolerant is the street/neighborhood of the services you are providing? Circle one	1 Very tolerant 2 Somewhat tolerant 3 Tolerant 4 Somewhat intolerant 5 Very intolerant 99 Don't Know 88 Refused																	
115	How do most of your clients access your location? Circle one	1 Public transportation 2 Taxi 3 Private vehicle 4 Walk 5 Other(Specify): _____ 99 Don't Know 88 Refused																	

No.	Question	Response	Skip
116	How easily accessible do you feel your physical location is for your target population and community? Circle one	1 Very accessible 2 Somewhat accessible 3 Accessible 4 Somewhat inaccessible 5 Very inaccessible 99 Don't Know 88 Refused	

Section 2. Knowledge of Local MARP Community

No.	Question	Response	Skip
201	Do you have a written description or map of your catchment area? Circle one	1 Yes, provided a copy 2 Yes, cannot provide a copy 3 No 99 Don't Know 88 Refused	
202	Can you provide a size estimate of FSW in your catchment area:	1 FSW: _____ 99 Don't Know 88 Refused	
203	Can you provide a size estimate of MSM in your catchment area:	2 MSM: _____ 99 Don't Know 88 Refused	
204	What is the source of the size estimates above? Circle one	1 IBBSS (Integrated Biological and Behavioral, Surveillance Survey) 2 Special Study (define): _____ 3 Expert opinion 4 Other (specify): _____ 99 Don't Know 88 Refused	
205	What are all the ways you recruit new clients to your facility? CIRCLE ALL THAT APPLY	1 Word of mouth 2 Group Events 3 Peer Educators 4 Self-referral 5 Other (Specify): _____ 99 Don't Know 88 Refused	
206	What is the most common way you recruit new clients to your facility? Circle one	1 Word of mouth 2 Group Events 3 Peer Educators 4 Self-referral 5 Other (Specify): _____ 99 Don't Know 88 Refused	

No.	Question	Response	Skip
207	Are there other service providers who are providing MARP HIV prevention services in your catchment area (other than the Ghana Health Service?) Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 301.
208	If yes, what are the other service providers providing MARP HIV prevention services in your area? _____ _____ _____		
209	Are these services overlapping or complementary to the services you provide? For example do these organizations provide different services or target different groups from your organization? Please describe. _____ _____ _____		

Section 3. Services

Thank you for completing this questionnaire. I am now going to ask you questions relating to services you offer here

No.	Question	Response	Skip
301	What target MARP groups do you serve? Circle all that apply	1 MSM 2 Roamer FSW 3 Seater FSW 4 Partners of FSW (Nonpaying partners) 5 Other(Specify): 99 Don't Know 88 Refused	
302	Do you provide any of the following services? Circle all that apply (PROBE)	1. HIV counseling and testing 2. HIV risk assessment 3. Condoms/lube 4. Emergency contraception 5. Regular contraceptive methods other than condoms (Specify):_____ 6. Pregnancy Tests 7. STI screening and referral 8. Rape counseling 9. Mental health referral 10. Mfriends referrals 11. Referral for HIV treatment 12. Referral for PMTCT 13. Other referral (Specify):_____ 14. Text me! Flash me! Call Me! Helpline 15. MARP specific IEC materials 16. Delivery of Mhealth messages 17. Mobile outreach 18. Group events (education and health promotion) 19. Internet access 20. Safe physical spaces for MARP 21. Other (specify):_____ 99. Don't Know 88. Refused •	
303	Do you charge any fees for any of the products or services you provide? Circle one	1 Yes 2 No 99 Don't Know 88Refused	

307	How often do you feel you are able to successfully determine if a client completes a referral Circle one	1 Always 2 Often 3 Sometimes 4 Rarely 5 Never 99 Don't Know 88 Refused	
308	Are there any services you would like to provide but cannot currently offer your clients? What are these services and why do you think they are important for your clients? _____ _____ _____		
309	When offering mobile outreach, how often do you host external (off site) events? _____ _____ _____		
310	How do you determine/arrange for a location for external (off site) events? _____ _____ _____		
311	How do you advertise external (off site events)? _____ _____ _____		

Section 4. Commodities

We are almost done. I will now like to ask you questions on the communities that you use to do your work.

No.	Question	Response	Skip
401	Do you have a written inventory of commodities and supplies? Verify Circle one	1 Yes, verified 2 Yes, but could not verify 3 No 99 Don't Know 88 Refused	
402	Do you have the following commodities and supplies in stock? READ OUT CIRCLE ALL THAT APPLY	1. HIV test kits 2. Gloves 3. Biohazard disposal 4. Condoms 5. Lubricant 6. Contraceptive methods 7. Penis model 8. Text me! Flash me! Brochures 9. IEC brochures and flyers specific to MARP 10. IEC posters on display 11. Mfriends list 12. Referral list 99 Don't Know a) 88 Refused	
403	Where do you store commodities during client hours? Circle one	1 Unlocked cabinet or closet 2 Locked cabinet or closet 3 Other (Specify): _____ 99 Don't Know 88 Refused	
404	Where do you store commodities while the facility is closed? Circle one	1 Unlocked cabinet or closet 2 Locked cabinet or closet 3 Other (Specify): _____ 99 Don't Know 88 Refused	
405	What is the most common way the facility responds to a stock out? Circle one	1 Tell client to come back when commodity is back in stock 2 Procure an emergency supply of the commodity from an alternate source 3 Direct client to an alternate source of the commodity or service 4 Never had a stockout 5 Other 99 Don't Know 88 Refused	

Section 5. Data collection and Reporting

No.	Question	Response	Skip
501	Do you collect client names and contact information? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 503.
502	Where do you record this information? Circle one	1 Client list or register 2 Individual client files 3 Other (Specify): _____ 99 Don't Know 88 Refused	
503	Do you assign clients a unique identifier code? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 506.
504	Do you give clients a written copy of their unique identifier code? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
505	How often do clients remember or can recover their unique identifier code? PLEASE VERIFY ANSWERE Circle one	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never 99 Don't Know 88 Refused	
506	Can you provide a copy of the following client data forms:		
506a	Register Circle one	1. Yes, can provide a copy 2. Yes, cannot provide a copy 3. No 99. Don't know 88. Refused	
506b	Referral Form Circle one	1. Yes, can provide a copy 2. Yes, cannot provide a copy 3. No 99. Don't know 88. Refused	

506c	HIV testing log Circle one	1. Yes, can provide a copy 2. Yes, cannot provide a copy 3. No 99. Don't know 88. Refused	
506d	Other (specify): _____ ____ Data collector to verify response Circle one	1. Yes, can provide a copy 2. Yes, cannot provide a copy 3. No 99. Don't know 88. Refused	
507	What data do you routinely collect for each FIRST TIME client? CIRCLE ALL THAT APPLY	1. Name 2. Address 3. Mobile number 4. Service requested 5. Service received 6. Other (Specify): _____ 99. Don't Know 88. Refused	
508	What data do you routinely collect for each REPEAT client? CIRCLE ALL THAT APPLY	1. Name 2. Address 3. Mobile number 4. Service requested 5. Service received 6. Other (Specify): _____ 99. Don't Know 88. Refused	
509	Do you have a way to know for sure if a client has had contact with a peer educator or attended another drop in center or other event or service offered by your organization? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	If no, skip to 511
510	How can you tell if a new client (for you) has had contact with a peer educator or other service offered by your organization? _____ _____ _____ _____		

511	How do you record your client contact information? Circle one	1. Client registers 2. Individual Client Files 3. Other (Specify): _____ 99. Don't Know 88. Refused	
512	How often do you report Client data to a supervisor or someone else at your organization? Circle one	1. Weekly 2. Monthly 3. Quarterly 4. Other (Specify): _____ 99. Don't Know 88. Refused	
513	Who collates and reports this information (please provide title, not name of individual)?	_____(title) 99. Don't Know 88. Refused	
514	Has this person received formal training in how to collect and report client data for your organization? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	

No.	Question	Response	Skip
515	Who performed this training in collecting and reporting client data? (Title not name)	_____(title) 99. Don't Know 88. Refused	
516	How many NEW client contacts have you had in the past 30 days?	FSW _____ # new past 30 days 99. Don't Know 88. Refused	
517	How many REPEAT client contacts have you had in the past 30 days?	FWS _____ # repeat past 30 days 99. Don't Know 88. Refused	
518	How many NEW client contacts have you had in the past 30 days?	MSM _____ # new past 30 days 99. Don't Know 88. Refused 1.	
519	How many REPEAT client contacts have you had in the past 30 days?	MSM _____ # repeat past 30 days 99. Don't Know 88. Refused	

		2.	
520	Overall, how confident do you feel about your facility's ability to accurately record and report your client and service related data? Circle one	3. Very confident 4. Somewhat confident 5. Somewhat unconfident 6. Very unconfident 99. Don't Know 88. Refused	
521	Where is client data stored during client hours and events? _____ _____ _____		
522	Where is client data stored when the facility is closed? _____ _____ _____		
523	What is your organization's definition of clients "reached" by services? _____ _____ _____		
524	How many FSW and/or MSM has your facility "reached" in the last 12 months? _____ _____ _____		

Section 6. Barriers and Opportunities for Better Serving MARP Communities

601	Of the client groups you serve, are there some that are harder to reach than others? If yes, Why? _____ _____ _____ _____ What are these factors or groups? _____ _____ What makes them hard to reach? _____ _____	

	What might make this group easier to reach?	
602	In what ways could MARP friendly health services be improved to reach more MARP? In what ways could they be improved to increase quality of services delivered?	
603	Is there anything else you would like to tell the Ghana AIDS commission and the organizers of this study about services for MARP in your community?	

**A Performance Evaluation of Ghana's
HIV Prevention Program for At-Risk
Populations**

**HIV Prevention Services for FSW and
MSM in Ghana**

PEER EDUCATOR SURVEY

INTERVIEW OF PEER EDUCATOR

Name of Organization: _____

Address/Location: _____

Supervisor: _____

Name of Person Interviewed: _____

Position: _____

Sex of Peer Educator: _____

Name of Interviewer: _____

Date of Interview: _____

CONSENT FORM

Title: A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk Populations

Principal Investigator: Amos Laar, PhD,

Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

General Information about Research

The purpose of this research study is to gather information about the services provided to female sex workers and men who have sex with men by peer educators. We are interviewing peer educators like yourself in order to better understand the difficulties in reaching men who have sex with men and female sex workers with services and the kind of services you are able to provide. We would like to ask you questions about your work as a peer educator. This will take no more than an hour of your time.

Possible Risks and Discomforts

We are asking about your work as a peer educator and also asking some questions about services that you yourself have used. While nothing you tell us will be shared with anyone other than the researchers, some questions may make you uncomfortable or you may not want to answer a particular question. You are free to skip any question that you are not comfortable answering.

Possible Benefits

The information gathered from peer educators like yourself will help the Ghana AIDS Commission and other partners working with female sex workers and men who have sex with men in Ghana to improve the services being provided and to better support peer educators in their efforts to improve HIV prevention for their communities.

Confidentiality

We will protect information about you to the best of our ability. You will not be named in any reports. Your employers will not be made aware of your responses. Some staff of The University of Ghana and the University of North Carolina may sometimes look at your research records. However, no one other than authorized study personnel will be able to access your information.

Compensation

You will be given GHS10.00 for participation in this survey interview. We appreciate your time to help us learn how to improve health services in your community.

Voluntary Participation and Right to Leave the Research

Your participation in this research is completely voluntary. Also, you can choose to end your participation at any time during the interview.

Contacts for Additional Information

Principal Investigator: Amos Laar, PhD, Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.mimcom.org or HBaidoo@noguchi.mimcom.org . You may also contact the chairman, Rev. Dr. Ayete-Nyampong through mobile number 0208152360 when necessary.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title (A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk Populations) has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

Date

Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date

Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date

Name Signature of Person Who Obtained Consent

Section 1. Personal Information

In this section we are interested in learning more about you. This information will help us better understand your background and point of view as a peer educator and what perspective and experience you bring to your role. Remember that this interview is confidential and no one will ever know of your responses to these questions.

No.	Question	Response	Skip
11	How old were you on your last birthday? Circle one	_____ Years 99. Don't Know 88. Refused	
11	What is your marital status? Circle one	1 Living with spouse 2 Separated 3 Divorced 4 Widowed 5 Never Married 99 Don't Know 88 Refused	
11	How many living children do you have? Circle one	_____ # living children 99. Don't Know 88. Refused	
004	What is the highest level of education that you have completed? Circle one	1. Primary 2. Middle/Secondary/JHS 3. Secondary/SHS/Technical/Vocational 4. Higher 5. None 99. Don't Know 88. Refused	
12	What is your profession? Circle one/Or write down paid occupation EXCLUDING PEER EDUCATION.	1 Specify: _____ 99 Don't Know 88 Refused	
12	What is your income (per month)? Please estimate if you do not know exactly. Circle one	1. _____ per month 99. Don't Know 88. Refused	
12	How frequently do you use a mobile phone to send or receive texts? Circle one	1. Often 2. Sometimes 3. Rarely 4. Never 99. Don't Know 88. Refused	

No.	Question	Response	Skip
12	How frequently do you use the internet to access health information for MSM and/or FSW? Circle one	1. Often 2. Sometimes 3. Rarely 4. Never 99. Don't Know 88. Refused	
12	How long have you been a peer educator?	1 _____ Years/Months (circle appropriate time frame) 99. Don't Know 88. Refused	
12	How long have you worked with your current organization as a peer educator?	1 _____ Years/Months (circle appropriate time frame) 99. Don't Know 88. Refused	
12	What sources have you personally used to access health information in the past 30 days? CIRCLE ALL THAT APPLY (PROBE)	1. Internet 2. Text health message from your organization Text me!Flash me! Helpline 3. Peer educator training 4. Peer educator IEC print materials 5. Peers/friends 6. Health clinician (e.g. nurse) 7. Drop In Centre staff or program 8. None 9. Other(specify) _____ 99. Don't Know 88. Refused	
12	Have you, yourself been screened for an STI in the last 12 months? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	
12	Have you, yourself, received an HIV test in the last 12 months? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	If NO, SKIP to 119.
13	If YES, where did you receive your HIV test?	1. Specify: _____ 99. Don't Know 88. Refused	

No.	Question	Response	Skip
115	Did you receive the results of your test? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	If no, skip to 119
116	Do you mind sharing the results of your most recent test? Circle one	1. Yes, I do mind 2. No, I don't mind; NB indicate result here: • ----- 99. Don't Know 88. Refused	
117	Are you receiving care and treatment? (ASK ONLY THOSE WHOSE RESULTS WERE "POSITIVE") Circle one	1. Yes 2. No 99. Don't Know 88. Refused	If no skip to 119
118	Where do you go for care and treatment services?	1. Specify: _____ 99. Don't Know 88. Refused	
119	Why did you choose to become a peer educator? _____ _____ _____		
120	What do you enjoy most about being a peer educator? _____ _____ _____		
•	121. What do you enjoy least about being a peer educator? _____ _____ _____		

Section 2. Client Base and Recruitment

In this section we would like to learn more about the clients you serve and how you recruit new clients.

No.	Question	Response	Skip
206	What MARP group do you work with most Circle one	1. MSM 2. Roamer FSW 3. Seater FSW 4. Partners of FSW 5. Other (Specify): _____ 99. Don't Know 88. Refused	
207	Where or how do you usually recruit new peers as clients? Circle one	1. Word of mouth 2. Internet 3. Drop in Centres 4. Bars/café's 5. Streets/hangouts 6. Brothels 7. Bus stations 8. Other (Specify): _____ 99. Don't Know 88. Refused	
208	Where do you usually go to meet with first time clients? Circle one	1. Online chat rooms 2. Drop In Centres 3. Bars/café's 4. Streets/hangouts 5. Brothels 6. Bus stations 7. Other (Specify): _____ 99. Don't Know 88. Refused	
209	Where do you go usually to meet with return clients? Circle one	1. Online chat rooms 2. Drop In Centres 3. Bars/café's 4. Streets/hangouts 5. Brothels 6. Bus stations 7. Other (Specify): _____ 99. Don't Know 88. Refused	

No.	Question	Response	Skip
210	How do you most frequently contact clients for follow up? Circle one	1. I contact them by phone, text, or email 2. They contact me by phone, text, or email 3. Chance meeting 4. Schedule follow up meeting at each contact 5. No way to follow up 6. Other (Specify): _____ 99. Don't Know 88. Refused	
211	How easy or difficult is it to recruit new clients? Circle one	1. Very Easy 2. Somewhat Easy 3. Neither Easy nor Difficult 4. Somewhat Difficult 5. Very Difficult 99. Don't Know 88. Refused	
212	How easy or difficult is it to maintain existing clients? Circle one	1. Very Easy 2. Somewhat Easy 3. Neither Easy nor Difficult 4. Somewhat Difficult 5. Very Difficult 99. Don't Know 88. Refuse	

Section 3. Services Provided

In this section we would like to learn more about the specific services you provide to your clients.

No.	Question	Response	Skip
315	What services do you provide to clients as a peer educator? CIRCLE ALL THAT APPLY (PROBE)	1. Assessments of HIV risk 2. Condoms and lube 3. Emergency contraception 4. Contraceptive methods other than condoms and EC 5. Pregnancy tests 6. Rape counseling 7. Information about correct and consistent condom use 8. Information on the Text me! Flash me! Call Me! Helpline 9. Text (MHealth) health information messages to clients 10. Other in-person HIV prevention information for MARP 11. Referrals for HIV testing 12. Referrals for PMTCT 13. Referrals for Mental Health Services 14. Referrals for STI services 15. Referrals for Mfriend services 16. Other services (specify):_____ • 99. Don't Know • 88. Refused •	
316	Do you have a written referral form to give clients? Circle one	1. Yes, can provide a copy 2. Yes, cannot provide a copy 3. No 99. Don't know 88. Refused	
317	Do you have a written list of referral locations/Mfriends to use when making a referral? Circle one	1. Yes, can provide a copy 2. Yes, cannot provide a copy 3. No 99. Don't know 88. Refused	
318	How often is this list updated? Circle one	1. Quarterly 2. Biannually 3. Annually 4. Other Specify 99. Don't know 88. Refused	

No.	Question	Response	Skip
319	What supplies do you carry when seeing clients? CIRCLE ALL THAT APPLY	1. Condoms 2. Lube 3. Referral forms 4. Client register/notebook 5. IEC materials 6. Referral lists 7. Other (Specify):_____	
320	Where do you get the supplies you carry?	1. Specify:_____ 99. Don't Know 88. Refused	
307	What do you do if you are out of supplies?	1. Specify:_____ 99. Don't Know 88. Refused	
308	Do you send health information by text to clients? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	If no skip to 310
309	Where do you get the information you deliver by text to clients?	1. Specify:_____ 99. Don't Know 88. Refused	
310	How do you make sure that clients understand how to use condoms/lube? Circle all that apply	1. Ask if they have questions 2. Do a condom use demonstration 3. Provide education materials 4. Other specify_____	
311	Do you charge fees for condoms/lube or any other services? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	
No.	Question	Response	Skip
312	What services are provided for a fee and what is the fee? (Every one should be filled out as zero if free up to however many Ghana Cedis.)	1. Assessments of HIV risk Fee:____ 2. Condoms and lube Fee:____ 3. Emergency contraception Fee:____ 4. Contraceptive methods other than condoms and EC Fee:____ 5. Pregnancy tests Fee:____ 6. Rape counseling Fee:____ 7. Information about correct and consistent condom use Fee:____ 8. Information on the Text me! Flash me! Call Me! Helpline Fee:____ 9. Text (MHealth) health information messages to clients Fee:____	

		10. Other in-person HIV prevention information for MARP 11. Referrals for HIV testing 12. Referrals for PMTCT 13. Referrals for Mental Health Services 14. Referrals for STI services 15. Referrals for Mfriend services 16. Other services: (specify) _____ • 99. Don't Know • 88. Refused	Fee: _____ Fee: _____ Fee: _____	
313	How do you think peer educators are perceived by the client community in your areas? Circle one	1. Very positively 2. Somewhat positively 3. Somewhat negatively 4. Very negatively 99. Don't Know 88. Refused		
314	How valued do you feel peer educators are by your support organization? Circle one	1. Very valued 2. Somewhat valued 3. Somewhat undervalued 4. Very undervalued 99. Don't Know 88. Refused		

315 How important do you think the following are in providing services to your clients?			
No.	Question	Response	Skip
315a.	Being nice/friendly Circle one	1. Very important 2. Somewhat important 3. Somewhat unimportant 4. Very unimportant 99. Don't Know 88. Refused	
315b.	Protecting client confidentiality Circle one	1. Very important 2. Somewhat important 3. Somewhat unimportant 4. Very unimportant 99. Don't Know 88. Refused	
315c.	Listening to clients with respect Circle one	1. Very important 2. Somewhat important 3. Somewhat unimportant 4. Very unimportant 99. Don't Know 88. Refused	
315d.	Encouraging clients to tell friends about service	1. Very important	

	Circle one	2. Somewhat important 3. Somewhat unimportant 4. Very unimportant Don't Know Refused	
315e.	Following up with clients Circle one	1. Very important 2. Somewhat important 3. Somewhat unimportant 4. Very unimportant 99. Don't Know 88. Refused	
315f.	Providing accurate information Circle one	1. Very important 2. Somewhat important 3. Somewhat unimportant 4. Very unimportant 99. Don't Know 88. Refused	

No.	Question	Response	Skip
315g.	Encouraging client questions Circle one	1. Very important 2. Somewhat important 3. Somewhat unimportant 4. Very unimportant 99. Don't Know 88. Refused	
315h.	Reminding clients to replenish supplies of condoms/lube before they run out Circle one	1. Very important 2. Somewhat important 3. Somewhat unimportant 4. Very unimportant 99. Don't Know 88. Refused	
315i.	Reminding clients to be tested for HIV and STIs Circle one	1. Very important 2. Somewhat important 3. Somewhat unimportant 4. Very unimportant 99. Don't Know 88. Refused	
315j.	Asking client about ways to improve services Circle one	1. Very important 2. Somewhat important 3. Somewhat unimportant 4. Very unimportant 99. Don't Know 88. Refused	
315k.	Making oneself available for follow up (easy to find) Circle one	1. Very important 2. Somewhat important 3. Somewhat unimportant 4. Very unimportant 99. Don't Know 88. Refused	
315l.	Feeling confident about quality of	1. Very important	

	referral services Circle one	2. Somewhat important 3. Somewhat unimportant 4. Very unimportant 99. Don't Know 88. Refused	
No.	Question	Response	Skip
316	Overall, how satisfied are you with the quality of services you are able to provide as a peer educator? Circle one	1. Very satisfied 2. Somewhat satisfied 3. Somewhat unsatisfied 4. Very unsatisfied 99. Don't Know 88. Refused	
317	How do you ensure client confidentiality and privacy when meeting with clients? _____ _____ _____		
318	What do you do when a client asks a question and you do not know the answer? _____ _____ _____		
319	What are the most common questions or concerns asked or expressed by the clients you work with? _____ _____ _____		

Section 4. Training, Supervision, and Support

In this section of the questionnaire we would like to learn more about any training you have received as a peer educator and any supervision or support you receive from your organization.

No.	Question	Response	Skip
411	Did you receive training or orientation when you first became a peer educator? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	If NO, SKIP to 403.
412	Who provided your first training/orientation when you became a peer educator? Circle one	1. A senior peer educator/mentor 2. A supervisor 3. Other (specify) _____ 99. Don't Know 88. Refused	

No.	Question	Response	Skip
413	Have you received any additional or refresher training since becoming a peer educator? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	
414	If yes, who provided it?	1. Specify----- 99 Don't know 88 Refused	
415	How often have you received training in the last 12 months as a peer educator? If you have not been a peer educator for 12 months, how often have you received training since becoming a peer educator?	1. Specify:_____ • _____ _____ 99. Don't Know 88. Refused	
416	What specific kinds of training have you received in the last 12 months as a peer educator?	2. Client data collection 3. Reporting client data 4. HIV knowledge and attitudes 5. Client confidentiality 6. Mhealth 7. Other (specify)_____ 99. Don't Know 88. Refused	
417	Do you receive supervision as a peer educator? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	If No, SKIP to 409.
418	How often do you meet with your peer educator supervisor?	1. Specify:_____ 99. Don't Know 88. Refused	
419	Have you received a written supervision checklist for your work as a peer educator? Circle one NB: Please Verify if yes.	1. Yes, can provide copy 2. Yes, cannot provide copy 3. No 99. Don't Know 88. Refused	
420	Have you received a written job description of your responsibilities as a peer educator? Verify Circle one	1. Yes, can provide copy 2. Yes, cannot provide copy 3. No 99. Don't Know 88. Refused	
421	Have you received written performance objectives for the year as a peer educator? Verify	1. Yes, can provide copy 2. Yes, cannot provide copy 3. No 99. Don't Know	

	Circle one	88. Refused	
No.	Question	Response	Skip
422	Have you had a formal performance appraisal performed by a supervisor in the last 12 months? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	
423	When you have a question about how to respond appropriately to a client's needs as a peer educator, who do you most often ask for advice? Circle one	1. Another peer educator 2. A supervisor 3. Another person (specify) _____ 99. Don't Know 88. Refused	
424	What incentives, rewards, or compensation do you receive as a peer educator? These could be material (money, supplies, clothing, etc.) or immaterial (status in community, feeling of doing good in community, etc.) Circle one	1. Specify: _____ 99. Don't Know 88. Refused	
425	Do you feel the incentives or compensation you receive as a peer educator are adequate? Circle one	1. Very adequate 2. Somewhat adequate 3. Somewhat inadequate 4. Very inadequate 99. Don't Know 88. Refused	
426	Overall, how confident are you that you have the training and supplies needed to provide quality peer education? Circle one	1. Very confident 2. Somewhat confident 3. Somewhat unconfident 4. Very unconfident 99. Don't Know 88. Refused	
427	What additional training or support (if any) do you feel would be useful to you in doing your job as a peer educator? _____ _____ _____		
428	Has there been a time when you have been unsure of how to execute your role as a peer educator? Provide an example. How did you respond to this situation? _____ _____ _____		

Section 5. Data Collection and Reporting

Now that we understand your background and training and the services you provide, we would like to understand how you collect data on your service provision and clients and how that data is reported to your organization.

516	Do you collect client names and contact information? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	If No, SKIP to 503.
517	Where do you record this information? Circle one	1. Client Register 2. Notebook 3. Other specify 99. Don't Know 88. Refused	
518	Do you assign clients a unique identifier code? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	If No, SKIP to 506.
519	Do you give clients a written copy of their unique identifier code? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	
520	How often do clients remember or can recover their unique identifier code? Circle one	1. Always 2. Sometimes 3. Rarely 4. Never 99. Don't Know 88. Refused	
521	What data do you routinely collect for each FIRST TIME client? CIRCLE ALL THAT APPLY	1. Name 2. Address 3. Mobile number 4. Service requested 5. Service received 6. Other specify----- ----- 99. Don't Know 88. Refused	
522	What data do you routinely collect for each REPEAT client? CIRCLE ALL THAT APPLY	1. Name 2. Address 3. Mobile number 4. Service requested 5. Service received 6. Other specify 99. Don't Know 88. Refused	

No.	Question	Response	Skip

523	Do you have a way to know for sure if a client has had contact with another peer educator or attended a drop in center or other event or service offered by your organization? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	If No, SKIP TO 510
524	How can you tell if a new client (for you) has had contact with another peer educator or service offered by your organization? Circle one	1. Specify: _____ - _____ 99. Don't Know 88. Refused	
525	How do you record your client contact information? Circle one	1. Notebook 2. Client registers 3. Mobile phone 4. Other specify _____ 99. Don't Know 88. Refused	
526	How often do you report client data to a supervisor or other person at your organization? Circle one	1. Weekly 2. Monthly 3. Quarterly 4. Other specify _____ 99. Don't Know 88. Refused	
527	Have you received formal training in how to collect and report client data for your organization? Circle one	1. Yes 2. No 99. Don't Know 88. Refused	If No, SKIP to 515.
528	Who performed this training in collecting and reporting client data? Circle one	1. Supervisor 2. Another peer educator 3. Other Specify _____ 99. Don't Know 88. Refused	
529	When was your last training in collecting and reporting client data? Circle one	1. Specify: _____ 99. Don't Know 88. Refused	
530	How many NEW client contacts have you had in the past 30 days?	1. Specify: _____ # new past 30 days 99. Don't Know 88. Refused	
No.	Question	Response	Skip
531	How many REPEAT client contacts have you had in the past 30 days?	1. Specify: _____ # repeat past 30 days 99. Don't Know 88. Refused	
532	Overall, how confident do you feel about your ability to accurately record and report your client and service	1. Very confident 2. Somewhat confident	

	related data? Circle one	3. Somewhat unconfident 4. Very unconfident 99. Don't Know 88. Refused	
533	How do you define a client contact for recording purposes? 		
534	What is the biggest challenge you face in recording and reporting client and service delivery data and why? 		
535	What aspect or element of client and service data collection and reporting do you feel most comfortable and confident about and why? 		

Section 6. HIV knowledge and Attitudes

In the following section we will ask you about general HIV knowledge and attitudes. For many of these questions there is no “right” answer. Many people have different opinions and views. Remember that no one will know or see your answers to these questions and they will not be used in any way to judge your performance as a peer educator.

No.	Question	Response	Skip
622	Is HIV spread by kissing? Circle one	1 Yes 2 No 99.Don't Know 88.Refused	
623	Can a person get HIV by sharing kitchens and bathrooms with someone with HIV/AIDS? Circle one	1 Yes 2 No 99.Don't Know 88.Refused	
624	Can men give HIV to women? Circle one	1 Yes 2 No 99.Don't Know 88.Refused	
625	Can women give HIV to men? Circle one	1 Yes 2 No 99.Don't Know 88.Refused	
626	Can a man or woman get HIV from a same-sex partner? Circle one	1 Yes 2 No 99.Don't Know 88.Refused	
627	Must a person have many different partners to get HIV? Circle one	1 Yes 2 No 99.Don't Know 88.Refused	
628	Can you get HIV by touching someone with HIV? Circle one	1 Yes 2 No 99.Don't Know 88.Refused	
629	Does washing after sex help protect against HIV? Circle one	1 Yes 2 No 99.Don't Know 88.Refused	

No.	Question	Response	Skip
630	Is HIV/AIDS caused by spirits/supernatural forces? Circle one	1 Yes 2 No 99. Don't Know 88. Refused	
631	Can a pregnant woman give HIV to her baby? Circle one	1 Yes 2 No 99. Don't Know 88. Refused	
632	Can a person get rid of HIV by having sex with a virgin? Circle one	1 Yes 2 No 99. Don't Know 88. Refused	
633	Is HIV the virus that causes AIDS? Circle one	1 Yes 2 No 99. Don't Know 88. Refused	
634	Is there a cure for HIV or AIDS? Circle one	1 Yes 2 No 99. Don't Know 88. Refused	
•	FOR THE FOLLOWING QUESTIONS, INDICATE WHETHER YOU AGREE OR DISAGREE TO THE STATEMENTS		
635	Getting tested for HIV helps people feel better Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
636	Getting tested for HIV helps people from getting HIV Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
637	People in my life would leave me if I had HIV Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
638	People who test HIV positive should hide it from others Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree	

		99. Don't Know 88. Refused	
639	I would rather not know if I have HIV Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
640	People who have HIV are dirty Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
641	People who have HIV are cursed Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
642	People who have HIV cannot be trusted Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
643	People who have HIV are like everybody else Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
644	People who have HIV should be ashamed Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
645	People who have HIV have nothing to feel guilty about Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
646	Most people become HIV positive by being weak or foolish Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree	

		4. Strongly disagree 99. Don't Know 88. Refused	
647	It is safe for people who have HIV to work with children Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
648	People who have HIV must expect restrictions on their freedom Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
649	A person with HIV must have done something wrong and deserves to be punished Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
650	People who have HIV should be isolated Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
651	I do not want to be friends with someone who has HIV Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
652	People who have HIV should not be allowed to work Circle one	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree 99. Don't Know 88. Refused	
653	Name two ways a person can protect him or herself against infection with HIV? What is the best way? Why?		

654	Name two factors that could put one of your clients at risk of HIV infection. What is the most common risk factor among your clients? How would you recommend this risk be reduced?	

Section 7. Barriers and Opportunities for Reaching MSM and FSW

Thank you for your time and your candid participation. In this final section of our interview today we would like to take a little time to learn more about your ideas on barriers your clients face in accessing services and ways to improve services for your clients and community.

No.	Question	Response	Skip
701	Of the client groups you serve, are there some that are harder to reach than others? If Yes, Why? What are these factors or groups? What makes them hard to reach?		

	What might make this group easier to reach? _____ _____ _____	
702	In what ways could MARP friendly health services be improved to reach more MARP? _____ _____ In what ways could they be improved to increase quality of services delivered? _____ _____ _____	
703	Are there any health or other social services that could benefit your clients that are NOT being currently offered in your community, that you feel should be? _____ _____ _____	
704	Is there anything else you would like to tell the Ghana AIDS commission and the organizers of this study about services for MARP in your community? _____ _____ _____	

End. Thank you for your time and opinions! Your point of view is unique and the information you have provided will be invaluable in improving MARP services in your community!

FSW Client Service Quality Survey

Type of FSW: Roamer 1 [] Seater 2[]

Date: _____

Study ID: _____

Venue: _____

Geographic region _____

Specific region: _____

Neighborhood: _____

PARTICIPANT CONSENT FORM

Title: A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk Populations

Principal Investigator: Amos Laar, PhD,

Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

General Information about Research

You are being asked to participate in a research study to learn more about the experiences of certain key populations with HIV prevention services in Ghana. The purpose of the research is to learn: 1) how these populations have used HIV prevention services in Ghana, 2) the quality of these services, 3) how satisfied these populations are with these services and 4) what barriers exist to using HIV prevention services. Your participation in this research should take approximately 60-90 minutes. You will be asked to participate in a one-on-one interview and/or group discussion about your experience using HIV prevention services. Your participation will help improve HIV prevention services for both the key populations and the general population in Ghana.

Possible Risks and Discomforts

The risks of your participation are minimal. The main risk resulting from your participation is feeling uncomfortable answering some of the questions. Your participation is completely voluntary. Should you feel uncomfortable answering any question(s), you can choose to skip that question(s) and continue with the interview. You are also welcome to end the interview at any time.

Possible Benefits

You are not likely to personally benefit from participating in this research study. However, your participation will help improve HIV prevention services for both the key populations and the general population in Ghana.

Alternatives to Participation

There are no alternatives to participation. The only alternative to participation is to simply not participate.

Confidentiality

All information that you share with the interviewer will be protected to the best of our ability. You will not be named in any reports. Any documents with identifying information will be kept in a locked filing cabinet for 5 years after the study is completed and then will be destroyed. Any identifying information that is stored electronically (i.e., on a computer) will be kept on a secure computer and will require a password to access. Only staff who work on this research project will have access to your research information.

Compensation

You will be given 10 Ghana Cedis for participating in a survey interview or group discussion. This compensation will be provided to you in cash at the end of the interview.

Additional Cost

There are no additional costs that may result from participation in this research.

Voluntary Participation and Right to Leave the Research

Your participation in the survey interview or focus group is completely voluntary. You have the right to not participate in this research or to end your participation at any point in time. You also have the right to not answer any questions that you choose not to answer. Not participating or withdrawing from this research will not have any negative consequences and will not impact your ability to receive HIV prevention services.

Contacts for Additional Information

If you have any questions about the research, please contact Amos Laar, PhD,

Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.mimcom.org or HBaidoo@noguchi.mimcom.org. You may also contact the chairman, Rev. Dr. Ayete-Nyampong through mobile number 0208152360 when necessary.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title *(name of research)* has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

ORAL CONSENT VERIFICATION:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date

Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date

Name Signature of Person Who Obtained Consent

Section 1. Demographics

To start our interview, I would first like to ask just a few questions to learn more about you.

No.	Question	Response	Skip
101.	What nationality are you? Circle one	1 Ghana 2 Nigeria 3 Togo 4 Ivory Coast 5 Burkina Faso 6 Other (Specify) _____ 99 Don't Know 88 Refused	If not 1 skip to 103
102.	What ethnicity are you? Circle one	1 Akan 2 Ewe 3 Ga Adangbe 4 Hausa 5 Krobo 6 Mole/Dagbani 7 Grusi 8 Gruma 9 Other (Specify) _____ 99 Don't Know 88 Refused	
103.	How old were you on your last birthday? Circle one	_____ Years 99 Don't Know 88 Refused	
104.	What is your marital status? Circle one	6 Living with spouse 7 Separated 8 Divorced 9 Widowed 10 Never Married 99 Don't Know 88 Refused	If 1 skip to 106
105.	Do you currently live with a boyfriend or partner who is not a spouse? : Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
106.	What is your religion? Circle one	1 Christian 2 Muslim	

		3 Traditional 4 Other (Specify) _____ 5 No religion 99 Don't Know 88 Refused	
107.	Have you ever attended school? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 10
108.	What is the highest level of school you have attended? Circle one	1 Primary 2 Middle/Junior Secondary/JHS 3 Senior Secondary/SHS/Technical/Vocational 4 Higher/Tertiary 99 Don't Know 88 Refused	
109.	How many living children do you have? Circle one	Number of children _____ 99 Don't Know 88 Refused	
110.	Do you have a cell phone? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If Yes, SKIP to 11
111.	IF NO: Do you have access to a cell phone? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
112.	How often do you use a cell phone? Circle one	1 Always 2 Sometimes 3 Rarely 4 Never 99 Don't Know 88 Refused	
113.	In the past 12 months, have you ever received health information – such as information about how to reduce your risk of HIV - by text message? Circle one	1 No 2 Yes, one time 3 Yes, more than once 99 Don't Know 88 Refused	If No, SKIP to 11
114.	IF YES: How useful was the health information that you received by text message? Circle one	1 Very useful 2 Somewhat useful 3 Not that useful 4 Not useful at all 99 Don't Know 88 Refused	
115.	Have you ever heard of the Text me! Flash me! Call Me! Helpline? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 119.

116.	IF YES: In the past 12 months, have you used the Text me! Flash me! Call Me! Helpline? Circle one	1 No 2 Yes, one time 3 Yes, more than once 99 Don't Know 88 Refused	If No, SKIP to 118.
117.	IF USED: How satisfied were you with the Text me! Flash me! Call Me! Helpline? Circle one	1 Very satisfied 2 Somewhat satisfied 3 Neither satisfied nor dissatisfied 4 Somewhat dissatisfied 5 Very dissatisfied 99 Don't Know 88 Refused	SKIP to 119.
118.	IF HEARD OF, BUT NOT USED: In general, are the things you have heard about Text me! Flash me! Call Me! Helpline: Circle one	1 Very positive 2 Somewhat positive 3 Neither positive nor negative 4 Somewhat negative 5 Very negative 99 Don't Know 88 Refused	
119.	In the past 12 months, have you used the internet to get information about HIV prevention specifically for female sex workers? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
120.	How often do you use the internet? Circle one	1 Always 2 Sometimes 3 Rarely 4 Never 99 Don't Know 88 Refused	
121.	How often do you use the internet to get information about HIV prevention and risk reduction? Circle one	1 Often 2 Sometimes 3 Rarely 4 Never 99 Don't Know 88 Refused	

Section 2. Service use

In the following section I am going to ask you general questions about your knowledge and use of particular health services available in your area.

No.	Question	Response	Skip
201	Have you heard of female sex worker peer health educators? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 204.
202	IF YES: In general, are the things you have heard about peer health educators: Circle one	1 Very positive 2 Somewhat positive 3 Somewhat negative 4 Very negative 99 Don't Know 88 Refused	
203	In general, what have you heard about peer educators?	1 Specify _____ 2 _____ 99 Don't Know 100 88 Refused	
204	Why don't you use the services of FSW peer educators in your area? Circle all that apply	1. Had never heard of them 2. Do not know how to contact/find one 3. Am afraid people will find out I am a sex worker 4. Am afraid my services/information won't be kept confidential 5. Do not need peer educator services 6. Too busy/not enough time 7. Other (specify): _____ 99 Don't know 89 Refused to answer	

Section 2. Service use

2.1 Peer educators

No.	Question	Response	Skip
205	In the last 12 months, have you been in contact with a peer health educator? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If Yes, SKIP to 203.
205	IF NO to 201: Have you heard of peer health educators? (describe who a PE is) Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If no SKIP to 218.
205	IF YES to 201: In general, are the things you have heard about peer health educators: Circle one	1 Very positive 2 Somewhat positive 3 Somewhat negative 4 Very negative 99 Don't Know 88 Refused	
205	IF YES to 201: Which organization was sponsoring these peer educators? (specify)	1 (Specify) _____ 99 Don't Know 88 Refused	
205	IF YES to 201: How many times have you been in contact with a peer educator in the past 12 months? Circle one	1 Once 2 More than once 3 About every 3 months 4 About once a year 99 Don't Know 88 Refused	
206	In the last 12 months, have you ever received the following services from a peer educator?		
206a	HIV risk reduction counseling Circle one	1 Yes, more than once 2 Yes, one time 3 No	

		99 Don't Know 88 Refused	
206b	HIV counseling and testing Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	

No.	Question	Response	Skip
206c	Screening for sexually transmitted infections Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206d	Referral for treatment for sexually transmitted infections Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206e	Emergency contraception or referral for emergency contraception Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206f	Contraceptive methods other than condoms or referral for contraceptive methods other than condoms Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206g	Pregnancy test or referral for pregnancy test Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206h	Referral for primary health care Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206i	Referral for mental health services Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206j	Referral for drug/alcohol addiction	1 Yes, more than once	

	Circle one	2 Yes, one time 3 No 99 Don't Know 88 Refused	
206k	Referral for legal assistance Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206l	Referral for antiretroviral therapy Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206m	Referral to prevent mother-to-child transmission of HIV Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206n	Sexual assault/Rape crisis services or referral Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206o	Any other referral (specify) _____ Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
207	In the last 12 months, have you ever received the following items from a peer educator:		
207a	Condoms Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
207b	Lubricants Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
207c	Information and materials about reducing your risk of HIV Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
208	If you received a referral from a peer educator, did you go to the place you were referred? Circle one	1 Yes 2 No 3 Did not receive referral from peer educator 99 Don't Know	If Yes, SKIP to 210.

		88 Refused	
209	IF NO: Why didn't you go to the place you were referred? CIRCLE ALL THAT APPLY	1 The place I was referred to was too far. 2 Difficult to get there on public transportation. 3 The hours are inconvenient. 4 I couldn't get an appointment. 5 Had to wait a long time for an appointment. 6 The services are too expensive. 7 I lost the referral information. 8 I don't need the referral services. 9 Heard negative comments about the referral. 10 Worried staff will treat me poorly because I'm a sex worker. 11 Worried that my privacy won't be protected. 12 Worried people will know I'm a sex worker if I go. 13 Worried people will think I have HIV if I go. 14 Other _____ (Specify)_____ 99 Don't Know 88 Refused	
210	If you received a referral from a peer educator, did the peer educator follow up with you to see if you used the referral? Circle one	1 Yes 2 No 3 Did not receive referral from peer educator 99 Don't Know 88 Refused	If No, SKIP to 212.
211	IF YES: How did the peer educator follow up with you? Circle one	1 In person 2 Phone call 3 Text message 4 Email 5 Other _____ (Specify)_____ 99 Don't Know 88 Refused	
For the following questions, think about the LAST TIME you had contact with a peer educator.			
212	Overall, how satisfied were you with the services provided by the peer-educator? Circle one	1 Very satisfied 2 Somewhat satisfied 3 Somewhat unsatisfied 4 Very unsatisfied 99 Don't Know 88 Refused	
213	The LAST TIME you had contact with a peer educator, how attentive was the peer educator? Circle one	1 Very attentive 2 Somewhat attentive 3 Somewhat inattentive 4 Very inattentive 99 Don't Know	

		88 Refused	
214	The LAST TIME you had contact with a peer educator, how responsive was the peer educator? Circle one	1 Very responsive 2 Somewhat responsive 3 Somewhat unresponsive 4 Very unresponsive 99 Don't Know 88 Refused	
215	The LAST TIME you had contact with a peer educator, how friendly was the peer educator? Circle one	1 Very friendly 2 Somewhat friendly 3 Not friendly 4 Not friendly at all 99 Don't Know 88 Refused	
216	Would you receive services from a peer educator again? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
217	Would you recommend peer educators to a friend? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	

2.2 Drop-in centers

No.	Question	Response	Skip
218	In the last 12 months, have you been to a drop-in center? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If Yes, SKIP to 220.
219	IF NO to 218: Have you heard of drop-in centers? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 250.
220	In general, how positive or negative are the things you have heard about drop-in centers: Circle one	1 Very positive 2 Somewhat positive 3 Somewhat negative 4 Very negative 99 Don't Know 88 Refused	
221	IF YES to 218: Which drop-in center?	1 _____(specify) 99 Don't Know 88 Refused	
222	IF YES to 218: How many times have you been to a drop-in center in the past 12 months? Circle one	1 Once 2 More than once 3 About every 3 months 4 About once a year 99 Don't Know	

		88 Refused	
223	In the last 12 months, have you ever received the following services from a drop-in center?		
223a	HIV risk reduction counseling Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
224b	HIV counseling and testing Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223c	Screening for sexually transmitted infections Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223d	Referral for treatment for sexually transmitted infections Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223e	Emergency contraception or referral for emergency contraception Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223f	Contraceptive methods other than condoms or referral for contraceptive methods other than condoms Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223g	Pregnancy test or referral for pregnancy test Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223i	Referral for primary health care Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223j	Referral for mental health services Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223k	Referral for drug/alcohol addiction Circle one	1 Yes, more than once 2 Yes, one time 3 No	

		99 Don't Know 88 Refused	
223l	Referral for legal assistance Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223m	Referral for Antiretroviral therapy Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223n	Referral to prevent mother-to-child transmission of HIV/PMTCT Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223o	Sexual assault/Rape crisis services or referral Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223p	Any other referral (specify) _____ _____ Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
224	In the last 12 months, have you ever received the following items at a drop-in center:		
224a	Condoms Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
224b	Lubricants Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
224c	Information and materials about reducing your risk of HIV Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
225	If you received a referral from a drop-in center, did you go to the place you were referred Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	If Yes, SKIP to 227.

226	IF NO: Why didn't you go to the place you were referred? CIRCLE ALL THAT APPLY	1 The place I was referred to was too far away. 2 Difficult to get there on public transportation. 3 The hours are inconvenient. 4 I couldn't get an appointment. 5 I had to wait a long time for an appointment. 6 The services are too expensive. 7 I lost the referral information. 8 I don't need the referral services. 9 Heard negative comments about the referral. 10 Worried staff will treat me poorly because I'm a sex worker. 11 Worried my privacy won't be protected. 12 Worried people will know I'm a sex worker if I go there. 13 Worried people will think I have HIV if I go there. 14 Other (Specify)_____ 99 Don't Know 88 Refused	
227	If you received a referral from a drop-in center, did staff from the drop-in center follow up with you to see if you used the referral? Circle one	1 Yes 2 No 3 Did not receive referral from drop-in center 99 Don't Know 88 Refused	If No, SKIP to 229.
228	IF YES: How did the drop-in center staff follow up with you? Circle one	1 In person 2 Phone call 3 Text message 4 Email 5 Other (Specify)_____ 99 Don't Know 88 Refused	
For the following questions, think about the LAST TIME you went to a drop-in center educator.			
229	Overall, how satisfied were you with the services provided at the drop-in center? Circle one	1 Very satisfied 2 Somewhat satisfied 3 Somewhat unsatisfied 4 Very unsatisfied 99 Don't Know 88 Refused	
230	The LAST TIME you went to a drop-in center, how attentive was the staff?	1 Very attentive 2 Somewhat attentive 3 Somewhat inattentive	

	Circle one	4 Very inattentive 99 Don't Know 88 Refused	
231	The LAST TIME you went to a drop-in center, how responsive was the staff? Circle one	1 Very responsive 2 Somewhat responsive 3 Somewhat unresponsive 4 Very unresponsive 99 Don't Know 88 Refused	
232	The LAST TIME you went to a drop-in center, how friendly was the staff? Circle one	1 Very friendly 2 Somewhat friendly 3 Not friendly 99 Don't Know 88 Refused	
233	In general, how welcome did you feel at the center? Circle one	1 Very welcome 2 Somewhat welcome 3 Somewhat unwelcome 4 Very unwelcome 99 Don't Know 88 Refused	
234	Have you ever felt that you were treated unfairly at the drop-in center? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
235	In general, how respectful was the staff at the center? Circle one	1 Very respectful 2 Somewhat respectful 3 Somewhat disrespectful 4 Very disrespectful 99 Don't Know 88 Refused	
236	In general, how professional was the staff at the center? Circle one	1 Very professional 2 Somewhat professional 3 Somewhat unprofessional 4 Very unprofessional 99 Don't Know 88 Refused	
237	In general, how knowledgeable was the staff about resources at the center? Circle one	1 Very knowledgeable 2 Somewhat knowledgeable 3 Not very knowledgeable 4 Not knowledgeable at all 99 Don't Know 88 Refused	
238	In general, how knowledgeable was the staff about resources in the community? Circle one	1 Very knowledgeable 2 Somewhat knowledgeable 3 Not very knowledgeable 4 Not knowledgeable at all 99 Don't Know	

		88 Refused	
239	Did you feel that your privacy was maintained at all times at the drop-in center? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
240	To what extent did the services you received at the center help you reduce your risk of HIV? Circle one	1 A lot 2 Somewhat 3 A little 4 Not at all 99 Don't Know 88 Refused	
241	To what extent did the staff listen to your needs and concerns? Circle one	1 A lot 2 Somewhat 3 A little 4 Not at all 99 Don't Know 88 Refused	
242	To what extent did you feel like the staff judged you? Circle one	1 A lot 2 Somewhat 3 A little 4 Not at all 99 Don't Know 88 Refused	
243	To what extent were the signs and photographs at the center welcoming? Circle one	1 A lot 2 Somewhat 3 A little 4 Not at all 99 Don't Know 88 Refused	
244	How safe did you feel at the center? Circle one	1 Very safe 2 Somewhat safe 3 Somewhat unsafe 4 Very unsafe 99 Don't Know 88 Refused	
245	How clean is the center? Circle one	1 Very clean 2 Somewhat clean 3 Somewhat unclean 4 Very unclean 99 Don't Know 88 Refused	
246	Were you asked to fill out a feedback form to improve the quality of services at the center? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 248.
247	IF YES to 246: Did you fill out a feedback form to improve the	1 Yes 2 No	

	quality of services at the center? Circle one	99 Don't Know 88 Refused	
248	Would you receive services at a drop-in center again? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
249	Would you recommend the drop-in center to a friend? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	

2.3 Mobile outreach

The next several questions are going to ask you about services provided by mobile outreach. By mobile outreach, I mean a party or other event that is held not at a drop-in center and designed specifically to provide information and services to sex workers.

No.	Question	Response	Skip
250	In the last 12 months, have you received services from mobile outreach staff? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 253
251	IF YES to 250: Where? Circle one	(specify) _____ 99 Don't Know 88 Refused	
252	IF YES to 250: How many times have you received services from mobile outreach staff in the past 12 months? Circle one	1 Once 2 More than once 3 About every 3 months 4 About once a year 99 Don't Know 88 Refused	
253	IF NO to 250: Have you heard of services being provided by mobile outreach staff? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 301.
254	IF YES to 253: In general, how positive or negative are the things you have heard about the services provided by mobile outreach staff? Circle one	1 Very positive 2 Somewhat positive 3 Somewhat negative 4 Very negative 99 Don't Know 88 Refused	
255	In the last 12 months, have you ever received the following services from mobile outreach staff?		

255a	HIV risk reduction counseling Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255b	HIV testing Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255c	Screening for sexually transmitted infections Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255d	Referral for treatment for sexually transmitted infections Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255e	Emergency contraception or referral for emergency contraception Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255f	Contraceptive methods other than condoms or referral for contraceptive methods other than condoms Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255g	Pregnancy test or referral for pregnancy test Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255h	Referral for primary health care Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255i	Referral for mental health services Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255j	Referral for drug/alcohol addiction Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	

255k	Referral for legal assistance Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255l	Referral for Antiretroviral therapy Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255m	Referral to prevent mother-to-child transmission of HIV/PMTCT Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255n.	Sexual assault/Rape crisis services or referral Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255o.	Any other referral (specify) _____ _____ Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
256	In the last 12 months, have you ever received the following items from mobile outreach staff:		
256a.	Condoms Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
256b.	Lubricants Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
256c.	Information and materials about reducing your risk of HIV Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
257	If you received a referral from mobile outreach staff, did you go to the place you were referred? Circle one	1 Yes 2 No 3 Did not receive referral from mobile outreach staff 99 Don't Know 88 Refused	If Yes, SKIP to 259.
258	IF NO: Why didn't you go to the place you were referred? DO NOT READ LIST BUT CIRCLE	1 The place I was referred to was too far away. 2 Difficult to get there on public	

	ALL THAT ARE MENTIONED	transportation. 3 The hours are inconvenient. 4 I couldn't get an appointment. 5 I had to wait a long time for an appointment. 6 The services are too expensive. 7 I lost the referral information. 8 I don't need the referral services. 9 I've heard negative comments about the referral. 10 Worried staff will treat me poorly because I'm a sex worker. 11 Worried my privacy won't be protected. 12 Worried people will know I'm a sex worker if I go there. 13 Worried people will think I have HIV if I go there. 14 Other (Specify) _____ 99 Don't Know 88 Refused	
259	If you received a referral from mobile outreach staff, did staff follow up with you to see if you used the referral? Circle one	1 Yes 2 No 3 Did not receive referral from mobile outreach staff 99 Don't Know 88 Refused	If No, SKIP to 261.
260	IF YES: How did the mobile outreach staff follow up with you? Circle one	1 In person 2 Phone call 3 Text message 4 Email 5 Other (Specify) _____ 99 Don't Know 88 Refused	
For the following questions, think about the LAST TIME you received services from mobile outreach staff.			
261	Overall, how satisfied were you with the services provided by mobile outreach? Circle one	1 Very satisfied 2 Somewhat satisfied 3 Somewhat unsatisfied 4 Very unsatisfied 99 Don't Know 88 Refused	
262	Overall, how attentive was the staff? Circle one	1 Very attentive 2 Somewhat attentive 3 Somewhat inattentive 4 Very inattentive 99 Don't Know 88 Refused	

263	How responsive was the staff? Circle one	1 Very responsive 2 Somewhat responsive 3 Somewhat unresponsive 4 Very unresponsive 99 Don't Know 88 Refused	
264	How friendly was the staff? Circle one	1 Very friendly 2 Somewhat friendly 3 Not friendly 4 Not friendly at all 99 Don't Know 88 Refused	
265	Would you receive services from mobile outreach again? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
266	Would you recommend mobile outreach to a friend? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	

Section 3. HIV related attitudes and beliefs

In the next section we are going to talk a little more about your thoughts and opinions about HIV. People have many feelings about HIV and there are no right or wrong answers to these questions.

No.	Question	Response	Skip
301	Please indicate whether you agree or disagree with the following statements.		
301a	I would be ashamed if someone in my family had HIV Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
301b	A person with HIV/AIDS should be allowed to work with other people Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
301c	People with HIV should be allowed to participate in social events in this community Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree	

		99 Don't Know 88 Refused	
301d	People with AIDS should be isolated from other people Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
301e	People who have HIV/AIDS should be treated the same as everyone else Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
301f	People living with HIV/AIDS in this community should be treated the same by health care professionals as people with other illnesses Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
301g	People talk badly about people living with or thought to be living with HIV to others. Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
301h	People living with or thought to be living with HIV lose standing or respect in their family or community Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
301	Would you be willing to share a meal with a person you knew had HIV or AIDS? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
302	If a male relative became ill with HIV would you be willing to care for him in your household? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
303	If a female relative became ill with HIV would you be willing to care for her in your household? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
304	If a student has HIV but is not sick, should he or she be allowed to	1 Yes 2 No	

	continue attending school? Circle one	99 Don't Know 88 Refused	
305	If a teacher has HIV but is not sick, should he or she be allowed to continue attending school? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
306	If you knew a shopkeeper or food seller had the HIV virus, would you buy food from them? Circle one	3 Yes 4 No 99 Don't Know 88 Refused	
307	If you knew a member of your community, such as a neighbor, was infected with HIV or had AIDS, do you think he or she should be allowed to continue his or her community activities? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
308	If a member of your family became ill with HIV, would you want it to remain a secret? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
309	Do you know anyone who is HIV positive? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 40
IF YES to 309: In the past year, do you know someone that has had the following things happen to them because they have HIV or AIDS?			
310	Excluded from social gathering Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
311	Lost customers to buy their produce or goods or lost a job Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
312	Had property taken away Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
313	Abandoned by their family or sent away Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
314	Abandoned by their spouse or partner Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
315	Teased or sworn at Circle one	1 Yes 2 No	

	Circle one	99 Don't Know 88 Refused	
316	Lost respect or standing in their family or community Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
317	Gossiped about Circle one	1 Yes 2 No 99 Don't Know 88 Refused	

Section 4. Sex Work

Thank you! In the next section, I would like to talk to you more about your involvement in sex work.

No.	Question	Response	Skip
401	At what age did you start sex work?	1 ____ Years old 2 Don't Know 3 Refused	
402	Who introduced you to sex work? Circle one	1 Mother 2 Father 3 Other relative 4 Friend 5 Other (Specify)_____ 99 Don't Know 88 Refused	
403	Where do you find most of your clients? Circle one	1 Home 2 Hotel/Guest house /Lodge 3 Bar/Nightclub 4 street 5 Other (Specify)_____ 99 Don't Know 88 Refused	
404	Where do you usually take your clients for sex? Circle one	1 Home 2 Hotel/Guesthouse/lodge 3 Bar/Nightclub 4 Car/vehicle 5 Other (Specify)_____ 99 Don't Know 88 Refused	
405	How do your clients usually pay you? Circle one	1 In cash 2 In kind (clothing, food, shelter) 3 Both 99 Don't Know 88 Refused	

406	On average, how much do you earn a week from sex work?	1 _____ GHC 99 Don't Know 88 Refused	
407	Other than sex work, do you have another means of earning money? Circle one	1 No 2 Yes 99 Don't Know 88 Refused	
408	How many people did you have sex with in the past week? Circle one	1 _____ people 99 Don't Know 88 Refused	
409	Of all the people you had sex with in the past week, how many were: (FILL IN ALL AS APPROPRIATE)	1 _____ Paying one-time clients 2 _____ Paying regular clients 3 _____ One-time non-paying partners 4 _____ Spouse/lover/boyfriend 5 _____ Other (specify) _____ 99 Don't Know 88 Refused	
410	In general, paying one-time clients are: Circle one	1 1-5 years younger than me 2 6-10 years younger than me 3 More than 10 years younger than me 4 Same age as me 5 1-5 years older than me 6 6-10 years older than me 7 More than 10 years older than me 99 Don't Know 88 Refused	
411	In general, paying regular clients are: Circle one	1 1-5 years younger than me 2 6-10 years younger than me 3 More than 10 years younger than me 4 Same age as me 5 1-5 years older than me 6 6-10 years older than me 7 More than 10 years older than me 99 Don't Know 88 Refused	
412	In general, non-paying one-time partners are: Circle one	1 1-5 years younger than me 2 6-10 years younger than me 3 More than 10 years younger than me 4 Same age as me 5 1-5 years older than me 6 6-10 years older than me 7 More than 10 years older than me 99 Don't Know 88 Refused	

413.	My spouse, lover, or boyfriend is: Circle one	1 1-5 years younger than me 2 6-10 years younger than me 3 More than 10 years younger than me 4 Same age as me 5 1-5 years older than me 6 6-10 years older than me 7 More than 10 years older than me 8 I do not have a spouse, lover, or boyfriend 99 Don't Know 88 Refused	
414	The last time you had vaginal intercourse with a paying partner, did you use a condom? Circle one	1 Yes 2 No 99 Don't remember 88 Refused	
415	The last time you had vaginal intercourse with a non-paying partner, did you use a condom? Circle one	1 Yes 2 No 99 Don't remember 88 Refused	
416	Have you ever had anal sex? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If no skip to 418
417	The last time you had anal sex with a paying partner, did you use a condom? Circle one	1 Yes 2 No 99 Don't remember 88 Refused	
418	The last time you had anal sex with a non-paying partner, did you use a condom? Circle one	1 Yes 2 No 99 Don't remember 88 Refused	
419	Have you been treated poorly because you are a sex worker? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 50
420.	IF YES to 232: By whom have you been treated poorly because you are a sex worker? CIRCLE ALL THAT APPLY (PROBE, DO NOT READ OUT OPTIONS)	1 Family 2 Friends 3 Health care workers 4 Teacher 5 Stranger 6 Shop keeper 7 Other (Specify) _____ 99 Don't Know 88 Refused	

Section 5. Violence

For the following questions, think only about your main or most recent <i>spouse, lover, or boyfriend</i> .			
No.	Question	Response	Skip
501	My partner explained his side or suggested a compromise for a disagreement with me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
502	My partner insulted or swore or shouted or yelled at me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
503	I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused •	
504	My partner showed respect for, or showed that he cared about my feeling about an issue we disagreed on Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
505	My partner pushed, shoved, or slapped me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
506	My partner punched or kicked or beat-me-up Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
507	My partner destroyed something belonging to me or threatened to hit me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year	

		99 Don't Know 88 Refused	
508	I went see a doctor or needed to see a doctor because of a fight with my partner Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
509	My partner used force (like hitting, holding down, or using a weapon) to make me have sex Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
510	My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force) Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
511	A paying partner insulted or swore or shouted or yelled at me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
512	I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with paying partner Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
513	A paying partner pushed, shoved, or slapped me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
514	A paying partner punched or kicked or beat-me-up Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
515	A paying partner destroyed something belonging to me or threatened to hit me	1 Never 2 Not in past year, but it did happen before 3 Once in past year	

	Circle one	4 More than once in past year 99 Don't Know 88 Refused	
516	I went to see a doctor or needed to see a doctor because of a fight with a paying partner Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
517	A paying partner used force (like hitting, holding down, or using a weapon) to make me have sex Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
518	A paying partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force) Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
519	During the last 12 months, have you ever avoided arrest by providing a police officer with a sexual favor? Circle one	1 No 2 Yes 3 99Don't Know 4 88Refused	If No, SKIP to 520
520	IF Yes to 519: How often in the last 12 months have you avoided arrest by providing a police officer with a sexual favor? Circle one	1 Often 2 Sometimes 3 Rarely 4 Never 99 Don't Know 88 Refused	
521	During the last 12 months, have you been forced to not use condoms during sex? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 522
522	IF YES to 521: who forced you to not use condoms during sex? Circle one	1 Paying one-time client 2 Paying regular client 3 Non-paying spouse, partner, or boyfriend 4 Other (Specify) _____ 99 Don't Know 88 Refused	
523	During the last 12 months, have you been beaten or physically abused as a result of doing sex work? Circle one	1 Yes 2 No	If No, SKIP to 60

	Circle one	99 Don't Know 88 Refused	
524	IF Yes to 523: who beat you or physically abused you as a result of doing sex work? Circle one	1 Paying one-time client 2 Paying regular client 3 Non-paying spouse, partner, or boyfriend 4 Family member 5 Other (Specify) _____ 99 Don't Know 88 Refused	

Section 6. Substance Use

Now I will ask you some questions about your alcohol use. By alcohol use we mean drinking a bottle of beer, a glass of wine, shot of spirits, and glass or can of home or local brews.			
No.	Question	Response	Skip
601	How often do you have a drink containing alcohol? Circle one	1 Never 2 Once a month or less 3 2-4 times a month 4 2-3 times a week 5 4 or more times a week 99 Don't Know 88 Refused	
602	How many drinks containing alcohol do you have on a typical day when you are drinking? Circle one	1 1 - 2 2 3- 4 3 5- 6 4 7- 9 5 10 or more 99 Don't Know 88 Refused	
603	In the past year how often have you drunk alcohol before sex? Circle one	1 Always 2 Sometimes 3 Rarely 4 Never 5 99Don't Know 6 88Refused	
604	How often do you have 6 or more drinks one occasion? Circle one	1 Never 2 Less than monthly 3 Monthly 4 Weekly 5 Daily or almost daily 6 99Don't Know 7 88Refused	

605	How often during the last year have you found that you have not been able to stop drinking once you started? Circle one	1 Never 2 Less than monthly 3 Monthly 4 Weekly 5 Daily or almost daily 6 99Don't Know 7 88Refused	
606	How often during the past year have you failed to do what was expected of you because of drinking? Circle one	1 Never 2 Less than monthly 3 Monthly 4 Weekly 5 Daily or almost daily 6 99Don't Know 7 88Refused	
607	How often during the past year did you have to use 'a first drink in the morning' to get yourself going after a heavy drinking session? Circle one	1 Never 2 Less than monthly 3 Monthly 4 Weekly 5 Daily or almost daily 6 99Don't Know 7 88Refused	
608	How often during the past year have you had a feeling of guilt or remorse after drinking? Circle one	1 Never 2 Less than monthly 3 Monthly 4 Weekly 5 Daily or almost daily 6 99 Don't Know 7 88 Refused	
No.	Question	Response	Skip
609	How often during the past year have you been unable to remember what happened the night before because you had been drinking? Circle one	1 Never 2 Less than monthly 3 Monthly 4 Weekly 5 Daily or almost daily 99 Don't Know 88 Refused	
610	Have you or someone else been injured because of your drinking? Circle one	1 Never 2 Less than monthly 3 Monthly 4 Weekly 5 Daily or almost daily 99 Don't Know 88 Refused	

611	Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested that you should cut down? Circle one	1 Never 2 Less than monthly 3 Monthly 4 Weekly 5 Daily or almost daily 99 Don't Know 88 Refused	
Now I'm going to ask you about the use of other addictive substances such as cocaine, heroin, and other substances that alter your mood and are not prescribed by a health care professional.			
612	READ: Some people have used a range of such substances. Have you ever used any of these substances, even once?		
612a	Cocaine Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
612b	Heroin Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
612c	Marijuana (Weed) Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
612d	Valium Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
612e	Sleeping pills Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
612f.	Other drugs (specify): _____ Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
613	Some people have tried injecting drugs using a syringe. Have you injected drugs recreationally in the last 12 months? Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	If No, SKIP to 70
614	If Yes to 613: With how many people have you ever shared	1 None	

	needles or syringes? Circle one	2 1-2 people 3 or more people 99 Don't Know 88 Refused	

Section 7. Service Quality

7.1. HIV-related information and risk reduction services

No.	Question	Response	Skip
701	Have you received HIV-related information and risk reduction counseling in the past 12 months? Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	If Yes, SKIP to 702
702	If NO, In your neighborhood, do you know a place where people can get advice about AIDS and get tested for HIV? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, Skip to 703
703	IF YES: In the past 12 months, where have you received HIV-related information and risk reduction counseling? Circle one	1 Drop-in center 2 Mobile outreach 3 Peer educator 4 Government health facility 5 Other (Specify) _____ 99 Don't Know 88 Refused	
704	Where was the LAST PLACE that you received HIV-related information and risk reduction counseling? Circle one	1 Drop-in center 2 Mobile outreach 3 Peer educator 4 Government health facility 5 Other (Specify) _____ 99 Don't Know 88 Refused	
The following questions refer only to the LAST TIME you received HIV-related information and risk reduction counseling.			
705	The last time you received HIV-related information and risk reduction counseling, how satisfied were you with the HIV counseling services? Circle one	1 Very satisfied 2 Satisfied 3 Not satisfied 4 Very unsatisfied 99 Don't Know 88 Refused	
706	The last time you received HIV-related information and risk reduction counseling, how professional was the staff? Circle one	1 Very professional 2 Somewhat professional 3 Somewhat unprofessional 4 Very unprofessional 99 Don't Know 88 Refused	
707	The last time you received HIV-related information and risk reduction counseling, how friendly was the staff?	1 Very friendly 2 Somewhat friendly 3 Not friendly	

	Circle one	4 Not friendly at all 5 Don't Know 6 Refused	
708	Would you use these HIV risk reduction counseling services again? Circle one	1 Yes 2 No 3 Don't Know 4 Refused	
709	Would you recommend these HIV risk reduction counseling services to a friend? Circle one	1 Yes 2 No 3 Don't Know 4 Refused	
710	Now think about the last time you received HIV risk reduction counseling. How much did the risk reduction counseling help you? Circle one	1 Helped a lot 2 Helped some 3 Did not help 4 99Don't Know 5 88Refused	
711	How much helpful information did you receive? Circle one	1 A lot of helpful information 2 A little helpful information 3 No helpful information 99 Don't Know 88 Refused	
712	When you saw the counselor, who talked the most? Circle one	1 I talked the most 2 The counselor talked the most 3 We talked the same amount 99 Don't Know 88 Refused	
713	When you saw the counselor, who listened the most? Circle one	1 I listened the most 2 The counselor listened the most 3 We listened the same amount 99 Don't Know 88 Refused	
714	To what extent did the counselor answer your questions and concerns about HIV? Circle one	1 A lot 2 Some 3 Not at all 99 Don't Know 88 Refused	
715	To what extent did the counselor help you think about what you were doing that puts you at risk for getting HIV? Circle one	1 A lot 2 Some 3 Not at all 99 Don't Know 88 Refused	
716	To what extent did the counselor help you make a plan to protect yourself from HIV? Circle one	1 A lot 2 Some 3 Not at all 99 Don't Know 88 Refused	
717	To what extent did the counselor help	1 A lot	

	you come up with small steps you can take to make your HIV prevention plan work? Circle one	2 Some 3 Not at all 99 Don't Know 88 Refused	
718	Did the counselor tell you about other places you could go for help for HIV and health care related services? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
719	In your plan to reduce your HIV risk, who came up with the ideas what you will do? Circle one	1 I did 2 The counselor 3 We both did 99 Don't Know 88 Refused	
720	How much did the counselor help you with your plan to reduce HIV risk? Circle one	1 A lot 2 Somewhat 3 A little 4 Not at all 99 Don't Know 88 Refused	
721	How much did you help the counselor to develop a plan to reduce your HIV risk? Circle one	1 A lot 2 Somewhat 3 A little 4 Not at all 99 Don't Know 88 Refused	
722	How much did you tell the counselor about your sex life and use of drugs? Circle one	1 A lot 2 Somewhat 3 A little 4 Not at all 99 Don't Know 88 Refused	
722	How can people reduce their risk of contracting HIV/AIDS? DO NOT READ LIST OUT LOUD Check YES for all mentioned. Check NO for all not mentioned.		
722a	Use condoms Circle one	1 Yes 2 No 88	
722b	Reduce the number of sexual partners Circle one	1 Yes 2 No 99 88	
722c	Be faithful to one partner Circle one	1 Yes 2 No	
722d	Do not have casual sex Circle one	1 Yes 2 No 88 Refused	

722e	Do not have sex Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
722f	Avoid contaminated needles Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
722g	Avoid contact with infected people Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
722h	Other (specify) _____ _____ Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
Thank you. Now I would like to ask some additional questions about what you know about HIV.			
723	Can a healthy looking person be infected with HIV? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
Please indicate whether you agree or disagree with the following statements.			
No.	Question	Response	Skip
724	If you kiss someone on the cheek that has HIV/AIDS, you might get infected Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
725	If you are coughed or sneezed on by someone who has HIV/AIDS, you are likely to contract the infection Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
726	I fear I could become infected with HIV if I were to be exposed to the sweat of a person who has HIV/AIDS Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
727	I fear I could become infected with HIV if I were to be exposed to the saliva of a person who has HIV/AIDS Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	

728	I have no risk of getting HIV. Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
729	I am at risk of getting HIV. Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
730	I want to reduce my risk of getting HIV. Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
731	I know ways to reduce my risk. Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
732	I have a plan for how I will reduce my risk. Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
733	I like my HIV prevention plan. Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
734	I'm sure I can follow my HIV prevention plan. Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	

7.2 HIV Testing

No.	Question	Response	Skip
735	In the last 12 months, have you been offered an HIV test? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
736	In the last 12 months, have you been tested for HIV? Circle one	1 No 2 Yes, one time 3 Yes, more than once 99 Don't Know 88 Refused	If Yes, SKIP to 737. Otherwise SKIP to 772
737	IF No to 736, why have you not been tested for HIV? Do not read list but circle all that are mentioned	1 I'm worried that people would find out my test results 2 I don't know where to get tested. 3 Getting tested is too expensive. 4 The places for HIV testing are too far away. 5 The hours for HIV testing are inconvenient. 6 It's difficult to get to HIV testing places on public transportation. 7 The people that provide HIV testing will treat me differently because I am a sex worker. 8 I am not at risk for HIV. HIV is not a serious health condition. 9 I am worried that people will treat me poorly if the test result is positive. 99 Don't Know 88 Refused	SKIP to 738.
738	Was the decision to be tested for HIV up to you or were you pressured, forced, or unknowingly tested?	1 Yes, it was completely my decision to be tested. 2 It was my decision to be tested, but it was under pressure from others 3 I was forced to take an HIV test. 4 I was tested without my knowledge 5 I only found out after the test had been done 99 Don't Know 88 Refused	
739	In your opinion, are FSW hesitant to take an HIV test due to fear of people's reaction if the test result is positive for HIV? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
740	In the last 12 months, where have you been tested for HIV? Do not read list but circle all that are mentioned	1 Drop-in center 2 Mobile outreach 3 Peer educator 4 Government health facility 5 Other (Specify) _____ 99 Don't Know 88 Refused	

No.	Question	Response	Skip
741	Where was the last place you were tested for HIV? Circle one	1 Drop-in center 2 Mobile outreach 3 Peer educator 4 Government health facility 5 Other (Specify) _____ 99 Don't Know 88 Refused	
The following questions refer only to the LAST TIME you were tested for HIV.			
742	Overall, how satisfied were you with the HIV testing services? Circle one	1 Very satisfied 2 Satisfied 3 Not satisfied 4 Very unsatisfied 99 Don't Know 88 Refused	
743	The last time you were tested for HIV, how professional was the staff? Circle one	1 Very professional 2 Somewhat professional 3 Somewhat unprofessional 4 Very unprofessional 99 Don't Know 88 Refused	
744	The last time you were tested for HIV, how friendly was the staff? Circle one	1 Very friendly 2 Somewhat friendly 3 Not friendly 4 Not friendly at all 99 Don't Know 88 Refused	
745	Would you use these HIV testing services again? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
746	Would you recommend these HIV testing services to a friend? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
Again, for the following questions, think only about <i>the last time you were tested for HIV</i>.			
747	<i>Before you were tested for HIV</i> , did the counselor explain why you should get tested for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
748	<i>Before you were tested for HIV</i> , did the counselor explain to you the type of test that was used?	1 Yes 2 No 99 Don't know	

	Circle one	88 Refused	
749	<i>Before you were tested for HIV, did the counselor explain to you the meaning of a positive and negative result?</i> Circle one	1 Yes 2 No 99 Don't know 88 Refused	
750	<i>Before you were tested for HIV, did the counselor explain to you that if managed with antiretroviral therapy (ART) and quality clinical care, HIV infection may be controlled as a chronic condition?</i> Circle one	1 Yes 2 No 99 Don't know 88 Refused	
751	<i>Before you were tested for HIV, did the counselor explain to you the test result is confidential- that is, no one will know the results of your test unless you tell them?</i> Circle one	1 Yes 2 No 99 Don't know 88 Refused	
752	<i>Before you were tested for HIV, did the counselor explain to you disclosure of a positive result is needed to receive treatment for HIV?</i> Circle one	1 Yes 2 No 99 Don't know 88 Refused	
753	<i>Before you were tested for HIV, did the counselor explain to you that you can choose not to get tested and still receive all other services that are provided?</i> Circle one	1 Yes 2 No 99 Don't know 88 Refused	
Again, for the following questions, think only about the last time you were tested for HIV.			
754	The last time you were tested for HIV, were you able to ask questions about HIV/AIDS and about getting tested for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
755	The last time you were tested for HIV, were you encouraged to ask questions about the testing process? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
756	The last time you were tested for HIV, did you feel that your confidentiality was protected – that is, that no one would know that your test result unless you told them?	1 Yes 2 No 99 Don't know 88 Refused	

	Circle one		
757	The last time you were tested for HIV, how long did you have to wait to receive the test results? Circle one	1 A very long time 2 Somewhat long time 3 Not very long 4 Not long at all 99 Don't Know 88 Refused	
Thank you. Now I would like to ask you some personal questions about your HIV testing. Please remember that we have not taken your name and all your responses will be completely confidential. No one will ever know what you have told me during this interview. I appreciate your trust and honesty.			
758	Do you know the result of your most recent HIV test? Circle one	1 Yes 2 No 99 Don't know 88 Refused	If No, SKIP to 772.
759	IF YES to 758: Have you told a sexual partner the results of your most recent HIV test? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
760	IF YES to 758: What was the result of your most recent HIV test? Circle one	1 Positive 2 Negative 99 Don't Know 88 Refused	If POSITIVE, SKIP to 763.
761	If negative: If you had tested positive, would you have sought out treatment for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	If Yes, SKIP to 772
762	IF NO to 760: If you had tested positive, why would you have not sought out treatment for HIV? CIRCLE ALL THAT APPLY	1 I would be worried that people would find out that I was HIV positive. 2 Treatment for HIV is too expensive. 3 I wouldn't know where to go to receive treatment for HIV. 4 I would be worried that doctors would treat me poorly because I am a sex worker. 5 I would be worried that doctors would treat me poorly if I were HIV positive. 6 HIV treatment is not effective. 7 The places that provide HIV treatment are too far away. 8 The places that provide HIV treatment are difficult to get to on public transportation. 9 The hours for receiving HIV treatment are inconvenient. 10 You have to wait a long time to get an appointment. 11 In the past, doctors have treated me poorly because I am a sex worker.	SKIP to 772

		99 Don't Know 88 Refused	
763	If positive: When you received your test results, did you receive a referral to care, support and treatment? Circle one	1 Yes 2 No 99 Don't know 88 Refused	If No, SKIP to 764
764	If yes to 762: Have you contacted the referral to receive care, support and treatment? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
765	IF POSITIVE: Are you currently taking antiretroviral medications daily for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	If Yes, SKIP to 766.
766	IF NO to 764: Why are you not receiving treatment for HIV? CIRCLE ALL THAT APPLY	1 I am worried that people will find out that I am HIV positive. 2 Treatment for HIV is too expensive. 3 I don't know where to go to receive treatment for HIV. 4 I'm worried that doctors will treat me poorly because I am a sex worker. 5 I'm worried that doctors will treat me poorly because I am HIV positive. 6 HIV treatment is not effective. 7 The places that provide HIV treatment are too far away. 8 The places that provide HIV treatment are difficult to get to on public transportation. 9 The hours for receiving HIV treatment are inconvenient. 10 You have to wait a long time to get an appointment. 11 In the past, doctors have treated me poorly. 12 Because I am a sex worker. 99 Don't Know 88 Refused	
767	IF POSITIVE: In the last 12 months, have you been fearful of any of the following things happening to you – whether or not they actually have happened to you – because you are HIV positive? Circle all that apply	1 Being gossiped about 2 Being verbally insulted, harassed and/or threatened 3 Being physically harassed and/or threatened 4 Being physically assaulted 99 Don't Know 88 Refused	
768	IF POSITIVE: How often have you felt excluded from social gatherings or activities because of your HIV status? Circle one	1 Often 2 Sometimes 3 Rarely 4 Never	

		99 Don't Know 88 Refused	
769	IF POSITIVE: How often have you been denied health services because of your HIV status? Circle one	1 Often 2 Sometimes 3 Rarely 4 Never 99 Don't Know 88 Refused	
770	IF POSITIVE: How often have you felt gossiped about because of your HIV status? Circle one	1 Often 2 Sometimes 3 Rarely 4 Never 99 Don't Know 88 Refused	
771	IF POSITIVE In the last 12 months, have you experienced any of the following feelings <i>because of your HIV status</i> ? Circle all that apply	1 I feel ashamed 2 I feel guilty 3 I blame myself 4 I blame others 5 I have low self-esteem 6 I feel I should be punished 99 Don't Know 88 Refused	

7.3 Quality of condom and lubricant information and distribution services

No.	Question	Response	Skip
772	In the last 12 months, have you received condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV? Circle one	1 No 2 Yes, one time 3 Yes, more than once 99 Don't Know 88 Refused	If No, SKIP 774.

773	If yes to 772: In the last 12 months, where did you receive condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV? CIRCLE ALL THAT APPLY	1 Drop-in center 2 Mobile outreach 3 Peer educator 4 Government health facility 5 Private doctor/clinic 6 Pharmacy 7 Bar, restaurant, or nightclub 8 StreetHotel/guest house/lodge 9 Shop/kiosk 10 My partner always gets the condoms 11 Other (Specify) _____ 99 Don't Know 88 Refused	
774	Where is the last place you received condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV? Circle one	1 Drop-in center 2 Mobile outreach 3 Peer educator 4 Government health facility 5 Other (Specify) _____ 99 Don't Know 88 Refused	
The following questions refer only to the LAST TIME you received condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV.			
No.	Question	Response	Skip
775	Overall, how satisfied were you with the condom and lubricant distribution services? Circle one	1 Very satisfied 2 Satisfied 3 Not satisfied 4 Very unsatisfied 99 Don't Know 88 Refused	
776	Overall, how professional was the staff? Circle one	1 Very professional 2 Somewhat professional 3 Somewhat unprofessional 4 Very unprofessional 99 Don't Know 88 Refused	
777	Overall, how friendly was the staff? Circle one	1 Very friendly 2 Somewhat friendly 3 Not friendly 4 Not friendly at all 99 Don't Know 88 Refused	
778	Would you use these condom and lubricant distribution services again?	1 Yes 2 No 99 Don't know	

	Circle one	88 Refused	
779	Would you recommend these condom and lubricant distribution services to a friend? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
The LAST TIME you received condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV,			
780	Were you asked if you needed any information on condoms and condom lubricants? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
781	Were you asked if you understood how to use condoms and condom-lubricants? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
782	How comfortable did you feel asking a staff member questions about using condoms and lubricants? Circle one	1 Very comfortable 2 Somewhat comfortable 3 Somewhat uncomfortable 4 Very uncomfortable 99 Don't Know 88 Refused	
783	Were condoms provided in a respectful manner? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
784	Were you provided with enough information on how to use condoms? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
785	How often are condoms available? Circle one	1 Always 2 Sometimes 3 Rarely 4 Never 5 99Don't Know 6 88Refused	
786	How often is condom/lube available? Circle one	1 Always 2 Sometimes 3 Rarely 4 Never 5 99Don't Know 6 88Refused	
787	Were you encouraged to come back before you were out of condoms and	1 Yes 2 No	

	condom-compatible lubricants? Circle one	99 Don't know 88 Refused	
788	Were you encouraged to tell friends about condom and condom-compatible lubricants distribution service? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
789	Did you feel that your needs for condoms and lubricants were met? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
790	For how long have you been receiving HIV services from (Organizations Name)	1. Less than 6 Months 2. 6 – 12 month 3. 1 – 2 years 4. Greater than 2 years 99 Don't Know 88 Refused	
791	What recommendations would you give to someone who is developing HIV prevention services specifically for sex workers? _____ _____ _____ _____ _____		
792	Is there anything else that I haven't asked you about providing HIV prevention services to FSW that you would like to share with me? _____ _____		

FSW Non-Client Service Quality Survey

Type of FSW: Roamer 1 [] Seater 2 []

Date: _____

Questionnaire ID: _____

Venue:: _____

Geographic region: _____

Specific region: _____

Neighborhood: _____

PARTICIPANT CONSENT FORM

Title: A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk Populations

Principal Investigator: Amos Laar, PhD,

Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

General Information about Research

You are being asked to participate in a research study to learn more about the experiences of certain key populations with HIV prevention services in Ghana. The purpose of the research is to learn: 1) how these populations have used HIV prevention services in Ghana, 2) the quality of these services, 3) how satisfied these populations are with these services and 4) what barriers exist to using HIV prevention services. Your participation in this research should take approximately 60-90 minutes. You will be asked to participate in a one-on-one interview and/or group discussion about your experience using HIV prevention services. Your participation will help improve HIV prevention services for both the key populations and the general population in Ghana.

Possible Risks and Discomforts

The risks of your participation are minimal. The main risk resulting from your participation is feeling uncomfortable answering some of the questions. Your participation is completely voluntary. Should you feel uncomfortable answering any question(s), you can choose to skip that question(s) and continue with the interview. You are also welcome to end the interview at any time.

Possible Benefits

You are not likely to personally benefit from participating in this research study. However, your participation will help improve HIV prevention services for both the key populations and the general population in Ghana.

Alternatives to Participation

There are no alternatives to participation. The only alternative to participation is to simply not participate.

Confidentiality

All information that you share with the interviewer will be protected to the best of our ability. You will not be named in any reports. Any documents with identifying information will be kept in a locked filing cabinet for 5 years after the study is completed and then will be destroyed. Any identifying information that is stored electronically (i.e., on a computer) will be kept on a secure computer and will require a password to access. Only staff who work on this research project will have access to your research information.

Compensation

You will be given 10 Ghana Cedis for participating in a survey interview or group discussion. This compensation will be provided to you in cash at the end of the interview.

Additional Cost

There are no additional costs that may result from participation in this research.

Voluntary Participation and Right to Leave the Research

Your participation in the survey interview or focus group is completely voluntary. You have the right to not participate in this research or to end your participation at any point in time. You also have the right to not answer any questions that you choose not to answer. Not participating or withdrawing from this research will not have any negative consequences and will not impact your ability to receive HIV prevention services.

Contacts for Additional Information

If you have any questions about the research, please contact Amos Laar, PhD,

Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.mimcom.org or HBaidoo@noguchi.mimcom.org. You may also contact the chairman, Rev. Dr. Ayete-Nyampong through mobile number 0208152360 when necessary.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title *(name of research)* has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

ORAL CONSENT VERIFICATION:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date

Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date

Name Signature of Person Who Obtained Consent

Section 1. Demographics

No.	Question	Response	Skip
101.	What nationality are you? Circle one	7 Ghana 8 Nigeria 9 Togo 10 Ivory Coast 11 Burkina Faso 12 Other (Specify) _____ 100 Don't Know 89 Refused	If not 1 skip to 103
102.	What ethnicity are you? Circle one	10 Akan 11 Ewe 12 Ga Adangbe 13 Hausa 14 Krobo 15 Mole/Dagbani 16 Grusi 17 Gruma 18 Other (Specify) _____ 100 Don't Know 89 Refused	
103.	How old were you on your last birthday? Circle one	_____ Years 99 Don't Know 88 Refused	
104.	What is your marital status? Circle one	11 Living with spouse 12 Separated 13 Divorced 14 Widowed 15 Never Married 99 Don't Know 88 Refused	If 1 skip to 106
105.	Do you currently live with a boyfriend or partner who is not a spouse? : Circle one	1 Yes 2 No 100 Don't Know 89 Refused	
106.	What is your religion? Circle one	6 Christian 7 Muslim 8 Traditional	

		9 Other (Specify) _____ 10 No religion 100 Don't Know 89 Refused	
107.	Have you ever attended school? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 10
108.	What is the highest level of school you have attended? Circle one	5 Primary 6 Middle/Junior Secondary/JHS 7 Senior Secondary/SHS/Technical/Vocational 8 Higher/Tertiary 100 Don't Know 89 Refused	
109.	How many living children do you have? Circle one	Number of children _____ 99 Don't Know 88 Refused	
110.	Do you currently have a cell phone? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If Yes, SKIP to 11
111.	IF NO: Do you currently have access to a cell phone? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
112.	In general, how often do you use a cell phone? Circle one	5 Always 6 Sometimes 7 Rarely 8 Never 100 Don't Know 89 Refused	
113.	In the past 12 months, have you ever received health information – such as information about how to reduce your risk of HIV - by text message? Circle one	4 No 5 Yes, one time 6 Yes, more than once 99 Don't Know 88 Refused	If No, SKIP to 11
114.	IF YES: How useful was the health information that you received by text message? Circle one	5 Very useful 6 Somewhat useful 7 Not that useful 8 Not useful at all 100 Don't Know 89 Refused	
115.	Have you ever heard of the Text me! Flash me! Call Me! Helpline? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 119.
116.	IF YES: In the past 12 months, have you	4 No	If No, SKIP to

	used the Text me! Flash me! Call Me! Helpline? Circle one	5 Yes, one time 6 Yes, more than once 99 Don't Know 88 Refused	118.
117.	IF USED: How satisfied were you with the Text me! Flash me! Call Me! Helpline? Circle one	6 Very satisfied 7 Somewhat satisfied 8 Neither satisfied nor dissatisfied 9 Somewhat dissatisfied 10 Very dissatisfied 99 Don't Know 88 Refused	SKIP to 119.
118.	IF HEARD OF, BUT NOT USED: In general, are the things you have heard about Text me! Flash me! Call Me! Helpline: Circle one	6 Very positive 7 Somewhat positive 8 Neither positive nor negative 9 Somewhat negative 10 Very negative 99 Don't Know 88 Refused	
119.	In the past 12 months, have you used the internet to get information about HIV prevention specifically for female sex workers? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
120.	How often do you use the internet to get information about HIV prevention and risk reduction? Circle one	5 Often 6 Sometimes 7 Rarely 8 Never 99 Don't Know 88 Refused	
	If there is a service that allows you to send text message and request for HIV and AIDS information, would you be willing to use it? If your confidentiality and privacy are completely assured.	1 Yes 2 Probably 3 Not sure 4 Probably not 5 No 88. Refused	
	If there is a service that provides periodic HIV and AIDS information (e.g weekly, month etc) would you be willing to allow the program (e.g WAPCAS) to send the messages to you through your mobile phone? If your confidentiality and privacy are completely assured.	1 Yes 2 Probably 3 Not sure 4 Probably not 5 No 88. Refused 	
	If there is a service to provide HIV and AIDS information to Key Populations (MARPs) in Ghana, what would be your preferred platform for such a service? <i>(read out list and Circle all that apply)</i>	1. Peer educators 2. Drop-in –Centers 3. Mobile Outreach 4. TV/Radio 5. Text Messaging 6. Facebook,	

		7. Twitter, 8. WhatsApp 9. Email 10. Web Portal 11. Other (Specify) 99 Don't Know 88 Refused	
	If there is a service to provide HIV and AIDS information to Key Populations in Ghana, what are the three (3) key areas that you would like to receive information on? (<i>circle maximum of three</i>)	1. General HIV Prevention/Risk Reduction (A, B, C) 2. HTC 3. Condoms Availability 4. PMTCT 5. ART 6. Lubricants 7. STIs 8. STI referral 9. Link to Service Providers 10. Other (specify) 99 Don't Know 88 Refused	
		5	
		6	
121.	In general how often do you use the internet? Circle one	7 Always 8 Sometimes 9 Rarely 10 Never 99 Don't Know 88 Refused	

Section 2. Service use

In the following section I am going to ask you general questions about your knowledge and use of particular health services available in your area.

No.	Question	Response	Skip
205	Have you heard of female sex worker peer health educators? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 205.
206	IF YES: In general, are the things you have heard about peer health educators: Circle one	5 Very positive 6 Somewhat positive 7 Somewhat negative 8 Very negative 100 Don't Know 89 Refused	
207	In general, what have you heard about peer educators?	3 Specify _____ 4 _____ 101 Don't Know 102 _____ 89 Refused	
208	Why don't you use the services of FSW peer educators in your area? Circle all that apply	8. Do not know how to contact/find one 9. Am afraid people will find out I am a sex worker 10. Am afraid my services/information won't be kept confidential 11. Do not need peer educator services 12. Too busy/not enough time 13. Other (specify): _____ 99 Don't know 89 Refused to answer	

The next several questions are going to ask you about services provided by mobile outreach. By mobile outreach, I mean a party or other event that is held not at a drop-in center and designed specifically to provide information and services to sex workers.

No.	Question	Response	Skip
209	Have you heard of services being provided by mobile outreach staff? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 216.
210	In general, are the things you have	1 Very positive	

	heard about the services provided by mobile outreach staff: Circle one	2 Somewhat positive 3 Somewhat negative 4 Very negative 99 Don't Know 88 Refused	
211	In general, what have you heard about the services provided by mobile outreach staff?	1 Specify _____ _____ 2 _____ _____ 99 Don't Know 88 Refused	
212	Why have you, personally, not used services provided by mobile outreach staff?	1. Too busy/no time 2. No need for services offered 3. Afraid sex work will become known 4. Hours of outreach are inconvenient 5. Lack of transport 6. Other(specify)_____ _____ _____	
Now imagine that you wanted to receive information and services about to help reduce your risk of HIV. How important would the following aspects of services be to you, personally?			
213	The hours are convenient. Circle one	1 Very important 2 Somewhat important 3 Not important 4 Not important at all 99 Don't Know 88 Refused	
214	Services are low-cost or free. Circle one	1 Very important 2 Somewhat important 3 Not important 4 Not important at all 99 Don't Know 88 Refused	
215	Location is convenient. Circle one	1 Very important 2 Somewhat important 3 Not important 4 Not important at all 99 Don't Know 88 Refused	

216	Location is near public transportation. Circle one	1 Very important 2 Somewhat important 3 Not important 4 Not important at all 99 Don't Know 88 Refused	
217	Staff are friendly Circle one	1 Very important 2 Somewhat important 3 Not important 4 Not important at all 99 Don't Know 88 Refused	
218	Staff are professional. Circle one	1 Very important 2 Somewhat important 3 Not important 4 Not important at all 99 Don't Know 88 Refused	
219	Staff are female sex workers Circle one	1 Very important 2 Somewhat important 3 Not important 4 Not important at all 99 Don't Know 88 Refused	
220	Staff won't judge me Circle one	1 Very important 2 Somewhat important 3 Not important	

		4 Not important at all 99 Don't Know 88 Refused	
221	In the past 12 months, have you been screened for a sexually transmitted infection other than HIV? Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
222	If yes, where was the last place that you were screened for a sexually transmitted infection other than HIV? Circle one	1 Government health facility 2 Private clinic/Doctor 3 Other (Specify) _____ 99 Don't Know 88 Refused	
223	In the last 12 months have you received family planning services?	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	If no skip to 221
224	If yes, where was the last place you received family planning services?	1 Government health facility 2 Private clinic/Doctor 3 Other (Specify) _____ 99 Don't Know 88 Refused	
225	In the last 12 months have you received any pregnancy-related services including ANC, PMTC, or postabortion care?	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	If no skip to 227
226.	If yes, where is the last place you received family planning services?	1 Government health facility 2 Private clinic/Doctor 3 Other (Specify) _____ 99 Don't Know 88 Refused	

227	In the last 12 months have you received any rape-related medical care?	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	If no skip to 301
228	If yes, where was the last place you received rape-related medical care?	3 Government health facility 2 Private clinic/Doctor 3 Other (Specify) _____ 99 Don't Know 88 Refused	

Section 3. HIV related attitudes and beliefs

In the next section we are going to talk a little more about your thoughts and opinions about HIV. People have many feelings about HIV and there are no right or wrong answers to these questions.

No.	Question	Response	Skip
301	Please indicate whether you agree or disagree with the following statements.		
301a	I would be ashamed if someone in my family had HIV Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
301b	A person with HIV/AIDS should be allowed to work with other people Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
301c	People with HIV should be allowed to participate in social events in this community Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
301d	People with AIDS should be isolated from other people Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	

301e	People who have HIV/AIDS should be treated the same as everyone else Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
301f	People living with HIV/AIDS in this community should be treated the same by health care professionals as people with other illnesses Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
301g	People talk badly about people living with or thought to be living with HIV to others. Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
301h	People living with or thought to be living with HIV lose standing or respect in their family or community Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
318	Would you be willing to share a meal with a person you knew had HIV or AIDS? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
319	If a male relative became ill with HIV would you be willing to care for him in your household? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
320	If a female relative became ill with HIV would you be willing to care for her in your household? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
321	If a student has HIV but is not sick, should he or she be allowed to continue attending school? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
322	If a teacher has HIV but is not sick, should he or she be allowed to continue attending school? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	

323	If you knew a shopkeeper or food seller had the HIV virus, would you buy food from them? Circle one	5 Yes 6 No 100 Don't Know 89 Refused	
324	If you knew a member of your community, such as a neighbor, was infected with HIV or had AIDS, do you think he or she should be allowed to continue his or her community activities? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
325	If a member of your family became ill with HIV, would you want it to remain a secret? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
326	Do you know anyone who is HIV positive? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	If No, SKIP to 40
IF YES to 309: In the past year, do you know someone that has had the following things happen to them because they have HIV or AIDS?			
327	Excluded from social gathering Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
328	Lost customers to buy their produce or goods or lost a job Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
329	Had property taken away Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
330	Abandoned by their family or sent away Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
331	Abandoned by their spouse or partner Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
332	Teased or sworn at Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
333	Lost respect or standing in their family or community Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
334	Gossiped about Circle one	1 Yes 2 No 99 Don't Know	

		88 Refused	

Section 4. Sex Work

Thank you! In the next section, I would like to talk to you more about your involvement in sex work.

No.	Question	Response	Skip
413	At what age did you start sex work?	4 _____ Years old 5 Don't Know 6 Refused	
414	Who introduced you to sex work? Circle one	6 Mother 7 Father 8 Other relative 9 Friend 10 Boyfriend/Spouse 11 Other (Specify) _____ 100 Don't Know 89 Refused	
415	Where do you find most of your clients? Circle one	6 Home 7 Hotel/Guest house /Lodge 8 Bar/Nightclub 9 Street 10 Other (Specify) _____ 100 Don't Know 89 Refused	
416	Where do you usually take your clients for sex? Circle one	6 Home 7 Hotel/Guesthouse/lodge 8 Bar/Nightclub 9 Car/vehicle 10 Other (Specify) _____ 100 Don't Know 89 Refused	
417	How do your clients usually pay you? Circle one	4 In cash 5 In kind (clothing, food, shelter) 6 Both 100 Don't Know 89 Refused	
418	On average, how much do you earn a week from sex work?	2 _____ GHC 100 Don't Know 89 Refused	
419	Other than sex work, do you have another means of earning money? Circle one	3 No 4 Yes 100 Don't Know	

		89 Refused	
420	How many people did you have sex with in the past week? Circle one	2 _____ people 100 Don't Know 89 Refused	
421	Of all the people you had sex with in the past week, how many were: (FILL IN ALL AS APPROPRIATE)	6 _____ Paying one-time clients 7 _____ Paying regular clients 8 _____ One-time non-paying partners 9 _____ Spouse/lover/boyfriend 10 _____ Other (specify) _____ 100 Don't Know 89 Refused	
422	In general, paying one-time clients are: Circle one	8 1-5 years younger than me 9 6-10 years younger than me 10 More than 10 years younger than me 11 Same age as me 12 1-5 years older than me 13 6-10 years older than me 14 More than 10 years older than me 100 Don't Know 88 Refused	
423	In general, paying regular clients are: Circle one	8 1-5 years younger than me 9 6-10 years younger than me 10 More than 10 years younger than me 11 Same age as me 12 1-5 years older than me 13 6-10 years older than me 14 More than 10 years older than me 100 Don't Know 89 Refused	
424	In general, non-paying one-time partners are: Circle one	8 1-5 years younger than me 9 6-10 years younger than me 10 More than 10 years younger than me 11 Same age as me 12 1-5 years older than me 13 6-10 years older than me 14 More than 10 years older than me 100 Don't Know 89 Refused	
413.	My spouse, lover, or boyfriend is: Circle one	9 1-5 years younger than me 10 6-10 years younger than me 11 More than 10 years younger than me 12 Same age as me 13 1-5 years older than me 14 6-10 years older than me	

		15 More than 10 years older than me 16 I do not have a spouse, lover, or boyfriend 100 Don't Know 89 Refused	
No.	Question	Response	Skip
414	The last time you had vaginal intercourse with a paying partner, did you use a condom? Circle one	3 Yes 4 No 100 Don't remember 89 Refused	
415	The last time you had vaginal intercourse with a non-paying partner, did you use a condom? Circle one	3 Yes 4 No 100 Don't remember 89 Refused	
416	Have you ever had anal sex? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	If no skip to 419
417	The last time you had anal sex with a paying partner, did you use a condom? Circle one	3 Yes 4 No 100 Don't remember 89 Refused	
418	The last time you had anal sex with a non-paying partner, did you use a condom? Circle one	3 Yes 4 No 100 Don't remember 89 Refused	
419	Have you been treated poorly because you are a sex worker? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	If No, SKIP to 50
420	IF YES to 232: By whom have you been treated poorly because you are a sex worker? CIRCLE ALL THAT APPLY (PROBE, DO NOT READ OUT OPTIONS)	8 Family 9 Friends 10 Health care workers 11 Teacher 12 Stranger 13 Shop keeper 14 Other (Specify) _____ 100 Don't Know 89 Refused	

Section 5. Violence

For the following questions, think only about your main or most recent <i>spouse, lover, or boyfriend</i> . If non-paying partner, skip to 511			
No.	Question	Response	Skip
525	My partner explained his side or suggested a compromise for a disagreement with me Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	If non-paying partner, skip to 511
526	My partner insulted or swore or shouted yelled at me Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
527	I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused •	
528	My partner showed respect for, or showed that he cared about my feeling about an issue we disagreed on Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
529	My partner pushed, shoved, or slapped me Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
530	My partner punched or kicked or beat-me-up Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
531	My partner destroyed something belonging to me or threatened to hit me Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year	

		8 More than once in past year 100 Don't Know 89 Refused	
532	I went see a doctor or needed to see a doctor because of a fight with my partner Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
533	My partner used force (like hitting, holding down, or using a weapon) to make me have sex Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
534	My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force) Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
NOW I WANT TO TALK TO YOU ABOUT YOYR PAYING PARTNERS			
535	A paying partner insulted or swore or shouted or yelled at me Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
536	I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with paying partner Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
537	A paying partner pushed, shoved, or slapped me Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
538	A paying partner punched or kicked or beat-me-up Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
539	A paying partner destroyed something	5 Never	

	belonging to me or threatened to hit me Circle one	6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
540	I went to see a doctor or needed to see a doctor because of a fight with a paying partner Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
541	A paying partner used force (like hitting, holding down, or using a weapon) to make me have sex Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
542	A paying partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force) Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
543	During the last 12 months, have you ever avoided arrest by providing a police officer with a sexual favor? Circle one	5 No 6 Yes 7 99Don't Know 8 88Refused	If No, SKIP to 52
544	IF Yes to 519: How often in the last 12 months have you avoided arrest by providing a police officer with a sexual favor? Circle one	5 Often 6 Sometimes 7 Rarely 8 Never 100 Don't Know 89 Refused	
545	During the last 12 months, have you been forced to not use condoms during sex? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	If No, SKIP to 52
546	IF YES to 521: who forced you to not use condoms during sex? Circle one	5 Paying one-time client 6 Paying regular client 7 Non-paying spouse, partner, or boyfriend 8 Other (Specify) _____ 100 Don't Know 89 Refused	

547	During the last 12 months, have you been beaten or physically abused as a result of doing sex work? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	If No, SKIP to 60
548	IF Yes to 523: who beat you or physically abused you as a result of doing sex work? Circle one	6 Paying one-time client 7 Paying regular client 8 Non-paying spouse, partner, or boyfriend 9 Family member 10 Other (Specify) _____ 100 Don't Know 89 Refused	

Section 6. Substance Use

Now I will ask you some questions about your alcohol use. By alcohol use we mean drinking a bottle of beer, a glass of wine, shot of spirits, and glass or can of home or local brews.			
No.	Question	Response	Skip
615	How often do you have a drink containing alcohol? Circle one	6 Never 7 Once a month or less 8 2-4 times a month 9 2-3 times a week 10 4 or more times a week 100 Don't Know 89 Refused	If never skip to 612
616	How many drinks containing alcohol do you have on a typical day when you are drinking? Circle one	6 1 - 2 7 3- 4 8 5- 6 9 7- 9 10 10 or more 100 Don't Know 89 Refused	
617	In the past year how often have you drunk alcohol before sex? Circle one	7 Always 8 Sometimes 9 Rarely 10 Never 11 99Don't Know 12 88Refused	
618	How often do you have 6 or more drinks one occasion? Circle one	8 Never 9 Less than monthly 10 Monthly 11 Weekly 12 Daily or almost daily 13 99Don't Know	

		14 88Refused	
619	How often during the last year have you found that you have not been able to stop drinking once you started? Circle one	8 Never 9 Less than monthly 10 Monthly 11 Weekly 12 Daily or almost daily 13 99Don't Know 14 88Refused	
620	How often during the past year have you failed to do what was expected of you because of drinking? Circle one	8 Never 9 Less than monthly 10 Monthly 11 Weekly 12 Daily or almost daily 13 99Don't Know 14 88Refused	
621	How often during the past year did you have to use 'a first drink in the morning' to get yourself going after a heavy drinking session? Circle one	8 Never 9 Less than monthly 10 Monthly 11 Weekly 12 Daily or almost daily 13 99Don't Know 14 88Refused	
622	How often during the past year have you had a feeling of guilt or remorse after drinking? Circle one	8 Never 9 Less than monthly 10 Monthly 11 Weekly 12 Daily or almost daily 13 99 Don't Know 14 88 Refused	
623	How often during the past year have you been unable to remember what happened the night before because you had been drinking? Circle one	6 Never 7 Less than monthly 8 Monthly 9 Weekly 10 Daily or almost daily 100 Don't Know 89 Refused	
624	Have you or someone else been injured because of your drinking? Circle one	6 Never 7 Less than monthly 8 Monthly 9 Weekly 10 Daily or almost daily 100 Don't Know	

		89 Refused	
625	Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested that you should cut down? Circle one	6 Never 7 Less than monthly 8 Monthly 9 Weekly 10 Daily or almost daily 100 Don't Know 89 Refused	
Now I'm going to ask you about the use of other addictive substances such as cocaine, heroin, and other substances that alter your mood and are not prescribed by a health care professional.			
626	READ: Some people have used a range of such substances. Have you ever used any of these substances, even once?		
612a	Cocaine Circle one	4 Yes, more than once 5 Yes, one time 6 No 100 Don't Know 89 Refused	
612b	Heroin Circle one	4 Yes, more than once 5 Yes, one time 6 No 100 Don't Know 89 Refused	
612c	Marijuana (Weed) Circle one	4 Yes, more than once 5 Yes, one time 6 No 100 Don't Know 89 Refused	
612d	Valium Circle one	4 Yes, more than once 5 Yes, one time 6 No 100 Don't Know 89 Refused	
612e	Sleeping pills Circle one	4 Yes, more than once 5 Yes, one time 6 No 100 Don't Know 89 Refused	
612f.	Other drugs (specify): _____ Circle one	4 Yes, more than once 5 Yes, one time 6 No 100 Don't Know 89 Refused	
627	Some people have tried injecting drugs using a syringe. Have you injected drugs recreationally in the last 12 months? Circle one	4 Yes, more than once 5 Yes, one time 6 No 100 Don't Know 89 Refused	If No, SKIP to 70

628	If Yes to 613: With how many people have you ever shared needles or syringes? Circle one	4 None 5 1-2 people 6 or more people 100 Don't Know 89 Refused	

Section 7. Service Quality

7.1. HIV-related information and risk reduction services

No.	Question	Response	Skip
770	Have you received HIV-related information and risk reduction counseling in the past 12 months? Circle one	4 Yes, more than once 5 Yes, one time 6 No 100 Don't Know 89 Refused	If Yes, SKIP to 70
771	If NO, In your neighborhood, do you know a place where people can get advice about AIDS and get tested for HIV? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, Skip to 72
772	IF YES: In the past 12 months, where have you received HIV-related information and risk reduction counseling? Circle one	6 Drop-in center 7 Mobile outreach 8 Peer educator 9 Government health facility 10 Other (Specify) _____ 100 Don't Know 89 Refused	
773	Where was the LAST PLACE that you received HIV-related information and risk reduction counseling? Circle one	6 Drop-in center 7 Mobile outreach 8 Peer educator 9 Government health facility 10 Other (Specify) _____ 100 Don't Know 89 Refused	
The following questions refer only to the LAST TIME you received HIV-related information and risk reduction counseling.			
774	The last time you received HIV-related information and risk reduction counseling, how satisfied were you with the HIV counseling services? Circle one	5 Very satisfied 6 Satisfied 7 Not satisfied 8 Very unsatisfied 100 Don't Know 89 Refused	
775	The last time you received HIV-related information and risk reduction counseling, how professional was the staff? Circle one	5 Very professional 6 Somewhat professional 7 Somewhat unprofessional 8 Very unprofessional 100 Don't Know 89 Refused	
776	The last time you received HIV-related information and risk reduction counseling, how friendly was the staff?	7 Very friendly 8 Somewhat friendly 9 Not friendly	

	Circle one	10 Not friendly at all 11 Don't Know 12 Refused	
777	Would you use these HIV risk reduction counseling services again? Circle one	5 Yes 6 No 7 Don't Know 8 Refused	
778	Would you recommend these HIV risk reduction counseling services to a friend? Circle one	5 Yes 6 No 7 Don't Know 8 Refused	
779	Now think about the last time you received HIV risk reduction counseling. How much did the risk reduction counseling help you? Circle one	6 Helped a lot 7 Helped some 8 Did not help 9 99Don't Know 10 88Refused	
780	How much helpful information did you receive? Circle one	4 A lot of helpful information 5 A little helpful information 6 No helpful information 100 Don't Know 89 Refused	
781	When you saw the counselor, who talked the most? Circle one	4 I talked the most 5 The counselor talked the most 6 We talked the same amount 100 Don't Know 89 Refused	
782	When you saw the counselor, who listened the most? Circle one	4 I listened the most 5 The counselor listened the most 6 We listened the same amount 100 Don't Know 89 Refused	
783	To what extent did the counselor answer your questions and concerns about HIV? Circle one	4 A lot 5 Some 6 Not at all 100 Don't Know 89 Refused	
784	To what extent did the counselor help you think about what you were doing that puts you at risk for getting HIV? Circle one	4 A lot 5 Some 6 Not at all 100 Don't Know 89 Refused	
785	To what extent did the counselor help you make a plan to protect yourself from HIV? Circle one	4 A lot 5 Some 6 Not at all 100 Don't Know 89 Refused	
786	To what extent did the counselor help	4 A lot	

	you come up with small steps you can take to make your HIV prevention plan work? Circle one	5 Some 6 Not at all 100 Don't Know 89 Refused	
787	Did the counselor tell you about other places you could go for help for HIV and health care related services? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
788	In your plan to reduce your HIV risk, who came up with the ideas what you will do? Circle one	4 I did 5 The counselor 6 We both did 100 Don't Know 89 Refused	
789	How much did the counselor help you with your plan to reduce HIV risk? Circle one	5 A lot 6 Somewhat 7 A little 8 Not at all 100 Don't Know 89 Refused	
790	How much did you help the counselor to develop a plan to reduce your HIV risk? Circle one	5 A lot 6 Somewhat 7 A little 8 Not at all 100 Don't Know 89 Refused	
791	How much did you tell the counselor about your sex life and use of drugs? Circle one	5 A lot 6 Somewhat 7 A little 8 Not at all 100 Don't Know 89 Refused	
722	How can people reduce their risk of contracting HIV/AIDS? DO NOT READ LIST OUT LOUD Check YES for all mentioned. Check NO for all not mentioned.		
722a	Use condoms Circle one	3 Yes 4 No 89	
722b	Reduce the number of sexual partners Circle one	3 Yes 4 No 100 89	
722c	Be faithful to one partner Circle one	3 Yes 4 No	
722d	Do not have casual sex Circle one	3 Yes 4 No 89 Refused	

722e	Do not have sex Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
722f	Avoid contaminated needles Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
722g	Avoid contact with infected people Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
722h	Other (specify) _____ _____ Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
Thank you. Now I would like to ask some additional questions about what you know about HIV.			
792	Can a healthy looking person be infected with HIV? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
Please indicate whether you agree or disagree with the following statements.			
No.	Question	Response	Skip
793	If you kiss someone on the cheek that has HIV/AIDS, you might get infected Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
794	If you are coughed or sneezed on by someone who has HIV/AIDS, you are likely to contract the infection Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
795	I fear I could become infected with HIV if I were to be exposed to the sweat of a person who has HIV/AIDS Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
796	I fear I could become infected with HIV if I were to be exposed to the saliva of a person who has HIV/AIDS Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	

797	I have no risk of getting HIV. Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
798	I am at risk of getting HIV. Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
799	I want to reduce my risk of getting HIV. Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
800	I know ways to reduce my risk. Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
801	I have a plan for how I will reduce my risk. Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
802	I like my HIV prevention plan. Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
803	I'm sure I can follow my HIV prevention plan. Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	

7.2 HIV Testing

No.	Question	Response	Skip
804	In the last 12 months, have you been offered an HIV test? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
805	In the last 12 months, have you been tested for HIV? Circle one	4 No 5 Yes, one time 6 Yes, more than once 100 Don't Know 89 Refused	If Yes, SKIP to 737. Otherwise SKIP to 772
806	IF No to 736, why have you not been tested for HIV? Do not read list but circle all that are mentioned	10 I'm worried that people would find out my test results 11 I don't know where to get tested. 12 Getting tested is too expensive. 13 The places for HIV testing are too far away. 14 The hours for HIV testing are inconvenient. 15 It's difficult to get to HIV testing places on public transportation. 16 The people that provide HIV testing will treat me differently because I am a sex worker. 17 I am not at risk for HIV. HIV is not a serious health condition. 18 I am worried that people will treat me poorly if the test result is positive. 100 Don't Know 89 Refused	SKIP to 738.
807	Was the decision to be tested for HIV up to you or were you pressured, forced, or unknowingly tested?	6 Yes, it was completely my decision to be tested. 7 It was my decision to be tested, but it was under pressure from others 8 I was forced to take an HIV test. 9 I was tested without my knowledge 10 I only found out after the test had been done 100 Don't Know 89 Refused	
808	In your opinion, are FSW hesitant to take an HIV test due to fear of people's reaction if the test result is positive for HIV? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	
809	In the last 12 months, where have you been tested for HIV? Do not read list but circle all that are mentioned	6 Drop-in center 7 Mobile outreach 8 Peer educator 9 Government health facility 10 Other (Specify) _____ 100 Don't Know 89 Refused	

No.	Question	Response	Skip
810	Where was the last place you were tested for HIV?	6 Drop-in center	

	Circle one	7 Mobile outreach 8 Peer educator 9 Government health facility 10 Other (Specify) _____ 100 Don't Know 89 Refused	
The following questions refer only to the LAST TIME you were tested for HIV.			
811	Overall, how satisfied were you with the HIV testing services? Circle one	5 Very satisfied 6 Satisfied 7 Not satisfied 8 Very unsatisfied 100 Don't Know 89 Refused	
812	The last time you were tested for HIV, how professional was the staff? Circle one	5 Very professional 6 Somewhat professional 7 Somewhat unprofessional 8 Very unprofessional 100 Don't Know 89 Refused	
813	The last time you were tested for HIV, how friendly was the staff? Circle one	5 Very friendly 6 Somewhat friendly 7 Not friendly 8 Not friendly at all 100 Don't Know 89 Refused	
814	Would you use these HIV testing services again? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
815	Would you recommend these HIV testing services to a friend? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
Again, for the following questions, think only about the last time you were tested for HIV.			
816	Before you were tested for HIV, did the counselor explain why you should get tested for HIV? Circle one	3 Yes 4 No 100 Don't know 89 Refused	
817	Before you were tested for HIV, did the counselor explain to you the type of test that was used? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
818	Before you were tested for HIV, did the counselor explain to you the meaning of a positive and negative result? Circle one	1 Yes 2 No 99 Don't know 88 Refused	

	Circle one		
819	<i>Before you were tested for HIV, did the counselor explain to you that if managed with antiretroviral therapy (ART) and quality clinical care, HIV infection may be controlled as a chronic condition?</i> Circle one	1 Yes 2 No 99 Don't know 88 Refused	
820	<i>Before you were tested for HIV, did the counselor explain to you the test result is confidential- that is, no one will know the results of your test unless you tell them?</i> Circle one	1 Yes 2 No 99 Don't know 88 Refused	
821	<i>Before you were tested for HIV, did the counselor explain to you disclosure of a positive result is needed to receive treatment for HIV?</i> Circle one	1 Yes 2 No 99 Don't know 88 Refused	
822	<i>Before you were tested for HIV, did the counselor explain to you that you can choose not to get tested and still receive all other services that are provided?</i> Circle one	1 Yes 2 No 99 Don't know 88 Refused	
Again, for the following questions, think only about the last time you were tested for HIV.			
823	The last time you were tested for HIV, were you able to ask questions about HIV/AIDS and about getting tested for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
824	The last time you were tested for HIV, were you encouraged to ask questions about the testing process? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
825	The last time you were tested for HIV, did you feel that your confidentiality was protected – that is, that no one would know that your test result unless you told them? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
826	The last time you were tested for HIV, how long did you have to wait to receive the test results? Circle one	5 A very long time 6 Somewhat long time 7 Not very long 8 Not long at all 100 Don't Know	

		89 Refused	
Thank you. Now I would like to ask you some personal questions about your HIV testing. Please remember that we have not taken your name and all your responses will be completely confidential. No one will ever know what you have told me during this interview. I appreciate your trust and honesty.			
827	Do you know the result of your most recent HIV test? Circle one	1 Yes 2 No 99 Don't know 88 Refused	If No, SKIP to 772.
828	IF YES to 758: Have you told a sexual partner the results of your most recent HIV test? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
829	IF YES to 758: What was the result of your most recent HIV test? Circle one	3 Positive 4 Negative 100 Don't Know 89 Refused	If POSITIVE, SKIP to 763.
830	If negative: If you had tested positive, would you have sought out treatment for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	If Yes, SKIP to 772
831	IF Negative to 760: If you had tested positive, why would you have not sought out treatment for HIV? CIRCLE ALL THAT APPLY	12 I would be worried that people would find out that I was HIV positive. 13 Treatment for HIV is too expensive. 14 I wouldn't know where to go to receive treatment for HIV. 15 I would be worried that doctors would treat me poorly because I am a sex worker. 16 I would be worried that doctors would treat me poorly if I were HIV positive. 17 HIV treatment is not effective. 18 The places that provide HIV treatment are too far away. 19 The places that provide HIV treatment are difficult to get to on public transportation. 20 The hours for receiving HIV treatment are inconvenient. 21 You have to wait a long time to get an appointment. 22 In the past, doctors have treated me poorly because I am a sex worker. 100 Don't Know 89 Refused	SKIP to 772
832	If positive: When you received your test results, did you receive a referral to care, support and treatment? Circle one	1 Yes 2 No 99 Don't know 88 Refused	If No, SKIP to 764
833	If yes to 763: Have you contacted the referral to receive care, support and treatment? Circle one	1 Yes 2 No 99 Don't know 88 Refused	

834	IF NO to 764: Why are you not receiving treatment for HIV? CIRCLE ALL THAT APPLY	13 I am worried that people will find out that I am HIV positive. 14 Treatment for HIV is too expensive. 15 I don't know where to go to receive treatment for HIV. 16 I'm worried that doctors will treat me poorly because I am a sex worker. 17 I'm worried that doctors will treat me poorly because I am HIV positive. 18 HIV treatment is not effective. 19 The places that provide HIV treatment are too far away. 20 The places that provide HIV treatment are difficult to get to on public transportation. 21 The hours for receiving HIV treatment are inconvenient. 22 You have to wait a long time to get an appointment. 23 In the past, doctors have treated me poorly. 24 Because I am a sex worker. 100 Don't Know 89 Refused	
835	IF POSITIVE: Are you currently taking antiretroviral medications daily for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
836	IF POSITIVE: In the last 12 months, have you been fearful of any of the following things happening to you – whether or not they actually have happened to you – because you are HIV positive? Circle all that apply	5 Being gossiped about 6 Being verbally insulted, harassed and/or threatened 7 Being physically harassed and/or threatened 8 Being physically assaulted 100 Don't Know 89 Refused	
837	IF POSITIVE: How often have you felt excluded from social gatherings or activities because of your HIV status? Circle one	5 Often 6 Sometimes 7 Rarely 8 Never 100 Don't Know 89 Refused	
838	IF POSITIVE: How often have you been denied health services because of your HIV status? Circle one	5 Often 6 Sometimes 7 Rarely 8 Never 100 Don't Know 89 Refused	
790	IF POSITIVE: How often have you felt gossiped about because of your HIV status? Circle one	5 Often 6 Sometimes 7 Rarely 8 Never 100 Don't Know 89 Refused	

791	IF POSITIVE In the last 12 months, have you experienced any of the following feelings <i>because of your HIV status</i> ? Circle all that apply	7 I feel ashamed 8 I feel guilty 9 I blame myself 10 I blame others 11 I have low self-esteem 12 I feel I should be punished 100 Don't Know 89 Refused	

7.3 Quality of condom and lubricant information and distribution services

No.	Question	Response	Skip
792	In the last 12 months, have you received condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV? Circle one	4 No 5 Yes, one time 6 Yes, more than once 100 Don't Know 89 Refused	If No, SKIP to next SECTION – q770
793	Where is the last place you received condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV? Circle one	6 Drop-in center 7 Mobile outreach 8 Peer educator 9 Government health facility 10 Other _____ 100 Don't Know 89 Refused	
794	Overall, how professional was the staff? Circle one	5 Very professional 6 Somewhat professional 7 Somewhat unprofessional 8 Very unprofessional 100 Don't Know 89 Refused	
795	Overall, how friendly was the staff? Circle one	5 Very friendly 6 Somewhat friendly 7 Not friendly 8 Not friendly at all 100 Don't Know 89 Refused	
The LAST TIME you received condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV,			
770	What recommendations would you give to someone who is developing HIV prevention services specifically for sex workers? _____ _____		

771	Is there anything else that I haven't asked you about providing HIV prevention services to FSW that y would like to share with me?	

A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk Populations

MSM Client Service Quality Survey

Date:_____

Study ID:_____

Venue code:_____

Geographic region:_____

Specific region:_____

Neighborhood:_____

PARTICIPANT CONSENT FORM

Title: A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk Populations

Principal Investigator: Amos Laar, PhD,

Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

General Information about Research

You are being asked to participate in a research study to learn more about the experiences of certain key populations with HIV prevention services in Ghana. The purpose of the research is to learn: 1) how these populations have used HIV prevention services in Ghana, 2) the quality of these services, 3) how satisfied these populations are with these services and 4) what barriers exist to using HIV prevention services. Your participation in this research should take approximately 60-90 minutes. You will be asked to participate in a one-on-one interview and/or group discussion about your experience using HIV prevention services. Your participation will help improve HIV prevention services for both the key populations and the general population in Ghana.

Possible Risks and Discomforts

The risks of your participation are minimal. The main risk resulting from your participation is feeling uncomfortable answering some of the questions. Your participation is completely voluntary. Should you feel uncomfortable answering any question(s), you can choose to skip that question(s) and continue with the interview. You are also welcome to end the interview at any time.

Possible Benefits

You are not likely to personally benefit from participating in this research study. However, your participation will help improve HIV prevention services for both the key populations and the general population in Ghana.

Alternatives to Participation

There are no alternatives to participation. The only alternative to participation is to simply not participate.

Confidentiality

All information that you share with the interviewer will be protected to the best of our ability. You will not be named in any reports. Any documents with identifying information will be kept in a locked filing cabinet for 5 years after the study is completed and then will be destroyed. Any identifying information that is stored electronically (i.e., on a computer) will be kept on a secure computer and will require a password to access. Only staff who work on this research project will have access to your research information.

Compensation

You will be given 10 Ghana Cedis for participating in a survey interview or group discussion. This compensation will be provided to you in cash at the end of the interview.

Additional Cost

There are no additional costs that may result from participation in this research.

Voluntary Participation and Right to Leave the Research

Your participation in the survey interview or focus group is completely voluntary. You have the right to not participate in this research or to end your participation at any point in time. You also have the right to not answer any questions that you choose not to answer. Not participating or withdrawing from this research will not have any negative consequences and will not impact your ability to receive HIV prevention services.

Contacts for Additional Information

If you have any questions about the research, please contact Amos Laar, PhD,

Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.mimcom.org or HBaidoo@noguchi.mimcom.org. You may also contact the chairman, Rev. Dr. Ayete-Nyampong through mobile number 0208152360 when necessary.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title *(name of research)* has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

ORAL CONSENT VERIFICATION:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date

Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date

Name Signature of Person Who Obtained Consent

Section 1. Demographics

First, I would like to ask a few background questions, just to learn more about you.

No.	Question	Response	Skip
101.	What nationality are you? Circle one	13 Ghana 14 Nigeria 15 Togo 16 Ivory Coast 17 Burkina Faso 18 Other (Specify) _____ 101 Don't Know 90 Refused	If not 1 skip to 103
102.	What ethnicity are you? Circle one	19 Akan 20 Ewe 21 Ga Adangbe 22 Hausa 23 Krobo 24 Mole/Dagbani 25 Grusi 26 Gruma 27 Other (Specify) _____ 101 Don't Know 90 Refused	
103.	How old were you on your last birthday? Circle one	____ Years 99 Don't Know 88 Refused	
104.	What is your marital status? Circle one	16 Living with spouse 17 Separated 18 Divorced 19 Widowed 20 Never Married 99 Don't Know 88 Refused	If 1 skip to 106
105.	Do you currently live with a boyfriend or partner who is not a spouse? Circle one	1 Yes 2 No 101 Don't Know 90 Refused	
106.	What is your religion? Circle one	11 Christian 12 Muslim 13 Traditional	

		14 Other (Specify)_____ 15 No religion 101 Don't Know 90 Refused	
107.	Have you ever attended school? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 10
108.	What is the highest level of school you have attended? Circle one	9 Primary 10 Middle/Junior Secondary/JHS 11 Senior Secondary/SHS/Technical/Vocational 12 Higher/Tertiary 101 Don't Know 90 Refused	
109.	How many living children do you have? Circle one	Number of children _____ 99 Don't Know 88 Refused	
110.	Do you have a cell phone? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If Yes, SKIP to 11
111.	IF NO: Do you have access to a cell phone? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
112.	How often do you use a cell phone? Circle one	9 Always 10 Sometimes 11 Rarely 12 Never 101 Don't Know 90 Refused	
113.	In the past 12 months, have you ever received health information – such as information about how to reduce your risk of HIV - by text message? Circle one	7 No 8 Yes, one time 9 Yes, more than once 99 Don't Know 88 Refused	If No, SKIP to 11
114.	IF YES: How useful was the health information that you received by text message? Circle one	9 Very useful 10 Somewhat useful 11 Not that useful 12 Not useful at all 101 Don't Know 90 Refused	
115.	Have you ever heard of the Text me! Flash me! Call Me! Helpline? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 119.
116.	IF YES: In the past 12 months, have you	7 No	If No, SKIP to

	used the Text me! Flash me! Call Me! Helpline? Circle one	8 Yes, one time 9 Yes, more than once 99 Don't Know 88 Refused	118.
117.	IF USED: How satisfied were you with the Text me! Flash me! Call Me! Helpline? Circle one	11 Very satisfied 12 Somewhat satisfied 13 Neither satisfied nor dissatisfied 14 Somewhat dissatisfied 15 Very dissatisfied 99 Don't Know 88 Refused	SKIP to 119.
118.	IF HEARD OF, BUT NOT USED: In general, are the things you have heard about Text me! Flash me! Call Me! Helpline: Circle one	11 Very positive 12 Somewhat positive 13 Neither positive nor negative 14 Somewhat negative 15 Very negative 99 Don't Know 88 Refused	
119.	In the past 12 months, have you used the internet to get information about HIV prevention specifically for men who have sex with men? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
120.	How often do you use the internet? Circle one	11 Always 12 Sometimes 13 Rarely 14 Never 99 Don't Know 88 Refused	
121.	How often do you use the internet to get information about HIV prevention and risk reduction? Circle one	9 Often 10 Sometimes 11 Rarely 12 Never 99 Don't Know 88 Refused	

Section 2. Service use

2.1 Peer educators

No.	Question	Response	Skip
201	In the last 12 months, have you been in contact with a peer health educator? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If Yes, SKIP to 204.
202	IF NO to 201: Have you heard of peer health educators?	1 Yes 2 No	If No, SKIP to 218.

	Circle one	99 Don't Know 88 Refused	
203	IF YES to 202: In general, are the things you have heard about peer health educators: Circle one	1 Very positive 2 Somewhat positive 3 Neither positive nor negative 4 Somewhat negative 5 Very negative 99 Don't Know 88 Refused	
204.	IF YES to 201: Which organization was sponsoring these peer educators?	1 Specify _____ 99 Don't Know 88 Refused	
205	IF YES to 201: How many times have you been in contact with a peer educator in the past 12 months? Circle one	1 Once 2 More than once 3 About every 3 months 4 About once a year 99 Don't Know 88 Refused	
206	In the last 12 months, have you ever received the following services from a peer educator?		
206a	HIV counseling and testing Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206b	HIV risk reduction counseling Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206c	Screening for sexually transmitted infections Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206d	Referral for treatment for sexually transmitted infections Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206e	Referral for primary health care Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206f	Referral for mental health services Circle one	1 Yes, more than once 2 Yes, one time 3 No	

		99 Don't Know 88 Refused	
206g	Referral for drug/alcohol addiction Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206h	Referral for legal assistance Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206i	Referral for Antiretroviral therapy Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206j	Referral for Sexual assault/Rape crisis services Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
206k	Any other referral _____ (specify) Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
207	In the last 12 months, have you ever received the following items from a peer educator:		
207a	Condoms Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
207b	Lubricants Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
207c	Information and materials about reducing your risk of HIV Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
208	If you received a referral from a peer educator, did you go to the place you were referred? Circle one	1 Yes 2 No 3 Did not receive referral from peer educator 99 Don't Know 88 Refused	If Yes, SKIP to 210.
209	IF NO: Why didn't you go to the place you were referred?	1 The place I was referred to was too far away.	

	Do not read list but circle all that are mentioned	2 Difficult to get there on public transportation. 3 The hours are inconvenient. 4 I couldn't get an appointment. 5 I had to wait a long time for an appointment. 6 The services are too expensive. 7 I lost the referral information. 8 I don't need the referral services. 9 I've heard negative comments about the referral. 10 Worried that the staff will treat me poorly because I have sex with men. 11 Worried that my privacy won't be protected. 12 Worried that people will know I have sex with men if I go there. 13 Worried that people will think I have HIV if I go there. 14 Other (specify) _____	
210	If you received a referral from a peer educator, did the peer educator follow up with you to see if you used the referral? Circle one	1. Yes 2. No 3. Did not receive referral from peer educator 99 Don't Know 88 Refused	If No, SKIP to 212.
211	IF YES: How did the peer educator follow up with you? Circle one	1 In person 2 Phone call 3 Text message 4 Email 5 Other (specify) _____ _____ 99 Don't Know 88 Refused	
For the following questions, think about the LAST TIME you had contact with a peer educator.			
212	Overall, how satisfied were you with the services provided by the peer-educator? Circle one	1 Very satisfied 2 Somewhat satisfied 3 Somewhat unsatisfied 4 Very unsatisfied 99 Don't Know 88 Refused	
213	The LAST TIME you had contact with a peer educator, how attentive was the peer educator? Circle one	1 Very attentive 2 Somewhat attentive 3 Somewhat inattentive 4 Very inattentive 99 Don't Know 88 Refused	

214	The LAST TIME you had contact with a peer educator, how responsive was the peer educator? Circle one	1 Very responsive 2 Somewhat responsive 3 Somewhat unresponsive 4 Very unresponsive 99 Don't Know 88 Refused 89 Missing	
215	The LAST TIME you had contact with a peer educator, how friendly was the peer educator? Circle one	1 Very friendly 2 Somewhat friendly 3 Not friendly 4 Not friendly at all 99 Don't Know 88 Refused	
216	Would you receive services from a peer educator again? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
217	Would you recommend peer educators to a friend? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	

2.2 Drop-in centers

No.	Question	Response	Skip
218	In the last 12 months, have you been to a drop-in center? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If Yes, SKIP to 220.
219	IF NO: Have you heard of drop-in centers? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 250.
220	IF YES: In general, how positive or negative are the things you have heard about drop-in centers: Circle one	1 Very positive 2 Somewhat positive 3 Somewhat negative 4 Very negative 99 Don't Know 88 Refused	
221	IF YES: Which drop-in center?	1 Specify _____ 99 Don't Know 88 Refused	
222	IF YES: How many times have you been to a drop-in center in the past	1 Once 2 More than once	

	12 months? Circle one	3 About every 3 months 4 About once a year 99 Don't Know 88 Refused	

223	In the last 12 months, have you ever received the following services from a drop-in center?		
No.	Question	Response	Skip
223a	HIV counseling and testing Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223b	HIV risk reduction counseling Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223c	Screening for sexually transmitted infections Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223d	Referral for treatment for sexually transmitted infections Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223e	Referral for primary health care Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223f	Referral for mental health services Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223g	Referral for drug/alcohol addiction	1 Yes, more than once 2 Yes, one time	

	Circle one	3 No 99 Don't Know 88 Refused	
223h	Referral for legal assistance Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223i	Referral for Antiretroviral therapy Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223j	Sexual assault/Rape crisis services or referral Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
223k	Any other referral (specify) _____ _____ Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
224	In the last 12 months, have you ever received the following items at a drop-in center:		
224a	Condoms Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
224b	Lubricants Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
224c	Information and materials about reducing your risk of HIV Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
225	If you received a referral from a drop-in center, did you go to the place you were referred? Circle one	1 Yes 2 No 3 Did not receive referral from drop-in center 99 Don't Know 88 Refused	If Yes, SKIP to 227.
226	IF NO: Why didn't you go to the place you were referred?	1 The place I was referred to was too far away. 2 It's difficult to get there on public transportation. 3 The hours are inconvenient.	

		4 I couldn't get an appointment. 5 I had to wait a long time for an appointment. 6 The services are too expensive. 7 I lost the referral information. 8 I don't need the referral services. 9 I've heard negative comments about the referral. 10 I'm worried that the staff will treat me poorly because I have sex with men. 11 I'm worried that my privacy won't be protected. 12 I'm worried that people will know I have sex with men if I go there. 13 I'm worried that people will think I have HIV if I go there. 14 Other (specify) _____	
227	If you received a referral from a drop-in center, did staff from the drop-in center follow up with you to see if you used the referral? Circle one	1 Yes 2 No 3 Did not receive referral from drop-in center 99 Don't Know 88 Refused	If No, SKIP to 229.
228	IF YES: How did the drop-in center staff follow up with you? Circle one	1 In person 2 Phone call 3 Text message 4 Email 5 Other (specify) _____ 99 Don't Know 88 Refused	
For the following questions, think about the LAST TIME you went to a drop-in center educator.			
229	Overall, how satisfied were you with the services provided at the drop-in center? Circle one	1 Very satisfied 2 Somewhat satisfied 3 Somewhat unsatisfied 4 Very unsatisfied 99 Don't Know 88 Refused	
230	The LAST TIME you went to a drop-in center, how attentive was the staff? Circle one	1 Very attentive 2 Somewhat attentive 3 Somewhat inattentive 4 Very inattentive 99 Don't Know 88 Refused	
231	The LAST TIME you went to a drop-in center, how responsive was the staff?	1 Very responsive 2 Somewhat responsive 3 Somewhat unresponsive	

	Circle one	4 Very unresponsive 99 Don't Know 88 Refused	
232	The LAST TIME you went to a drop-in center, how friendly was the staff? Circle one	1 Very friendly 2 Somewhat friendly 3 Not friendly 4 Not friendly at all 99 Don't Know 88 Refused	
233	In general, how welcome did you feel at the center? Circle one	1 Very welcome 2 Somewhat welcome 3 Somewhat unwelcome 4 Very unwelcome 99 Don't Know 88 Refused	
234	Have you ever felt that you were treated unfairly at the drop-in center? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
235	In general, how respectful was the staff at the center? Circle one	1 Very respectful 2 Somewhat respectful 3 Somewhat disrespectful 4 Very disrespectful 99 Don't Know 88 Refused	
236	In general, how professional was the staff at the center? Circle one	1 Very professional 2 Somewhat professional 3 Somewhat unprofessional 4 Very unprofessional 99 Don't Know 88 Refused	
237	In general, how knowledgeable was the staff about resources at the center? Circle one	1 Very knowledgeable 2 Somewhat knowledgeable 3 Not very knowledgeable 4 Not knowledgeable at all 99 Don't Know 88 Refused	
238	In general, how knowledgeable was the staff about resources in the community? Circle one	1 Very knowledgeable 2 Somewhat knowledgeable 3 Not very knowledgeable 4 Not knowledgeable at all 99 Don't Know 88 Refused	
239	Did you feel that your privacy was maintained at all times? Circle one	1 Yes 2 No 99 Don't Know	

		88 Refused	
240	To what extent did the services you received at the center help you reduce your risk of HIV? Circle one	1 A lot 2 Somewhat 3 A little 4 Not at all 99 Don't Know 88 Refused	
241	To what extent did the staff listen to your needs and concerns? Circle one	1 A lot 2 Somewhat 3 A little 4 Not at all 99 Don't Know 88 Refused	
242	To what extent did you feel like the staff judged you? Circle one	1 A lot 2 Somewhat 3 A little 4 Not at all 99 Don't Know 88 Refused	
243	To what extent were the posters and photographs at the center welcoming? Circle one	1 A lot 2 Somewhat 3 A little 4 Not at all 99 Don't Know 88 Refused	
244	How safe did you feel at the center? Circle one	1 Very safe 2 Somewhat safe 3 Somewhat unsafe 4 Very unsafe 99 Don't Know 88 Refused	
245	How clean is the center? Circle one	1 Very clean 2 Somewhat clean 3 Somewhat unclean 4 Very unclean 99 Don't Know 88 Refused	
246	Were you asked to fill out a feedback form to improve the quality of services at the center? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If no skip to 248
247	Did you fill out a feedback form to improve the quality of services at the center? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	

248	Would you receive services at a drop-in center again? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
249	Would you recommend the drop-in center to a friend? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	

2.3 Mobile outreach

The next several questions are going to ask you about services provided by mobile outreach. By mobile outreach, I mean a party or other event that is held not at a drop-in center and designed specifically to provide information and services to MSMs.

No.	Question	Response	Skip
250	In the last 12 months, have you received services from mobile outreach staff? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 253.
251	IF YES: Where?	1 (specify) _____ 99 Don't Know 88 Refused	
252	IF YES: How many times have you received services from mobile outreach staff in the past 12 months? Circle one	1 Once 2 More than once 3 About every 3 months 4 About once a year 99 Don't Know 88 Refused	SKIP to 254.
253	IF NO: Have you heard of services being provided by mobile outreach staff? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 301.
254	In general, how positive or negative are the things you have heard about the services provided by mobile outreach staff: Circle one	1 Very positive 2 Somewhat positive 3 Somewhat negative 4 Very negative 99 Don't Know 88 Refused	
255	In the last 12 months, have you ever received the following services from mobile outreach staff?		
255a	HIV counseling and testing Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	

255b	HIV risk reduction counseling Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255c	Screening for sexually transmitted infections Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255d	Referral for treatment for sexually transmitted infections Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	

No.	Question	Response	Skip
255e	Referral for primary health care Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255f	Referral for mental health services Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255g	Referral for drug/alcohol addiction Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255h	Referral for legal assistance Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255i	Referral for Antiretroviral therapy Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
255j	Sexual assault/Rape crisis services referral Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know	

		88 Refused	
255k	Any other referral (specify) _____ _____	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
256	In the last 12 months, have you ever received the following items from mobile outreach staff:		
256a	Condoms Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
256b	Lubricants Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
256c	Information and materials about reducing your risk of HIV Circle one	1 Yes, more than once 2 Yes, one time 3 No 99 Don't Know 88 Refused	
257	If you received a referral from mobile outreach staff, did you go to the place you were referred? Circle one	1 Yes 2 No 3 Did not receive referral from mobile outreach staff 99 Don't Know 88 Refused	If Yes, SKIP to 259.
258	IF NO: Why didn't you go to the place you were referred? CIRCLE ALL THAT APPLY	1 The place I was referred to was too far away. 2 It's difficult to get there on public transportation. 3 The hours are inconvenient. 4 I couldn't get an appointment. 5 I had to wait a long time for an appointment. 6 The services are too expensive. 7 I lost the referral information. 8 I don't need the referral services. 9 I've heard negative comments about the referral. 10 I'm worried that the staff will treat me poorly because I have sex with men. 11 I'm worried that my privacy won't be protected. 12 I'm worried that people will know I have sex with men if I go there. 13 I'm worried that people will think I have HIV if I go there. 14 Other (specify) _____	

		99 Don't Know 88 Refused	
259	If you received a referral from mobile outreach staff, did staff follow up with you to see if you used the referral? Circle one	1 Yes 2 No 3 Did not receive referral from mobile outreach staff 99 Don't Know 88 Refused	If No, SKIP to 261.
260	IF YES: How did the mobile outreach staff follow up with you? Circle one	1 In person 2 Phone call 3 Text message 4 Email 5 Other (specify) _____ 99 Don't Know 88 Refused	
For the following questions, think about the LAST TIME you received services from mobile outreach staff.			
261	Overall, how satisfied were you with the services provided by mobile outreach? Circle one	1 Very satisfied 2 Somewhat satisfied 3 Somewhat unsatisfied 4 Very unsatisfied 99 Don't Know 88 Refused	
262	. Overall, how attentive was the staff? Circle one	1 Very attentive 2 Somewhat attentive 3 Somewhat inattentive 4 Very inattentive 99 Don't Know 88 Refused	
263	The LAST TIME you received services from mobile outreach staff, how responsive was the staff? Circle one	1 Very responsive 2 Somewhat responsive 3 Somewhat unresponsive 4 Very unresponsive 99 Don't Know 88 Refused	
264	The LAST TIME you received services from mobile outreach staff, how friendly was the staff? Circle one	1 Very friendly 2 Somewhat friendly 3 Not friendly 4 Not friendly at all 99 Don't Know 88 Refused	
265	Would you receive services from mobile outreach again? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
266	Would you recommend mobile outreach to a friend?	1 Yes	

	Circle one	2 No 99 Don't Know 88 Refused	

Section 3. HIV Knowledge and Attitudes

No.	Question	Response	Skip
Please indicate whether you agree or disagree with the following statements.			
301.	People living with HIV/AIDS in this community should be treated the same by health care professionals as people with other illnesses Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
302.	People talk badly about people living with or thought to be living with HIV to others Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
303.	People living with or thought to be living with HIV lose standing or respect in their family or community Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
304.	I fear I could become infected with HIV if I were to be exposed to the saliva of a person who has HIV/AIDS Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
305.	If you kiss someone on the cheek that has HIV/AIDS, you might get infected Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
306.	If you are coughed or sneezed on by someone who has HIV/AIDS, you are likely to contract the infection Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
307.	I fear I could become infected with HIV if I were to be exposed to the sweat of a person who has HIV/AIDS Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
308.	I would be ashamed if someone in my family had HIV Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree	

		99 Don't Know 88 Refused	
309.	A person with HIV/AIDS should be allowed to work with other people Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
310.	People with HIV should be allowed to participate in social events in this community Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
311.	People with AIDS should be isolated from other people Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
312.	People who have HIV/AIDS should be treated the same as everyone else Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
313.	A person with HIV/AIDS should be allowed to work with other people Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
314.	People with HIV should be allowed to participate in social events in this community Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
315.	People with AIDS should be isolated from other people Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
316.	People who have HIV/AIDS should be treated the same as everyone else Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
317.	People living with HIV/AIDS in this community should be treated the same by health care professionals as people with other illnesses Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	

318.3	People talk badly about people living with or thought to be living with HIV to others. Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
319.3	People living with or thought to be living with HIV lose standing or respect in their family or community Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	

Section 4. Transactional Sex: Many MSM receive money or gifts in exchange for sex.

No.	Question	Response	Skip
401	In the past 12 months, have you accepted money, housing, food, or other items in exchange for sex? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 421.
402	At what age did you start accepting money and gifts for sex?	1 ____ Years old 99 Don't Know 88 Refused	
403	Who introduced you to this practice (of accepting money or food in exchange for sex)? Circle one	1 Mother 2 Father 3 Other relative 4 Friend 5 Other (Specify) _____ 99 Don't Know 88 Refused	
404	Where do you find most of your clients? Circle one	1 Home 2 Hotel/Guest house 3 Bar/Nightclub 4 Street 5 Other (Specify) _____ 99 Don't Know 88 Refused	
405	Where do you usually take your clients for sex? Circle one	1 Home 2 Hotel/Guesthouse 3 Bar/Nightclub 4 Car/Vehicle 5 Other (Specify) _____ 99 Don't Know 88 Refused	
406	How do your clients usually pay you? Circle one	1 In cash 2 In kind (clothing, food, shelter) 3 Both 99 Don't Know	

		88 Refused	
407	On average, how much do you earn a week from sex work? Circle one	1 _____GHC 99 Don't Know 88 Refused	
408	Other than sex work, do you have another means of earning money? Circle one	1 No 2 Yes 99 Don't Know 88 Refused	
409	How many people did you have sex with in the past week?	1 _____ people 99 Don't Know 88 Refused	
410	Of all the people you had sex with in the past week, how many were:	1 _____Paying one-time clients 2 _____Paying regular clients 3 _____One-time non-paying partners 4 _____Spouse/lover/boyfriend 5 _____Other (specify) _____ 99 Don't Know 88 Refused	
411	In general, paying one-time clients are: Circle one	1 1-5 years younger than me 2 6-10 years younger than me 3 More than 10 years younger than me 4 Same age as me 5 1-5 years older than me 6 6-10 years older than me 7 More than 10 years older than me 99 Don't Know 88 Refused	
412	In general, paying regular clients are: Circle one	1 1-5 years younger than me 2 6-10 years younger than me 3 More than 10 years younger than me 4 Same age as me 5 1-5 years older than me 6 6-10 years older than me 7 More than 10 years older than me 99 Don't Know 88 Refused	
413	In general, non-paying one-time partners are: Circle one	1 1-5 years younger than me 2 6-10 years younger than me 3 More than 10 years younger than me 4 Same age as me 5 1-5 years older than me 6 6-10 years older than me 7 More than 10 years older than me 99 Don't Know 88 Refused	
414	My spouse, lover, or boyfriend is: Circle one	1 1-5 years younger than me 2 6-10 years younger than me 3 More than 10 years younger than me 4 Same age as me	

		5 1-5 years older than me 6 6-10 years older than me 7 More than 10 years older than me 99 Don't Know 88 Refused	

No.	Question	Response	Skip
415	Of all the people (either paying or non-paying partner) that you have had sex with in the past 12 months, were some (at least one) females? Circle one	1 Yes 2 No 3 Don't remember 99 Don't Know 88 Refused	If No, SKIP to 418.
416	The last time you had vaginal intercourse with a paying partner, did you use a condom? [ASK ONLY IF ANSWERS YES TO Q515] Circle one	1 Yes 2 No 3 Don't remember 99 Don't Know 88 Refused	
417	The last time you had vaginal intercourse with a non-paying partner, did you use a condom? Circle one	1 Yes 2 No 3 Don't remember 99 Don't Know 88 Refused	
418	Have you ever had anal sex? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 501.
419	The last time you had anal sex with a paying partner, did you use a condom? Circle one	1 Yes 2 No 99 Don't remember 88 Refused	
420	The last time you had anal sex with a non-paying partner, did you use a condom? Circle one	1 Yes 2 No 99 Don't remember 88 Refused	ALL SKIP to 501.
FOR MSM WHO HAVE NOT ENGAGED IN SEX WORK:			
421	How many people did you have sex with in the past week? Circle one	1 _____ people 99 Don't Know 88 Refused	
422	Of all the people you had sex with in the past week, how many were:	1 ___ One-time casual partners 2 ___ Spouse/lover/boyfriend/girlfriend 3 ___ Other (specify) _____ 99 Don't Know 88 Refused	
423	Of all the people you had sex with in the past week, how many were:	1 ___ Men 2 ___ Women	

		99 Don't Know 88 Refused	

No.	Question	Response	Skip
424	In general, are your partners: Circle one	1 The same age as you 2 1-5 years younger than you 3 6-10 years younger than you 4 More than 10 years younger than you 5 1-5 years older than you 6 6-10 years older than you 7 More than 10 years older than you 99 Don't Know 88 Refused	
425	Have you had vaginal intercourse in the past 12 months? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 427.
426	IF YES: The last time you had vaginal intercourse, did you use a condom? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
427	Have you had anal intercourse in the past 12 months? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 501.
428	IF YES: The last time you had anal intercourse, did you use a condom? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	

Section 5. Violence

For the following questions, think only about <i>your main or most recent spouse, lover, or boyfriend</i> .			
No.	Question	Response	Skip
501	My partner explained his side or suggested a compromise for a disagreement with me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
502	My partner insulted or swore or shouted or yelled at me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
503	I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know	

		88 Refused	
504	My partner showed respect for, or showed that he cared about my feeling about an issue we disagreed on Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
505	My partner pushed, shoved, or slapped me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
506	My partner punched or kicked or beat-me-up Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
507	My partner destroyed something belonging to me or threatened to hit me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
508	I went see a doctor or needed to see a doctor because of a fight with my partner Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
509	My partner used force (like hitting, holding down, or using a weapon) to make me have sex Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
510	My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force) Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
DATA COLLECTORS: DID THIS PARTICIPANT REPORT ACCEPTING MONEY OR GIFTS FOR SEX IN THE LAST SECTION? ☐ YES ☐ NO IF CHECKED YES, SKIP to 601. If NO, PROCEED TO 511			
READ: For the following questions, think only about your paying partners.			
No.	Question	Response	Skip
511	A paying partner insulted or swore or shouted or yelled at me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	

512	I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with a paying partner Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
513	A paying partner pushed, shoved, or slapped me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
514	A paying partner punched or kicked or beat-me-up Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
515	A paying partner destroyed something belonging to me or threatened to hit me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
516	I went see a doctor or needed to see a doctor because of a fight with a paying partner Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
517	A paying partner used force (like hitting, holding down, or using a weapon) to make me have sex Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
518	A paying partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force) Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
519	During the last 12 months, have you ever avoided arrest by providing a police officer with a sexual favor? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 521.
520	IF yes: How often in the last 12 months have you avoided arrest by providing a police officer with a sexual favor? Circle one	1 Often 2 Sometimes 3 Rarely 4 Never 99 Don't Know 88 Refused	

521	During the last 12 months, have you been forced to not use condoms during sex? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 523.
522	IF YES: who forced you to not use condoms during sex? Circle one	1 Paying one-time client 2 Paying regular client 3 Non-paying spouse, partner, or boyfriend 4 Other (specify) _____ 99 Don't Know 88 Refused	
523	During the last 12 months, have you been beaten or physically abused as a result of doing sex work? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 601.
524	IF Yes: who beat you or physically abused you as a result of doing sex work? Circle one	1 Paying one-time client 2 Paying regular client 3 Non-paying spouse, partner, or boyfriend 4 Family member 5 Other (specify) _____ 99 Don't Know 88 Refused	

Section 6. Substance Use

Now I will ask you some questions about your alcohol use. By alcohol use we mean drinking a bottle of beer, a glass of wine, shot of spirits, and glass or can of home or local brews.			
No.	Question	Response	Skip
629	How often do you have a drink containing alcohol? Circle one	11 Never 12 Once a month or less 13 2-4 times a month 14 2-3 times a week 15 4 or more times a week 101 Don't Know 90 Refused	
630	How many drinks containing alcohol do you have on a typical day when you are drinking? Circle one	11 1 - 2 12 3- 4 13 5- 6 14 7- 9 15 10 or more 101 Don't Know 90 Refused	
631	In the past year how often have you drunk alcohol before sex?	13 Always 14 Sometimes	

	Circle one	15 Rarely 16 Never 17 99Don't Know 18 88Refused	
632	How often do you have 6 or more drinks one occasion? Circle one	15 Never 16 Less than monthly 17 Monthly 18 Weekly 19 Daily or almost daily 20 99Don't Know 21 88Refused	
633	How often during the last year have you found that you have not been able to stop drinking once you started? Circle one	15 Never 16 Less than monthly 17 Monthly 18 Weekly 19 Daily or almost daily 20 99Don't Know 21 88Refused	
634	How often during the past year have you failed to do what was expected of you because of drinking? Circle one	15 Never 16 Less than monthly 17 Monthly 18 Weekly 19 Daily or almost daily 20 99Don't Know 21 88Refused	
635	How often during the past year did you have to use 'a first drink in the morning' to get yourself going after a heavy drinking session? Circle one	15 Never 16 Less than monthly 17 Monthly 18 Weekly 19 Daily or almost daily 20 99Don't Know 21 88Refused	
636	How often during the past year have you had a feeling of guilt or remorse after drinking? Circle one	15 Never 16 Less than monthly 17 Monthly 18 Weekly 19 Daily or almost daily 20 99 Don't Know 21 88 Refused	
No.	Question	Response	Skip
637	How often during the past year have you	11 Never	

	been unable to remember what happened the night before because you had been drinking? Circle one	12 Less than monthly 13 Monthly 14 Weekly 15 Daily or almost daily 101 Don't Know 90 Refused	
638	Have you or someone else been injured because of your drinking? Circle one	11 Never 12 Less than monthly 13 Monthly 14 Weekly 15 Daily or almost daily 101 Don't Know 90 Refused	
639	Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested that you should cut down? Circle one	11 Never 12 Less than monthly 13 Monthly 14 Weekly 15 Daily or almost daily 101 Don't Know 90 Refused	
Now I'm going to ask you about the use of other addictive substances such as cocaine, heroin, and other substances that alter your mood and are not prescribed by a health care professional.			
640	READ: Some people have used a range of such substances. Have you ever used any of these substances, even once?		
612a	Cocaine Circle one	7 Yes, more than once 8 Yes, one time 9 No 101 Don't Know 90 Refused	
612b	Heroin Circle one	7 Yes, more than once 8 Yes, one time 9 No 101 Don't Know 90 Refused	
612c	Marijuana (Weed) Circle one	7 Yes, more than once 8 Yes, one time 9 No 101 Don't Know 90 Refused	
612d	Valium Circle one	7 Yes, more than once 8 Yes, one time 9 No 101 Don't Know 90 Refused	
612e	Sleeping pills Circle one	7 Yes, more than once 8 Yes, one time 9 No	

		101 Don't Know 90 Refused	
612f.	Other drugs (specify): _____ Circle one	7 Yes, more than once 8 Yes, one time 9 No 101 Don't Know 90 Refused	
641	Some people have tried injecting drugs using a syringe. Have you injected drugs recreationally in the last 12 months? Circle one	7 Yes, more than once 8 Yes, one time 9 No 101 Don't Know 90 Refused	If No, SKIP to 70
642	If Yes to 613: With how many people have you ever shared needles or syringes? Circle one	7 None 8 1-2 people 9 or more people 101 Don't Know 90 Refused	

Section 7. Service Quality

7.1. HIV-related information and risk reduction services

No.	Question	Response	Skip
839	Have you received HIV-related information and risk reduction counseling in the past 12 months? Circle one	7 Yes, more than once 8 Yes, one time 9 No 101 Don't Know 90 Refused	If Yes, SKIP to 70
840	If NO, In your neighborhood, do you know a place where people can get advice about AIDS and get tested for HIV? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, Skip to 72
841	IF YES: In the past 12 months, where have you received HIV-related information and risk reduction counseling? Circle one	11 Drop-in center 12 Mobile outreach 13 Peer educator 14 Government health facility 15 Other (Specify) _____ 101 Don't Know 90 Refused	
842	Where was the LAST PLACE that you received HIV-related information and risk reduction counseling? Circle one	11 Drop-in center 12 Mobile outreach 13 Peer educator 14 Government health facility 15 Other (Specify) _____ 101 Don't Know	

		90 Refused	
The following questions refer only to the LAST TIME you received HIV-related information and risk reduction counseling.			
843	The last time you received HIV-related information and risk reduction counseling, how satisfied were you with the HIV counseling services? Circle one	9 Very satisfied 10 Satisfied 11 Not satisfied 12 Very unsatisfied 101 Don't Know 90 Refused	
844	The last time you received HIV-related information and risk reduction counseling, how professional was the staff? Circle one	9 Very professional 10 Somewhat professional 11 Somewhat unprofessional 12 Very unprofessional 101 Don't Know 90 Refused	
845	The last time you received HIV-related information and risk reduction counseling, how friendly was the staff? Circle one	13 Very friendly 14 Somewhat friendly 15 Not friendly 16 Not friendly at all 17 Don't Know 18 Refused	
846	Would you use these HIV risk reduction counseling services again? Circle one	9 Yes 10 No 11 Don't Know 12 Refused	
847	Would you recommend these HIV risk reduction counseling services to a friend? Circle one	9 Yes 10 No 11 Don't Know 12 Refused	
848	Now think about the last time you received HIV risk reduction counseling. How much did the risk reduction counseling help you? Circle one	11 Helped a lot 12 Helped some 13 Did not help 14 99Don't Know 15 88Refused	
849	How much helpful information did you receive? Circle one	7 A lot of helpful information 8 A little helpful information 9 No helpful information 101 Don't Know 90 Refused	
850	When you saw the counselor, who talked the most? Circle one	7 I talked the most 8 The counselor talked the most 9 We talked the same amount 101 Don't Know 90 Refused	
851	When you saw the counselor, who listened the most? Circle one	7 I listened the most 8 The counselor listened the most 9 We listened the same amount 101 Don't Know	

		90 Refused	
852	To what extent did the counselor answer your questions and concerns about HIV? Circle one	7 A lot 8 Some 9 Not at all 101 Don't Know 90 Refused	
853	To what extent did the counselor help you think about what you were doing that puts you at risk for getting HIV? Circle one	7 A lot 8 Some 9 Not at all 101 Don't Know 90 Refused	
854	To what extent did the counselor help you make a plan to protect yourself from HIV? Circle one	7 A lot 8 Some 9 Not at all 101 Don't Know 90 Refused	
855	To what extent did the counselor help you come up with small steps you can take to make your HIV prevention plan work? Circle one	7 A lot 8 Some 9 Not at all 101 Don't Know 90 Refused	
856	Did the counselor tell you about other places you could go for help for HIV and health care related services? Circle one	5 Yes 6 No 101 Don't Know 90 Refused	
857	In your plan to reduce your HIV risk, who came up with the ideas what you will do? Circle one	7 I did 8 The counselor 9 We both did 101 Don't Know 90 Refused	
858	How much did the counselor help you with your plan to reduce HIV risk? Circle one	9 A lot 10 Somewhat 11 A little 12 Not at all 101 Don't Know 90 Refused	
859	How much did you help the counselor to develop a plan to reduce your HIV risk? Circle one	9 A lot 10 Somewhat 11 A little 12 Not at all 101 Don't Know 90 Refused	
860	How much did you tell the counselor about your sex life and use of drugs? Circle one	9 A lot 10 Somewhat 11 A little	

		12 Not at all 101 Don't Know 90 Refused	
722	How can people reduce their risk of contracting HIV/AIDS? DO NOT READ LIST OUT LOUD Check YES for all mentioned. Check NO for all not mentioned.		
722a	Use condoms Circle one	5 Yes 6 No 90	
722b	Reduce the number of sexual partners Circle one	5 Yes 6 No 101 90	
722c	Be faithful to one partner Circle one	5 Yes 6 No	
722d	Do not have casual sex Circle one	5 Yes 6 No 90 Refused	
722e	Do not have sex Circle one	5 Yes 6 No 101 Don't Know 90 Refused	
722f	Avoid contaminated needles Circle one	5 Yes 6 No 101 Don't Know 90 Refused	
722g	Avoid contact with infected people Circle one	5 Yes 6 No 101 Don't Know 90 Refused	
722h	Other (specify) _____ _____ Circle one	5 Yes 6 No 101 Don't Know 90 Refused	
Thank you. Now I would like to ask some additional questions about what you know about HIV.			
861	Can a healthy looking person be infected with HIV? Circle one	5 Yes 6 No 101 Don't Know 90 Refused	
Please indicate whether you agree or disagree with the following statements.			
No.	Question	Response	Skip
862	If you kiss someone on the cheek that has HIV/AIDS, you might get infected Circle one	9 Strongly agree 10 Somewhat agree 11 Somewhat disagree 12 Strongly disagree 101 Don't Know 90 Refused	

863	If you are coughed or sneezed on by someone who has HIV/AIDS, you are likely to contract the infection Circle one	9 Strongly agree 10 Somewhat agree 11 Somewhat disagree 12 Strongly disagree 101 Don't Know 90 Refused	
864	I fear I could become infected with HIV if I were to be exposed to the sweat of a person who has HIV/AIDS Circle one	9 Strongly agree 10 Somewhat agree 11 Somewhat disagree 12 Strongly disagree 101 Don't Know 90 Refused	
865	I fear I could become infected with HIV if I were to be exposed to the saliva of a person who has HIV/AIDS Circle one	9 Strongly agree 10 Somewhat agree 11 Somewhat disagree 12 Strongly disagree 101 Don't Know 90 Refused	
866	I have no risk of getting HIV. Circle one	9 Strongly agree 10 Somewhat agree 11 Somewhat disagree 12 Strongly disagree 101 Don't Know 90 Refused	
867	I am at risk of getting HIV. Circle one	9 Strongly agree 10 Somewhat agree 11 Somewhat disagree 12 Strongly disagree 101 Don't Know 90 Refused	
868	I want to reduce my risk of getting HIV. Circle one	9 Strongly agree 10 Somewhat agree 11 Somewhat disagree 12 Strongly disagree 101 Don't Know 90 Refused	
869	I know ways to reduce my risk. Circle one	9 Strongly agree 10 Somewhat agree 11 Somewhat disagree 12 Strongly disagree 101 Don't Know 90 Refused	
870	I have a plan for how I will reduce my risk. Circle one	9 Strongly agree 10 Somewhat agree 11 Somewhat disagree 12 Strongly disagree 101 Don't Know	

		90 Refused	
871	I like my HIV prevention plan. Circle one	9 Strongly agree 10 Somewhat agree 11 Somewhat disagree 12 Strongly disagree 101 Don't Know 90 Refused	
872	I'm sure I can follow my HIV prevention plan. Circle one	9 Strongly agree 10 Somewhat agree 11 Somewhat disagree 12 Strongly disagree 101 Don't Know 90 Refused	

7.2 HIV Testing

No.	Question	Response	Skip
873	In the last 12 months, have you been offered an HIV test? Circle one	5 Yes 6 No 101 Don't Know 90 Refused	
874	In the last 12 months, have you been tested for HIV? Circle one	7 No 8 Yes, one time 9 Yes, more than once 101 Don't Know 90 Refused	If Yes, SKIP to 737. Otherwise SKIP to 772
875	IF No to 736, why have you not been tested for HIV? Do not read list but circle all that are mentioned	19 I'm worried that people would find out my test results 20 I don't know where to get tested. 21 Getting tested is too expensive. 22 The places for HIV testing are too far away. 23 The hours for HIV testing are inconvenient. 24 It's difficult to get to HIV testing places on public transportation. 25 The people that provide HIV testing will treat me differently because I am a sex worker. 26 I am not at risk for HIV. HIV is not a serious health condition. 27 I am worried that people will treat me poorly if the test result is positive. 101 Don't Know 90 Refused	SKIP to 738.
876	Was the decision to be tested for HIV up to you or were you pressured, forced, or unknowingly tested?	11 Yes, it was completely my decision to be tested. 12 It was my decision to be tested, but it was under pressure from others 13 I was forced to take an HIV test. 14 I was tested without my knowledge 15 I only found out after the test had been done 101 Don't Know 90 Refused	
877	In your opinion, are MSM hesitant to take an HIV test due to fear of people's reaction if the test result is positive for HIV? Circle one	5 Yes 6 No 101 Don't Know 90 Refused	
878	In the last 12 months, where have you been tested for HIV? Do not read list but circle all that are mentioned	11 Drop-in center 12 Mobile outreach 13 Peer educator 14 Government health facility 15 Other (Specify) _____ 101 Don't Know 90 Refused	

No.	Question	Response	Skip
879	Where was the last place you were tested for HIV? Circle one	11 Drop-in center 12 Mobile outreach 13 Peer educator 14 Government health facility 15 Other (Specify) _____ 101 Don't Know 90 Refused	
The following questions refer only to the LAST TIME you were tested for HIV.			
880	Overall, how satisfied were you with the HIV testing services? Circle one	9 Very satisfied 10 Satisfied 11 Not satisfied 12 Very unsatisfied 101 Don't Know 90 Refused	
881	The last time you were tested for HIV, how professional was the staff? Circle one	9 Very professional 10 Somewhat professional 11 Somewhat unprofessional 12 Very unprofessional 101 Don't Know 90 Refused	
882	The last time you were tested for HIV, how friendly was the staff? Circle one	9 Very friendly 10 Somewhat friendly 11 Not friendly 12 Not friendly at all 101 Don't Know 90 Refused	
883	Would you use these HIV testing services again? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
884	Would you recommend these HIV testing services to a friend? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
Again, for the following questions, think only about the last time you were tested for HIV.			
885	<i>Before you were tested for HIV, did the counselor explain why you should get tested for HIV?</i> Circle one	5 Yes 6 No 101 Don't know 90 Refused	
886	<i>Before you were tested for HIV, did the counselor explain to you the type of test that was used?</i>	1 Yes 2 No 99 Don't know	

	Circle one	88 Refused	
887	Before you were tested for HIV, did the counselor explain to you the meaning of a positive and negative result? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
888	Before you were tested for HIV, did the counselor explain to you that if managed with antiretroviral therapy (ART) and quality clinical care, HIV infection may be controlled as a chronic condition? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
889	Before you were tested for HIV, did the counselor explain to you the test result is confidential- that is, no one will know the results of your test unless you tell them? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
890	Before you were tested for HIV, did the counselor explain to you disclosure of a positive result is needed to receive treatment for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
891	Before you were tested for HIV, did the counselor explain to you that you can choose not to get tested and still receive all other services that are provided? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
Again, for the following questions, think only about the last time you were tested for HIV.			
892	The last time you were tested for HIV, were you able to ask questions about HIV/AIDS and about getting tested for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
893	The last time you were tested for HIV, were you encouraged to ask questions about the testing process? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
894	The last time you were tested for HIV, did you feel that your confidentiality was protected – that is, that no one would know that your test result unless you told them?	1 Yes 2 No 99 Don't know 88 Refused	

		101 Don't Know 90 Refused	
901	If positive: When you received your test results, did you receive a referral to care, support and treatment? Circle one	1 Yes 2 No 99 Don't know 88 Refused	If No, SKIP to 764
902	If yes to 762: Have you contacted the referral to receive care, support and treatment? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
903	IF POSITIVE: Are you currently taking antiretroviral medications daily for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	If Yes, SKIP to 767.
904	IF NO to 765: Why are you not receiving treatment for HIV? CIRCLE ALL THAT APPLY	25 I am worried that people will find out that I am HIV positive. 26 Treatment for HIV is too expensive. 27 I don't know where to go to receive treatment for HIV. 28 I'm worried that doctors will treat me poorly because I am a sex worker. 29 I'm worried that doctors will treat me poorly because I am HIV positive. 30 HIV treatment is not effective. 31 The places that provide HIV treatment are too far away. 32 The places that provide HIV treatment are difficult to get to on public transportation. 33 The hours for receiving HIV treatment are inconvenient. 34 You have to wait a long time to get an appointment. 35 In the past, doctors have treated me poorly. 36 Because I am a sex worker. 101 Don't Know 90 Refused	
905	IF POSITIVE: In the last 12 months, have you been fearful of any of the following things happening to you – whether or not they actually have happened to you – because you are HIV positive? Circle all that apply	9 Being gossiped about 10 Being verbally insulted, harassed and/or threatened 11 Being physically harassed and/or threatened 12 Being physically assaulted 101 Don't Know 90 Refused	
906	IF POSITIVE: How often have you felt excluded from social gatherings or activities because of your HIV status? Circle one	9 Often 10 Sometimes 11 Rarely 12 Never	

		101 Don't Know 90 Refused	
907	IF POSITIVE: How often have you been denied health services because of your HIV status? Circle one	9 Often 10 Sometimes 11 Rarely 12 Never 101 Don't Know 90 Refused	
796	IF POSITIVE: How often have you felt gossiped about because of your HIV status? Circle one	9 Often 10 Sometimes 11 Rarely 12 Never 101 Don't Know 90 Refused	
797	IF POSITIVE In the last 12 months, have you experienced any of the following feelings <i>because of your HIV status</i> ? Circle all that apply	13 I feel ashamed 14 I feel guilty 15 I blame myself 16 I blame others 17 I have low self-esteem 18 I feel I should be punished 101 Don't Know 90 Refused	

7.3 Quality of condom and lubricant information and distribution services

No.	Question	Response	Skip
798	In the last 12 months, have you received condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV? Circle one	7 No 8 Yes, one time 9 Yes, more than once 101 Don't Know 90 Refused	If No, SKIP 774.

799	If yes to 772: In the last 12 months, where did you receive condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV? CIRCLE ALL THAT APPLY	12 Drop-in center 13 Mobile outreach 14 Peer educator 15 Government health facility 16 Private doctor/clinic 17 Pharmacy 18 Bar, restaurant, or nightclub 19 StreetHotel/guest house/lodge 20 Shop/kiosk 21 My partner always gets the condoms 22 Other (Specify) _____ 100 Don't Know 89 Refused	
800	Where is the last place you received condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV? Circle one	11 Drop-in center 12 Mobile outreach 13 Peer educator 14 Government health facility 15 Other (Specify) _____ 101 Don't Know 90 Refused	
The following questions refer only to the LAST TIME you received condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV.			
No.	Question	Response	Skip
801	Overall, how satisfied were you with the condom and lubricant distribution services? Circle one	5 Very satisfied 6 Satisfied 7 Not satisfied 8 Very unsatisfied 100 Don't Know 89 Refused	
802	Overall, how professional was the staff? Circle one	9 Very professional 10 Somewhat professional 11 Somewhat unprofessional 12 Very unprofessional 101 Don't Know 90 Refused	
803	Overall, how friendly was the staff? Circle one	9 Very friendly 10 Somewhat friendly 11 Not friendly 12 Not friendly at all 101 Don't Know 90 Refused	
804	Would you use these condom and lubricant distribution services again?	1 Yes 2 No 99 Don't know	

	Circle one	88 Refused	
805	Would you recommend these condom and lubricant distribution services to a friend? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
The LAST TIME you received condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV,			
806	Were you asked if you needed any information on condoms and condom lubricants? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
807	Were you asked if you understood how to use condoms and condom-lubricants? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
808	How comfortable did you feel asking a staff member questions about using condoms and lubricants? Circle one	5 Very comfortable 6 Somewhat comfortable 7 Somewhat uncomfortable 8 Very uncomfortable 100 Don't Know 89 Refused	
809	Were condoms provided in a respectful manner? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
810	Were you provided with enough information on how to use condoms? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
772	How often are condoms available? Circle one	7 Always 8 Sometimes 9 Rarely 10 Never 11 99Don't Know 12 88Refused	
773	How often is condom/lube available? Circle one	7 Always 8 Sometimes 9 Rarely 10 Never 11 99Don't Know 12 88Refused	
774	Were you encouraged to come back before you were out of condoms and	1 Yes 2 No	

	condom-compatible lubricants? Circle one	99 Don't know 88 Refused	
775	Were you encouraged to tell friends about condom and condom-compatible lubricants distribution service? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
776	Did you feel that your needs for condoms and lubricants were met? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
777	For how long have you been receiving HIV services from (Organizations Name)	5. Less than 6 Months 6. 6 – 12 month 7. 1 – 2 years 8. Greater than 2 years 99 Don't Know 88 Refused	

Now I'm going to ask you a few questions about the things that MSM may or may not do to try to stay healthy.		
778	In general, where do MSM go for health care - that is, if they are sick or want to see a doctor or nurse? PROBE: Where do MSM go if they have a question about their health or are worried about their health? Why do MSM go to those places and not others? PROBE: Why do you think some MSM might not go for health care?	
779	Now imagine that an MSM goes to the doctor. How would he decide whether or not to tell the doctor that he has sex with men? PROBE: What kinds of things would make him more likely to tell the doctor	

	that he is an MSM? What kind of things would make him less likely to tell the doctor? What would happen if he told the doctor?	
780	<i>We know that MSM are at risk of HIV, but only some get tested for HIV.</i> What types of things prevent MSM from getting tested for HIV? PROBE: What about stigma? Concerns about privacy?	
781	What types of things prevent MSM from getting treatment for HIV?	
782	What would you recommend to someone who was developing health care services specifically to get more MSM to use HIV prevention services?	

783	Is there anything else that I haven't asked you about providing HIV prevention services to MSM that you would like to share with me?	
784	There has been emotive debate in recent past on whether or not the rights of MSM should be upheld. Can you enumerate the instances where your rights have been violated or denied because you were known or perceived to be MSM? [List as many instances as you are able to recall]	

Thank you for taking the time to share your thoughts and experiences with me today.

MSM Non-Client Service Quality Survey

Date: _____

Questionnaire ID: _____

Venue: _____

Geographic region: _____

Specific region: _____

Neighborhood: _____

PARTICIPANT CONSENT FORM

Title: A Performance Evaluation of Ghana's HIV Prevention Program for At-Risk Populations

Principal Investigator: Amos Laar, PhD,

Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

General Information about Research

You are being asked to participate in a research study to learn more about the experiences of certain key populations with HIV prevention services in Ghana. The purpose of the research is to learn: 1) how these populations have used HIV prevention services in Ghana, 2) the quality of these services, 3) how satisfied these populations are with these services and 4) what barriers exist to using HIV prevention services. Your participation in this research should take approximately 60-90 minutes. You will be asked to participate in a one-on-one interview and/or group discussion about your experience using HIV prevention services. Your participation will help improve HIV prevention services for both the key populations and the general population in Ghana.

Possible Risks and Discomforts

The risks of your participation are minimal. The main risk resulting from your participation is feeling uncomfortable answering some of the questions. Your participation is completely voluntary. Should you feel uncomfortable answering any question(s), you can choose to skip that question(s) and continue with the interview. You are also welcome to end the interview at any time.

Possible Benefits

You are not likely to personally benefit from participating in this research study. However, your participation will help improve HIV prevention services for both the key populations and the general population in Ghana.

Alternatives to Participation

There are no alternatives to participation. The only alternative to participation is to simply not participate.

Confidentiality

All information that you share with the interviewer will be protected to the best of our ability. You will not be named in any reports. Any documents with identifying information will be kept in a locked filing cabinet for 5 years after the study is completed and then will be destroyed. Any identifying information that is stored electronically (i.e., on a computer) will be kept on a secure computer and will require a password to access. Only staff who work on this research project will have access to your research information.

Compensation

You will be given 10 Ghana Cedis for participating in a survey interview or group discussion. This compensation will be provided to you in cash at the end of the interview.

Additional Cost

There are no additional costs that may result from participation in this research.

Voluntary Participation and Right to Leave the Research

Your participation in the survey interview or focus group is completely voluntary. You have the right to not participate in this research or to end your participation at any point in time. You also have the right to not answer any questions that you choose not to answer. Not participating or withdrawing from this research will not have any negative consequences and will not impact your ability to receive HIV prevention services.

Contacts for Additional Information

If you have any questions about the research, please contact Amos Laar, PhD,

Department of Population, Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Box Lg 13 Legon, 0244982176, alaar@ug.edu.gh or aklaar@yahoo.com

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.mimcom.org or HBaidoo@noguchi.mimcom.org. You may also contact the chairman, Rev. Dr. Ayete-Nyampong through mobile number 0208152360 when necessary.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title *(name of research)* has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

ORAL CONSENT VERIFICATION:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date

Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date

Name Signature of Person Who Obtained Consent

Section 1. Demographics

First, I would like to ask a few background questions, just to learn more about you.

No.	Question	Response	Skip
101.	What nationality are you? Circle one	19 Ghana 20 Nigeria 21 Togo 22 Ivory Coast 23 Burkina Faso 24 Other (Specify) _____ 102 Don't Know 91 Refused	If not 1 skip to 103
102.	What ethnicity are you? Circle one	28 Akan 29 Ewe 30 Ga Adangbe 31 Hausa 32 Krobo 33 Mole/Dagbani 34 Grusi 35 Gruma 36 Other (Specify) _____ 102 Don't Know 91 Refused	
103.	How old were you on your last birthday? Circle one	____ Years 99 Don't Know 88 Refused	
104.	What is your marital status? Circle one	21 Living with spouse 22 Separated 23 Divorced 24 Widowed 25 Never Married 99 Don't Know 88 Refused	If 1 skip to 106
105.	Do you currently live with a boyfriend or partner who is not a spouse? Circle one	1 Yes 2 No 102 Don't Know 91 Refused	
106.	What is your religion? Circle one	16 Christian 17 Muslim 18 Traditional	

		19 Other (Specify)_____ 20 No religion 102 Don't Know 91 Refused	
107.	Have you ever attended school? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 10
108.	What is the highest level of school you have attended? Circle one	13 Primary 14 Middle/Junior Secondary/JHS 15 Senior Secondary/SHS/Technical/Vocational 16 Higher/Tertiary 102 Don't Know 91 Refused	
109.	How many living children do you have? Circle one	Number of children _____ 99 Don't Know 88 Refused	
110.	Do you CURRENTLY have a cell phone? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If Yes, SKIP to 11
111.	IF NO: Do you CURRENTLY have access to a cell phone? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
112.	IN GENERAL, how often do you use a cell phone? Circle one	13 Always 14 Sometimes 15 Rarely 16 Never 102 Don't Know 91 Refused	IF NEVER SKIP TO 115
113.	In the past 12 months, have you ever received health information – such as information about how to reduce your risk of HIV - by text message? Circle one	10 No 11 Yes, one time 12 Yes, more than once 99 Don't Know 88 Refused	If No, SKIP to 11
114.	IF YES: How useful was the health information that you received by text message? Circle one	13 Very useful 14 Somewhat useful 15 Not that useful 16 Not useful at all 102 Don't Know 91 Refused	
115.	Have you ever heard of the Text me! Flash me! Call Me! Helpline? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 119.
116.	IF YES: In the past 12 months, have you	10 No	If No, SKIP to

	used the Text me! Flash me! Call Me! Helpline? Circle one	11 Yes, one time 12 Yes, more than once 99 Don't Know 88 Refused	118.
117.	IF USED: How satisfied were you with the Text me! Flash me! Call Me! Helpline? Circle one	16 Very satisfied 17 Somewhat satisfied 18 Somewhat dissatisfied 19 Very dissatisfied 99 Don't Know 88 Refused	SKIP to 119.
118.	IF HEARD OF, BUT NOT USED: In general, are the things you have heard about Text me! Flash me! Call Me! Helpline: Circle one	16 Very positive 17 Somewhat positive 18 Somewhat negative 19 Very negative 99 Don't Know 88 Refused	
119.	In the past 12 months, have you used the internet to get information about HIV prevention specifically for men who have sex with men? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
120.	How often do you use the internet to get information about HIV prevention and risk reduction? Circle one	13 Often 14 Sometimes 15 Rarely 16 Never 99 Don't Know 88 Refused	
121.	In general, how often do you use the internet? Circle one	15 Always 16 Sometimes 17 Rarely 18 Never 99 Don't Know 88 Refused	
122	If there is a service that allows you to send text message and request for HIV and AIDS information, would you be willing to use it? If your confidentiality and privacy are completely assured.	• 1 Yes • 2 Probably • 3 Not sure • 4 Probably not 5 No 88. Refused	
123	If there is a service that provides periodic HIV and AIDS information (e.g weekly, month etc) would you be willing to allow the program (e.g WAPCAS) to send the messages to you through your mobile phone? If your confidentiality and privacy are completely assured.	• 1 Yes • 2 Probably • 3 Not sure • 4 Probably not 5 No 88. Refused •	
124	If there is a service to provide HIV and AIDS information to Key Populations	12. Peer educators 13. Drop-in –Centers	

	(MARPs) in Ghana, what would be your preferred platform for such a service? (read out list and Circle all that apply)	14. Mobile Outreach 15. TV/Radio 16. Text Messaging 17. Facebook, 18. Twitter, 19. WhatsApp 20. Email 21. Web Portal 22. Other (Specify) 100 Don't Know 88 Refused	
125	If there is a service to provide HIV and AIDS information to Key Populations in Ghana, what are the three (3) key areas that you would like to receive information on? (circle maximum of three)	11. General HIV Prevention/Risk Reduction (A, B, C) 12. HTC 13. Condoms Availability 14. PMTCT 15. ART 16. Lubricants 17. STIs 18. STI referral 19. Link to Service Providers 20. Other (specify) 99 Don't Know 88 Refused	

Section 2. Service use

In the following section I am going to ask you general questions about your knowledge and use of particular health services available in your area.

No.	Question	Response	Skip
226	Have you heard of MSM peer health educators? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 205.
227	IF YES: In general, are the things you have heard about peer health educators: Circle one	9 Very positive 10 Somewhat positive 11 Somewhat negative 12 Very negative 101 Don't Know 90 Refused	
228	In general, what have you heard about peer educators?	5 Specify _____ 6 _____	

		103 Don't Know 90 Refused	
229	Why don't you use the services of MSM peer educators in your area? Circle all that apply	14. Had never heard of them 15. Do not know how to contact/find one 16. Am afraid people will find out I am a sex worker 17. Am afraid my services/information won't be kept confidential 18. Do not need peer educator services 19. Too busy/not enough time 20. Other (specify): _____ 99 Don't know 89 Refused to answer	

The next several questions are going to ask you about services provided by mobile outreach. By mobile outreach, I mean a party or other event that is held not at a drop-in center and designed specifically to provide information and services to sex workers.

No.	Question	Response	Skip
230	Have you heard of services being provided by mobile outreach staff? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 216.
231	In general, are the things you have heard about the services provided by mobile outreach staff: Circle one	5 Very positive 6 Somewhat positive 7 Somewhat negative 8 Very negative 100 Don't Know 89 Refused	
232	In general, what have you heard about the services provided by mobile outreach staff?	3 Specify _____ 4 _____ 100 Don't Know 89 Refused	
233	Why have you, personally, not used services provided by mobile outreach staff?	7. Too busy/no time 8. No need for services offered 9. Afraid sex work will become known	

		10. Hours of outreach are inconvenient 11. Lack of transport 12. Other(specify)_____	
Now imagine that you wanted to receive information and services about to help reduce your risk of HIV. How important would the following aspects of services be to you, personally?			
234	The hours are convenient. Circle one	5 Very important 6 Somewhat important 7 Not important 8 Not important at all 100 Don't Know 89 Refused	
235	Services are low-cost or free. Circle one	5 Very important 6 Somewhat important 7 Not important 8 Not important at all 100 Don't Know 89 Refused	
236	Location is convenient. Circle one	1 Very important 2 Somewhat important 3 Not important 4 Not important at all 99 Don't Know 88 Refused	
237	Location is near public transportation. Circle one	1 Very important 2 Somewhat important 3 Not important 4 Not important at all 99 Don't Know 88 Refused	
238	Staff are friendly Circle one	1 Very important 2 Somewhat important 3 Not important	

		4 Not important at all 99 Don't Know 88 Refused	
239	Staff are professional. Circle one	1 Very important 2 Somewhat important 3 Not important 4 Not important at all 99 Don't Know 88 Refused	
240	Staff are men who have sex with men Circle one	1 Very important 2 Somewhat important 3 Not important 4 Not important at all 99 Don't Know 88 Refused	
241	Staff won't judge me Circle one	1 Very important 2 Somewhat important 3 Not important 4 Not important at all 99 Don't Know 88 Refused	
242	In the past 12 months, have you been screened for a sexually transmitted infection other than HIV? Circle one	4 Yes, more than once 5 Yes, one time 6 No 100 Don't Know 89 Refused	
243	If yes, where was the last place that you were screened for a sexually	4 Government health facility 5 Private clinic/Doctor	

	transmitted infection other than HIV?	6 Other (Specify) _____ 100 Don't Know 89 Refused	
	Circle one		

Section 3. HIV Knowledge and Attitudes

No.	Question	Response	Skip
Please indicate whether you agree or disagree with the following statements.			
309.	People living with HIV/AIDS in this community should be treated the same by health care professionals as people with other illnesses Circle one	5 Strongly agree 6 Somewhat agree 7 Somewhat disagree 8 Strongly disagree 100 Don't Know 89 Refused	
3010.	People talk badly about people living with or thought to be living with HIV to others Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
3011.	People living with or thought to be living with HIV lose standing or respect in their family or community Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
3012.	I fear I could become infected with HIV if I were to be exposed to the saliva of a person who has HIV/AIDS Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
3013.	If you kiss someone on the cheek that has HIV/AIDS, you might get infected Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
3014.	If you are coughed or sneezed on by someone who has HIV/AIDS, you are likely to contract the infection Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
3015.	I fear I could become infected with HIV if I were to be exposed to the sweat of a	1 Strongly agree 2 Somewhat agree	

	person who has HIV/AIDS Circle one	3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
3016.	I would be ashamed if someone in my family had HIV Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
316.	A person with HIV/AIDS should be allowed to work with other people Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
317.	People with HIV should be allowed to participate in social events in this community Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
318.	People with AIDS should be isolated from other people Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
319.	People who have HIV/AIDS should be treated the same as everyone else Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
320.	A person with HIV/AIDS should be allowed to work with other people Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
321.	People with HIV should be allowed to participate in social events in this community Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
322.	People with AIDS should be isolated from other people Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
320.	People who have HIV/AIDS should be treated the same as everyone else Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree	

		99 Don't Know 88 Refused	
321.	People living with HIV/AIDS in this community should be treated the same by health care professionals as people with other illnesses Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
322.3	People talk badly about people living with or thought to be living with HIV to others. Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	
323.3	People living with or thought to be living with HIV lose standing or respect in their family or community Circle one	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 99 Don't Know 88 Refused	

Section 4. Transactional Sex: Many MSM receive money or gifts in exchange for sex.

No.	Question	Response	Skip
429	In the past 12 months, have you accepted money, housing, food, or other items in exchange for sex? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	If No, SKIP to 421.
430	At what age did you start accepting money and gifts for sex?	2 _____ Years old 100 Don't Know 89 Refused	
431	Who introduced you to this practice (of accepting money or food in exchange for sex)? Circle one	6 Mother 7 Father 8 Other relative 9 Friend 10 Boy/friend/spouse 11 Other (Specify) _____ 100 Don't Know 89 Refused	
432	Where do you find most of your clients? Circle one	6 Home 7 Hotel/Guest house 8 Bar/Nightclub 9 Street 10 Other (Specify) _____ 100 Don't Know 89 Refused	
433	Where do you usually take your clients for sex? Circle one	6 Home 7 Hotel/Guesthouse 8 Bar/Nightclub	

		9 Car/Vehicle 10 Other (Specify) _____ 100 Don't Know 89 Refused	
434	How do your clients usually pay you? Circle one	4 In cash 5 In kind (clothing, food, shelter) 6 Both 100 Don't Know 89 Refused	
435	On average, how much do you earn a week from sex work? Circle one	2 _____ GHC 100 Don't Know 89 Refused	
436	Other than sex work, do you have another means of earning money? Circle one	3 No 4 Yes 100 Don't Know 89 Refused	
437	How many people did you have sex with in the past week?	2 _____ people 100 Don't Know 89 Refused	
438	Of all the people you had sex with in the past week, how many were:	6 _____ Paying one-time clients 7 _____ Paying regular clients 8 _____ One-time non-paying partners 9 _____ Spouse/lover/boyfriend 10 _____ Other (specify) _____ 100 Don't Know 89 Refused	
439	In general, paying one-time clients are: Circle one	8 1-5 years younger than me 9 6-10 years younger than me 10 More than 10 years younger than me 11 Same age as me 12 1-5 years older than me 13 6-10 years older than me 14 More than 10 years older than me 100 Don't Know 89 Refused	
440	In general, paying regular clients are: Circle one	1 1-5 years younger than me 2 6-10 years younger than me 3 More than 10 years younger than me 4 Same age as me 5 1-5 years older than me 6 6-10 years older than me 7 More than 10 years older than me 99 Don't Know 88 Refused	
441	In general, non-paying one-time partners are:	1 1-5 years younger than me 2 6-10 years younger than me 3 More than 10 years younger than me	

	Circle one	4 Same age as me 5 1-5 years older than me 6 6-10 years older than me 7 More than 10 years older than me 99 Don't Know 88 Refused	
442	My spouse, lover, or boyfriend is: Circle one	1 1-5 years younger than me 2 6-10 years younger than me 3 More than 10 years younger than me 4 Same age as me 5 1-5 years older than me 6 6-10 years older than me 7 More than 10 years older than me 99 Don't Know 88 Refused	

No.	Question	Response	Skip
443	Of all the people (either paying or non-paying partner) that you have had sex with in the past 12 months, were some (at least one) females? Circle one	4 Yes 5 No 6 Don't remember 100 Don't Know 89 Refused	If No, SKIP to 418.
444	The last time you had vaginal intercourse with a paying partner, did you use a condom? [ASK ONLY IF ANSWERS YES TO Q515] Circle one	1 Yes 2 No 3 Don't remember 99 Don't Know 88 Refused	
445	The last time you had vaginal intercourse with a non-paying partner, did you use a condom? Circle one	1 Yes 2 No 3 Don't remember 99 Don't Know 88 Refused	
446	Have you ever had anal sex? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	If No, SKIP to 501.
447	The last time you had anal sex with a paying partner, did you use a condom? Circle one	3 Yes 4 No 100 Don't remember 89 Refused	
448	The last time you had anal sex with a non-paying partner, did you use a condom? Circle one	3 Yes 4 No 100 Don't remember 89 Refused	ALL SKIP to 501.
FOR MSM WHO HAVE NOT ENGAGED IN SEX WORK:			
449	How many people did you have sex with in the past week? Circle one	2 _____ people 100 Don't Know 89 Refused	

450	Of all the people you had sex with in the past week, how many were:	4 ___ One-time casual partners 5 ___ Spouse/lover/boyfriend/girlfriend 6 ___ Other (specify) _____ 100 Don't Know 89 Refused	
451	Of all the people you had sex with in the past week, how many were:	3 ___ Men 4 ___ Women 100 Don't Know 89 Refused	
No.	Question	Response	Skip
452	In general, are your partners: Circle one	8 The same age as you 9 1-5 years younger than you 10 6-10 years younger than you 11 More than 10 years younger than you 12 1-5 years older than you 13 6-10 years older than you 14 More than 10 years older than you 100 Don't Know 89 Refused	
453	Have you had vaginal intercourse in the past 12 months? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	If No, SKIP to 427.
454	IF YES: The last time you had vaginal intercourse, did you use a condom? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	
455	Have you had anal intercourse in the past 12 months? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 501.
456	IF YES: The last time you had anal intercourse, did you use a condom? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	

Section 5. Violence

For the following questions, think only about <i>your main or most recent spouse, lover, or boyfriend.</i>			
No.	Question	Response	Skip
525	My partner explained his side or suggested a compromise for a disagreement with me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
526	My partner insulted or swore or shouted or yelled at me	1 Never 2 Not in past year, but it did happen before 3 Once in past year	

	Circle one	4 More than once in past year 99 Don't Know 88 Refused	
527	I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
528	My partner showed respect for, or showed that he cared about my feeling about an issue we disagreed on Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
529	My partner pushed, shoved, or slapped me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
530	My partner punched or kicked or beat-me-up Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
531	My partner destroyed something belonging to me or threatened to hit me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
532	I went see a doctor or needed to see a doctor because of a fight with my partner Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
533	My partner used force (like hitting, holding down, or using a weapon) to make me have sex Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
534	My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force) Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	

DATA COLLECTORS: DID THIS PARTICIPANT REPORT ACCEPTING MONEY OR GIFTS FOR SEX IN THE LAST SECTION?

☐ YES ☐ NO

IF CHECKED YES, SKIP TO 601.

If NO, PROCEED TO 511

READ: For the following questions, think only about your paying partners .			
No.	Question	Response	Skip
535	A paying partner insulted or swore or shouted or yelled at me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
536	I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with a paying partner Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
537	A paying partner pushed, shoved, or slapped me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
538	A paying partner punched or kicked or beat-me-up Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
539	A paying partner destroyed something belonging to me or threatened to hit me Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
540	I went see a doctor or needed to see a doctor because of a fight with a paying partner Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
541	A paying partner used force (like hitting, holding down, or using a weapon) to make me have sex Circle one	1 Never 2 Not in past year, but it did happen before 3 Once in past year 4 More than once in past year 99 Don't Know 88 Refused	
542	A paying partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force) Circle one	5 Never 6 Not in past year, but it did happen before 7 Once in past year 8 More than once in past year 100 Don't Know 89 Refused	
543	During the last 12 months, have you ever avoided arrest by providing a police officer with a sexual favor?	1 Yes 2 No 99 Don't Know 88 Refused	If No, SKIP to 521.

	Circle one		
544	IF yes: How often in the last 12 months have you avoided arrest by providing a police officer with a sexual favor? Circle one	5 Often 6 Sometimes 7 Rarely 8 Never 100 Don't Know 89 Refused	
545	During the last 12 months, have you been forced to not use condoms during sex? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	If No, SKIP to 523.
546	IF YES: who forced you to not use condoms during sex? Circle one	5 Paying one-time client 6 Paying regular client 7 Non-paying spouse, partner, or boyfriend 8 Other (specify) _____ 100 Don't Know 89 Refused	
547	During the last 12 months, have you been beaten or physically abused as a result of doing sex work? Circle one	3 Yes 4 No 100 Don't Know 89 Refused	If No, SKIP to 601.
548	IF Yes: who beat you or physically abused you as a result of doing sex work? Circle one	6 Paying one-time client 7 Paying regular client 8 Non-paying spouse, partner, or boyfriend 9 Family member 10 Other (specify) _____ 100 Don't Know 89 Refused	

Section 6. Substance Use

Now I will ask you some questions about your alcohol use. By alcohol use we mean drinking a bottle of beer, a glass of wine, shot of spirits, and glass or can of home or local brews.			
No.	Question	Response	Skip
643	How often do you have a drink containing alcohol? Circle one	16 Never 17 Once a month or less 18 2-4 times a month 19 2-3 times a week 20 4 or more times a week 102 Don't Know 91 Refused	
644	How many drinks containing alcohol do you have on a typical day when you are drinking?	16 1 - 2 17 3- 4 18 5- 6	

	Circle one	19 7– 9 20 10 or more 102 Don't Know 91 Refused	
645	In the past year how often have you drunk alcohol before sex? Circle one	19 Always 20 Sometimes 21 Rarely 22 Never 23 99Don't Know 24 88Refused	
646	How often do you have 6 or more drinks one occasion? Circle one	22 Never 23 Less than monthly 24 Monthly 25 Weekly 26 Daily or almost daily 27 99Don't Know 28 88Refused	
647	How often during the last year have you found that you have not been able to stop drinking once you started? Circle one	22 Never 23 Less than monthly 24 Monthly 25 Weekly 26 Daily or almost daily 27 99Don't Know 28 88Refused	
648	How often during the past year have you failed to do what was expected of you because of drinking? Circle one	22 Never 23 Less than monthly 24 Monthly 25 Weekly 26 Daily or almost daily 27 99Don't Know 28 88Refused	
649	How often during the past year did you have to use 'a first drink in the morning' to get yourself going after a heavy drinking session? Circle one	22 Never 23 Less than monthly 24 Monthly 25 Weekly 26 Daily or almost daily 27 99Don't Know 28 88Refused	
650	How often during the past year have you had a feeling of guilt or remorse after drinking? Circle one	22 Never 23 Less than monthly 24 Monthly 25 Weekly	

		26 Daily or almost daily 27 99 Don't Know 28 88 Refused	
No.	Question	Response	Skip
651	How often during the past year have you been unable to remember what happened the night before because you had been drinking? Circle one	16 Never 17 Less than monthly 18 Monthly 19 Weekly 20 Daily or almost daily 102 Don't Know 91 Refused	
652	Have you or someone else been injured because of your drinking? Circle one	16 Never 17 Less than monthly 18 Monthly 19 Weekly 20 Daily or almost daily 102 Don't Know 91 Refused	
653	Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested that you should cut down? Circle one	16 Never 17 Less than monthly 18 Monthly 19 Weekly 20 Daily or almost daily 102 Don't Know 91 Refused	
Now I'm going to ask you about the use of other addictive substances such as cocaine, heroin, and other substances that alter your mood and are not prescribed by a health care professional.			
654	READ: Some people have used a range of such substances. Have you ever used any of these substances, even once?		
612a	Cocaine Circle one	10 Yes, more than once 11 Yes, one time 12 No 102 Don't Know 91 Refused	
612b	Heroin Circle one	10 Yes, more than once 11 Yes, one time 12 No 102 Don't Know 91 Refused	
612c	Marijuana (Weed) Circle one	10 Yes, more than once 11 Yes, one time 12 No 102 Don't Know 91 Refused	
612d	Valium Circle one	10 Yes, more than once 11 Yes, one time 12 No	

		102 Don't Know 91 Refused	
612e	Sleeping pills Circle one	10 Yes, more than once 11 Yes, one time 12 No 102 Don't Know 91 Refused	
612f.	Other drugs (specify): _____ Circle one	10 Yes, more than once 11 Yes, one time 12 No 102 Don't Know 91 Refused	
655	Some people have tried injecting drugs using a syringe. Have you injected drugs recreationally in the last 12 months? Circle one	10 Yes, more than once 11 Yes, one time 12 No 102 Don't Know 91 Refused	If No, SKIP to 70
656	If Yes to 613: With how many people have you ever shared needles or syringes? Circle one	10 None 11 1-2 people 12 or more people 102 Don't Know 91 Refused	

Section 7. Service Quality

7.1. HIV-related information and risk reduction services

No.	Question	Response	Skip
908	Have you received HIV-related information and risk reduction counseling in the past 12 months? Circle one	10 Yes, more than once 11 Yes, one time 12 No 102 Don't Know 91 Refused	If Yes, SKIP to 70
909	If NO, In your neighborhood, do you know a place where people can get advice about AIDS and get tested for HIV? Circle one	1 Yes 2 No 99 Don't Know 88 Refused	If No, Skip to 72
910	IF YES: In the past 12 months, where have you received HIV-related information and risk reduction counseling? Circle one	16 Drop-in center 17 Mobile outreach 18 Peer educator 19 Government health facility 20 Other (Specify) _____ 102 Don't Know 91 Refused	
911	Where was the LAST PLACE that you received HIV-related information and	16 Drop-in center 17 Mobile outreach	

	risk reduction counseling? Circle one	18 Peer educator 19 Government health facility 20 Other _____ (Specify) _____ 102 Don't Know 91 Refused	
The following questions refer only to the LAST TIME you received HIV-related information and risk reduction counseling.			
912	The last time you received HIV-related information and risk reduction counseling, how satisfied were you with the HIV counseling services? Circle one	13 Very satisfied 14 Satisfied 15 Not satisfied 16 Very unsatisfied 102 Don't Know 91 Refused	
913	The last time you received HIV-related information and risk reduction counseling, how professional was the staff? Circle one	13 Very professional 14 Somewhat professional 15 Somewhat unprofessional 16 Very unprofessional 102 Don't Know 91 Refused	
914	The last time you received HIV-related information and risk reduction counseling, how friendly was the staff? Circle one	19 Very friendly 20 Somewhat friendly 21 Not friendly 22 Not friendly at all 99 Don't Know 88 Refused	
915	Would you use these HIV risk reduction counseling services again? Circle one	13 Yes 14 No 15 Don't Know 16 Refused	
916	Would you recommend these HIV risk reduction counseling services to a friend? Circle one	13 Yes 14 No 99 Don't Know 88 Refused	
917	Now think about the last time you received HIV risk reduction counseling. How much did the risk reduction counseling help you? Circle one	16 Helped a lot 17 Helped some 18 Did not help 99 Don't Know 88 Refused	
918	How much helpful information did you receive? Circle one	10 A lot of helpful information 11 A little helpful information 12 No helpful information 102 Don't Know 91 Refused	
919	When you saw the counselor, who talked the most? Circle one	10 I talked the most 11 The counselor talked the most 12 We talked the same amount 102 Don't Know	

		91 Refused	
920	When you saw the counselor, who listened the most? Circle one	10 I listened the most 11 The counselor listened the most 12 We listened the same amount 102 Don't Know 91 Refused	
921	To what extent did the counselor answer your questions and concerns about HIV? Circle one	10 A lot 11 Some 12 Not at all 102 Don't Know 91 Refused	
922	To what extent did the counselor help you think about what you were doing that puts you at risk for getting HIV? Circle one	10 A lot 11 Some 12 Not at all 102 Don't Know 91 Refused	
923	To what extent did the counselor help you make a plan to protect yourself from HIV? Circle one	10 A lot 11 Some 12 Not at all 102 Don't Know 91 Refused	
924	To what extent did the counselor help you come up with small steps you can take to make your HIV prevention plan work? Circle one	10 A lot 11 Some 12 Not at all 102 Don't Know 91 Refused	
925	Did the counselor tell you about other places you could go for help for HIV and health care related services? Circle one	7 Yes 8 No 102 Don't Know 91 Refused	
926	In your plan to reduce your HIV risk, who came up with the ideas what you will do? Circle one	10 I did 11 The counselor 12 We both did 102 Don't Know 91 Refused	
927	How much did the counselor help you with your plan to reduce HIV risk? Circle one	13 A lot 14 Somewhat 15 A little 16 Not at all 102 Don't Know 91 Refused	
928	How much did you help the counselor to develop a plan to reduce your HIV risk? Circle one	13 A lot 14 Somewhat 15 A little 16 Not at all	

		102 Don't Know 91 Refused	
929	How much did you tell the counselor about your sex life and use of drugs? Circle one	13 A lot 14 Somewhat 15 A little 16 Not at all 102 Don't Know 91 Refused	
722	How can people reduce their risk of contracting HIV/AIDS? DO NOT READ LIST OUT LOUD Check YES for all mentioned. Check NO for all not mentioned.		
722a	Use condoms Circle one	7 Yes 8 No 91	
722b	Reduce the number of sexual partners Circle one	7 Yes 8 No 102 91	
722c	Be faithful to one partner Circle one	7 Yes 8 No	
722d	Do not have casual sex Circle one	7 Yes 8 No 91 Refused	
722e	Do not have sex Circle one	7 Yes 8 No 102 Don't Know 91 Refused	
722f	Avoid contaminated needles Circle one	7 Yes 8 No 102 Don't Know 91 Refused	
722g	Avoid contact with infected people Circle one	7 Yes 8 No 102 Don't Know 91 Refused	
722h	Other (specify) _____ _____ Circle one	7 Yes 8 No 102 Don't Know 91 Refused	
Thank you. Now I would like to ask some additional questions about what you know about HIV.			
930	Can a healthy looking person be infected with HIV? Circle one	7 Yes 8 No 102 Don't Know 91 Refused	
Please indicate whether you agree or disagree with the following statements.			
No.	Question	Response	Skip
931	If you kiss someone on the cheek that	13 Strongly agree	

	has HIV/AIDS, you might get infected Circle one	14 Somewhat agree 15 Somewhat disagree 16 Strongly disagree 102 Don't Know 91 Refused	
932	If you are coughed or sneezed on by someone who has HIV/AIDS, you are likely to contract the infection Circle one	13 Strongly agree 14 Somewhat agree 15 Somewhat disagree 16 Strongly disagree 102 Don't Know 91 Refused	
933	I fear I could become infected with HIV if I were to be exposed to the sweat of a person who has HIV/AIDS Circle one	13 Strongly agree 14 Somewhat agree 15 Somewhat disagree 16 Strongly disagree 102 Don't Know 91 Refused	
934	I fear I could become infected with HIV if I were to be exposed to the saliva of a person who has HIV/AIDS Circle one	13 Strongly agree 14 Somewhat agree 15 Somewhat disagree 16 Strongly disagree 102 Don't Know 91 Refused	
935	I have no risk of getting HIV. Circle one	13 Strongly agree 14 Somewhat agree 15 Somewhat disagree 16 Strongly disagree 102 Don't Know 91 Refused	
936	I am at risk of getting HIV. Circle one	13 Strongly agree 14 Somewhat agree 15 Somewhat disagree 16 Strongly disagree 102 Don't Know 91 Refused	
937	I want to reduce my risk of getting HIV. Circle one	13 Strongly agree 14 Somewhat agree 15 Somewhat disagree 16 Strongly disagree 102 Don't Know 91 Refused	
938	I know ways to reduce my risk. Circle one	13 Strongly agree 14 Somewhat agree 15 Somewhat disagree 16 Strongly disagree 102 Don't Know 91 Refused	

939	I have a plan for how I will reduce my risk. Circle one	13 Strongly agree 14 Somewhat agree 15 Somewhat disagree 16 Strongly disagree 102 Don't Know 91 Refused	
940	I like my HIV prevention plan. Circle one	13 Strongly agree 14 Somewhat agree 15 Somewhat disagree 16 Strongly disagree 102 Don't Know 91 Refused	
941	I'm sure I can follow my HIV prevention plan. Circle one	13 Strongly agree 14 Somewhat agree 15 Somewhat disagree 16 Strongly disagree 102 Don't Know 91 Refused	

7.2 HIV Testing

No.	Question	Response	Skip
942	In the last 12 months, have you been offered an HIV test? Circle one	7 Yes 8 No 102 Don't Know 91 Refused	
943	In the last 12 months, have you been tested for HIV? Circle one	10 No 11 Yes, one time 12 Yes, more than once 102 Don't Know 91 Refused	If Yes, SKIP to 737. Otherwise SKIP to 772
944	IF No to 736, why have you not been tested for HIV? Do not read list but circle all that are mentioned	28 I'm worried that people would find out my test results 29 I don't know where to get tested. 30 Getting tested is too expensive. 31 The places for HIV testing are too far away. 32 The hours for HIV testing are inconvenient. 33 It's difficult to get to HIV testing places on public transportation. 34 The people that provide HIV testing will treat me differently because I am a sex worker. 35 I am not at risk for HIV. HIV is not a serious health condition. 36 I am worried that people will treat me poorly if the test result is positive. 102 Don't Know 91 Refused	SKIP to 738.
945	Was the decision to be tested for HIV up to you or were you pressured, forced, or unknowingly tested?	16 Yes, it was completely my decision to be tested. 17 It was my decision to be tested, but it was under pressure from others 18 I was forced to take an HIV test. 19 I was tested without my knowledge 20 I only found out after the test had been done 102 Don't Know 91 Refused	
946	In your opinion, are MSM hesitant to take an HIV test due to fear of people's reaction if the test result is positive for HIV? Circle one	7 Yes 8 No 102 Don't Know 91 Refused	
947	In the last 12 months, where have you been tested for HIV? Do not read list but circle all that are mentioned	16 Drop-in center 17 Mobile outreach 18 Peer educator 19 Government health facility 20 Other (Specify) _____ 102 Don't Know 91 Refused	

No.	Question	Response	Skip
948	Where was the last place you were tested for HIV? Circle one	16 Drop-in center 17 Mobile outreach 18 Peer educator 19 Government health facility 20 Other (Specify) _____ 102 Don't Know 91 Refused	
The following questions refer only to the LAST TIME you were tested for HIV.			
949	Overall, how satisfied were you with the HIV testing services? Circle one	13 Very satisfied 14 Satisfied 15 Not satisfied 16 Very unsatisfied 102 Don't Know 91 Refused	
950	The last time you were tested for HIV, how professional was the staff? Circle one	13 Very professional 14 Somewhat professional 15 Somewhat unprofessional 16 Very unprofessional 102 Don't Know 91 Refused	
951	The last time you were tested for HIV, how friendly was the staff? Circle one	13 Very friendly 14 Somewhat friendly 15 Not friendly 16 Not friendly at all 102 Don't Know 91 Refused	
952	Would you use these HIV testing services again? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
953	Would you recommend these HIV testing services to a friend? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
Again, for the following questions, think only about the last time you were tested for HIV.			
954	<i>Before you were tested for HIV</i> , did the counselor explain why you should get tested for HIV? Circle one	7 Yes 8 No 102 Don't know 91 Refused	
955	<i>Before you were tested for HIV</i> , did the counselor explain to you the type of test that was used?	1 Yes 2 No 99 Don't know	

	Circle one	88 Refused	
956	Before you were tested for HIV, did the counselor explain to you the meaning of a positive and negative result? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
957	Before you were tested for HIV, did the counselor explain to you that if managed with antiretroviral therapy (ART) and quality clinical care, HIV infection may be controlled as a chronic condition? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
958	Before you were tested for HIV, did the counselor explain to you the test result is confidential- that is, no one will know the results of your test unless you tell them? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
959	Before you were tested for HIV, did the counselor explain to you disclosure of a positive result is needed to receive treatment for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
960	Before you were tested for HIV, did the counselor explain to you that you can choose not to get tested and still receive all other services that are provided? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
Again, for the following questions, think only about the last time you were tested for HIV.			
961	The last time you were tested for HIV, were you able to ask questions about HIV/AIDS and about getting tested for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
962	The last time you were tested for HIV, were you encouraged to ask questions about the testing process? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
963	The last time you were tested for HIV, did you feel that your confidentiality was protected – that is, that no one would know that your test result unless you told them?	1 Yes 2 No 99 Don't know 88 Refused	

	Circle one		
964	The last time you were tested for HIV, how long did you have to wait to receive the test results? Circle one	13 A very long time 14 Somewhat long time 15 Not very long 16 Not long at all 102 Don't Know 91 Refused	
Thank you. Now I would like to ask you some personal questions about your HIV testing. Please remember that we have not taken your name and all your responses will be completely confidential. No one will ever know what you have told me during this interview. I appreciate your trust and honesty.			
965	Do you know the result of your most recent HIV test? Circle one	1 Yes 2 No 99 Don't know 88 Refused	If No, SKIP to 772.
966	IF YES to 758: Have you told a sexual partner the results of your most recent HIV test? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
967	IF YES to 758: What was the result of your most recent HIV test? Circle one	7 Positive 8 Negative 102 Don't Know 91 Refused	If POSITIVE, SKIP to 763.
968	If negative: If you had tested positive, would you have sought out treatment for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	If Yes, SKIP to 772
969	IF NO to 760: If you had tested positive, why would you have not sought out treatment for HIV? CIRCLE ALL THAT APPLY	34 I would be worried that people would find out that I was HIV positive. 35 Treatment for HIV is too expensive. 36 I wouldn't know where to go to receive treatment for HIV. 37 I would be worried that doctors would treat me poorly because I am a sex worker. 38 I would be worried that doctors would treat me poorly if I were HIV positive. 39 HIV treatment is not effective. 40 The places that provide HIV treatment are too far away. 41 The places that provide HIV treatment are difficult to get to on public transportation. 42 The hours for receiving HIV treatment are inconvenient. 43 You have to wait a long time to get an appointment. 44 In the past, doctors have treated me poorly because I am a sex worker.	ALL SKIP to 772

		102 Don't Know 91 Refused	
970	If positive: When you received your test results, did you receive a referral to care, support and treatment? Circle one	1 Yes 2 No 99 Don't know 88 Refused	If No, SKIP to 764
971	If yes to 762: Have you contacted the referral to receive care, support and treatment? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
972	IF POSITIVE: Are you currently taking antiretroviral medications daily for HIV? Circle one	1 Yes 2 No 99 Don't know 88 Refused	If Yes, SKIP to 767.
973	IF NO to 765: Why are you not receiving treatment for HIV? CIRCLE ALL THAT APPLY	37 I am worried that people will find out that I am HIV positive. 38 Treatment for HIV is too expensive. 39 I don't know where to go to receive treatment for HIV. 40 I'm worried that doctors will treat me poorly because I am a sex worker. 41 I'm worried that doctors will treat me poorly because I am HIV positive. 42 HIV treatment is not effective. 43 The places that provide HIV treatment are too far away. 44 The places that provide HIV treatment are difficult to get to on public transportation. 45 The hours for receiving HIV treatment are inconvenient. 46 You have to wait a long time to get an appointment. 47 In the past, doctors have treated me poorly. 48 Because I am a sex worker. 102 Don't Know 91 Refused	
974	IF POSITIVE: In the last 12 months, have you been fearful of any of the following things happening to you – whether or not they actually have happened to you – because you are HIV positive? Circle all that apply	13 Being gossiped about 14 Being verbally insulted, harassed and/or threatened 15 Being physically harassed and/or threatened 16 Being physically assaulted 102 Don't Know 91 Refused	
975	IF POSITIVE: How often have you felt excluded from social gatherings or activities because of your HIV status? Circle one	13 Often 14 Sometimes 15 Rarely 16 Never	

		102 Don't Know 91 Refused	
976	IF POSITIVE: How often have you been denied health services because of your HIV status? Circle one	13 Often 14 Sometimes 15 Rarely 16 Never 102 Don't Know 91 Refused	
811	IF POSITIVE: How often have you felt gossiped about because of your HIV status? Circle one	13 Often 14 Sometimes 15 Rarely 16 Never 102 Don't Know 91 Refused	
812	IF POSITIVE In the last 12 months, have you experienced any of the following feelings <i>because of your HIV status</i> ? Circle all that apply	19 I feel ashamed 20 I feel guilty 21 I blame myself 22 I blame others 23 I have low self-esteem 24 I feel I should be punished 102 Don't Know 91 Refused	

7.3 Quality of condom and lubricant information and distribution services

No.	Question	Response	Skip
813	In the last 12 months, have you received condoms, lubricants, or information about how to use condoms and lubricants to reduce your risk of HIV? Circle one	10 No 11 Yes, one time 12 Yes, more than once 102 Don't Know 91 Refused	If No, SKIP 774.
814	Overall, how satisfied were you with the condom and lubricant distribution services? Circle one	9 Very satisfied 10 Satisfied 11 Not satisfied 12 Very unsatisfied 101 Don't Know 90 Refused	
815	Overall, how professional was the staff? Circle one	13 Very professional 14 Somewhat professional 15 Somewhat unprofessional 16 Very unprofessional 102 Don't Know	

		91 Refused	
816	Overall, how friendly was the staff? Circle one	13 Very friendly 14 Somewhat friendly 15 Not friendly 16 Not friendly at all 102 Don't Know 91 Refused	
817	Would you use these condom and lubricant distribution services again? Circle one	1 Yes 2 No 99 Don't know 88 Refused	
818	Would you recommend these condom and lubricant distribution services to a friend? Circle one	1 Yes 2 No 99 Don't know 88 Refused	

Now I'm going to ask you a few questions about the things that MSM may or may not do to try to stay healthy. These questions are about MSM generally and may or may not reflect what you yourself do.

785	In general, where do MSM go for health care - that is, if they are sick or want to see a doctor or nurse? PROBE: Where do MSM go if they have a question about their health or are worried about their health? Why do MSM go to those places and not others? PROBE: Why do you think some MSM might not go for health care? _____ _____ _____ _____ _____	
786	Now imagine that an MSM goes to the doctor. How would he decide whether or not to tell the doctor that he has sex with men? PROBE: What kinds of things would make him more likely to tell the doctor that he is an MSM? What kind of things would make him less likely to tell the doctor? What would happen if he told the doctor? _____ _____ _____ _____ _____	
787	<i>We know that MSM are at risk of HIV, but only some get tested for HIV.</i> What types of things prevent MSM from getting tested for HIV? PROBE: What about stigma? Concerns about privacy? _____ _____ _____ _____	

788	What types of things prevent MSM from getting treatment for HIV?	
789	What would you recommend to someone who was developing health care services specifically to get more MSM to use HIV prevention services?	
790	Is there anything else that I haven't asked you about providing HIV prevention services to MSM that you would like to share with me?	
791	There has been emotive debate in recent past on whether or not the rights of MSM should be upheld. Can you enumerate the instances where your rights have been violated or denied because you were known or perceived to be MSM? [List as many instances as you are able to recall]	

Thank you for taking the time to share your thoughts and experiences with me today.

RECRUITMENT TRACKING TOOL

Data Collection Tool: _____							
Data Collection Zone: _____							
Supervisor name: _____							
Date (MM/DD/YY)	Total No. refused to be screened (walk aways)	No. ineligible (<18)	No. ineligible (not a MARP)	No. ineligible (not a client/non-client)	No. ineligible (already participated)	No. eligible (declined to participate)	No. eligible (participated)