



GSMF SPONSORED COUNSELING AND TESTING EXERCISE

**CAR MECHANICS YARD
TEMA ABOSSEY OKAI**

29TH JULY 2009

REPORT SUBMITTED BY:

**KEBA AFRICA
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BACKGROUND:

The HIV Sentinel Survey has for the past seventeen years been the primary tool for measuring the trend of HIV prevalence Ghana. As a country with a generalized epidemic, HIV surveillance using ANC attendees provides an annual data set from which national indicators can be measured. The HSS is also the primary data set used in the estimation and projection of the National HIV Prevalence and AIDS. The estimates and projections are vital for planning and setting of targets for prevention, treatment, care and support as well as mitigating the impact of the epidemic.

The number of HSS sites has remained the same (40) since 2005. Rural sites account for approximately 42% of the total number of sentinel sites and contributed to 38% of the total number of samples analyzed. The final number of samples/ records analyzed for the 2008 HSS represents 99.9% of the total sample collected from the sentinel sites; the same as what was achieved in 2007. In absolute terms however more samples/records were collected and analyzed this year compared to 2007. HIV prevalence among antenatal clients in 2008 was 2.2%. Sentinel site HIV prevalence ranged from 0.0% in North Tongu (rural) to 8.0% in Agomanya. Only Agomanya has prevalence above 5%. There were no urban sites with prevalence below 1% as observed in the year 2007. All regions with the exception of the Eastern Region recorded a decrease in prevalence from 2007; hence regional variations in prevalence continue to remain a relevant issue in the planning of interventions. Three regions (Greater Accra, Ashanti, and Eastern) had prevalence 3% and above. HIV prevalence in North Tongu (Rural) is back to third time 0% since 2005 following an increase to 0.6% in 2007.

Ten out of the seventeen (58.8%) rural sites had prevalence below the media prevalence compared to nine out of twenty three (39.1%) for urban sites. Overall site prevalence in urban sites was higher than in rural sites. However, the relative observable decline in urban compared to rural prevalence trend in the past three years is not noteworthy. HIV prevalence decline in all age groups except the 40 to 44 and 45 to 49 year groups. This shift in prevalence to higher age groups reinforces the need to target all age groups for intervention. The decline in age groups 15-19 and 20-24 is no indication at all for complacency. There was a reversal in urban /rural prevalence in age 44 to 49 years group compared to previous years; urban prevalence shot up from 0.0% in 2006 and 2007 to 5.4% in 2008 whilst the rural prevalence declined to 0.0% from 4.3% in 2006. Only age group 15-19 and 40-44 years recorded prevalence below the national media prevalence. The results of the 2008 HSS indicate a slight increase in the percent of dual infection, HIV type I & II, over year 2007 (1.4% to 1.7%). Aggregate HIV 2 prevalence increased from 5.2% in 2005 to 6.95 in 2006 dropped to 3.2% in 2007 and increased to 5.5% in 2008. This has implications for ART given the limited regimens available for managing HIV type II. It is hoped that the total proportion of this subtype either alone or in co-existence with type I shrinks over time.

Observation trends in proportions therefore provide a good basis strengthening HIV drug resistance monitoring in Ghana. The median HIV prevalence among pregnant women in 2008 declined by 15.4% compared to last year's 18.7%. The decline was on account in 28 out of the 40 sentinel sites compared to 24 in 2007. of significance also is the fact that prevalence in Fanteakwa (rural) has dropped below 5%. The site and Agomanya (urban) had consistently over the past four years recorded HIV prevalence above 5%. Linear trends analysis graph for 9 years beginning in 2000 shows a gentle slope to the right. Whether this is an indication of an ebbing epidemic remains to be confirmed in subsequent surveys.

There was a decrease in median syphilis prevalence compared to 2007 but not much change was witnessed with respect to the mean prevalence despite the overall increase in regional amen prevalence. Central region maintained the position as the region with the highest syphilis prevalence with an increase in rate from 18.6% to 20.5%. The region with lowest syphilis prevalence was the northern region following decline in prevalence from 2.1% to 17%. Two rural sites (north Tongu and Builsa) recorded zero prevalence. North Tongu (rural) maintained 0% prevalence for the fourth time since 2005. Seventeen sites including Asikuma Oboben Brakwa (site with highest prevalence) recorded an increase from 2007 prevalence; four sites namely North Tongu (site with lowest prevalence), mampong, Navrongo and Wenchi maintained the same level of prevalence and the remaining nineteen recorded a decrease. Cape coast, Assin Fosu, Sefwi Asafo and Asikuma Brakwa have also remained in the Top Five highest prevalence sites since 2005.

Regional syphilis prevalence pattern has not changed much since 2006 positions. Central, western, and Eastern regions continue to be the region with the highest prevalence as Upper East, Upper West and Northern regions have the lowest. Rural areas also continue to have higher syphilis prevalence than urban areas. Syphilis prevalence increased in all regions except Northern and Greater Accra. The 40 to 44 year age group that had been the age group with the highest syphilis prevalence since 2005 witnessed a decline from 91.1% to 80% in 2008. Prevalence in the 15 to 24 age group also decreased from 6.3% to 5.5% in this survey.

The significant increase in prevalence amongst STI clients (5.7% to 10.5%) strengthens the evidence of the link between STI and HIV and calls for more attention to STI services.

PROGRAMME DESCRIPTION:

Tema, a densely populated and vibrant port city was selected by Ghana social marketing foundation (GSMF) for its HIV/AIDS community Voluntary Counseling and Testing programme for the month of July 2009. After careful situational assessment, Abossey Okai, a suburb predominantly occupied by car mechanics, sprayers, welders, petty traders, spare parts dealers, hawkers, markets women and general public was a very good target area for the HIV/VCT. Thus on the 29th of July 2009, the Team of KEBA AFRICA mobile HIV/VCT staff arrived at the site by 9:30am and quickly set up two pre-counseling HIV booths, one HIV tests and Proof writing booth and one post counseling booth. A table was also set up for display and the distribution of condoms, HIV/AIDS tee-shirts and other HIV/AIDS materials. The GSMF's co-coordinator within the Tema Abossey Okai yard on seeing the KEBA Africa's' Staff, sent his Counsel to go round most of the market areas and nearby communities with a Megaphone announcing our presence and also encouraging the public to come over to the venue to get pre HIV counseling, HIV testing, post HIV counseling and also receive free HIV/AIDS materials and condoms.

The program started with a few people showing interest in knowing their HIV status' but by midday, the crowd got thicker. The team of KEBA AFRICA and GSMF's staff quickly set up a crowd control unit and also rented another canopy stand with more plastic chairs for the crowd. Even though a lot of people got counseled, not everybody tested. A lot of teenagers who heard the program got counseled because they said they were sexually active. Because they were under 18 years and needed parental consent, they were counseled and offered free HIV/AIDS educational materials, advices on abstinence methods, and also given tee-shirts with HIV/AIDS messages to keep reminding them about the reality of HIV/AIDS and other sexually transmitted diseases. Condom use was also introduced to those who were sexually active and those who were having unprotected sex with multiple sexual partners. The program lasted till 3:30pm when most people who had been pre-counseled, and tested had come for post counseling and received their results in good faith. In all, the Tema Abossey Okai GSMF HIV/VCT was very successful. Most people who benefited from this program were,

- Car mechanics / apprentices
- Auto welders/ apprentices
- Auto sprayers / apprentices
- Car spare parts dealers/Men , Women
- Scrap dealers
- Drivers /Mates
- Traders, Male/Female
- Students, Male/Female
- Street Hawkers, Male/Female
- Other Artisans and the general populace.

TEMA ABBOSSEY OKAI, HIV/VCT EXERCISE, 29TH JULY, 2009.

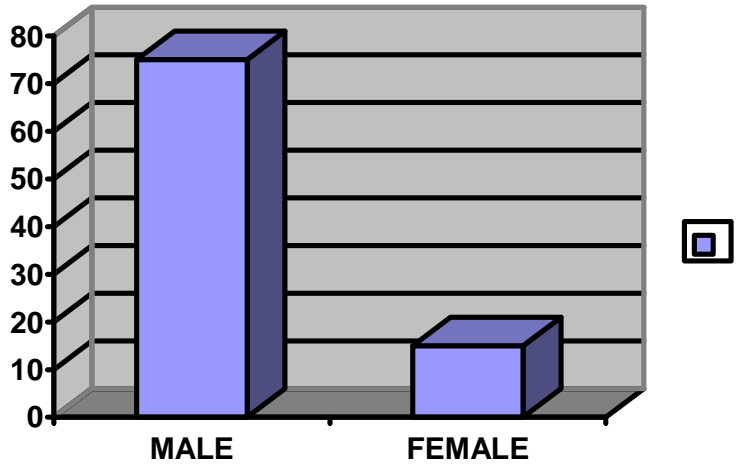
AGE GROUPS											
INDICATORS	SEX	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
RECEIVING	MALE	19	20	16	12	5	5	4	1	0	3
PRETEST											
COUNSELLING	FEMALE	15	5	7	2	1	0	0	0	0	0
	MALE	9	20	16	12	5	5	4	1	0	3
TESTED	FEMALE	0	5	7	2	1	0	0	0	0	0
	MALE	9	20	16	12	5	5	4	1	0	3
RECEIVING											
TEST	FEMALE	0	5	7	2	1	0	0	0	0	0
RECIEVING	MALE	0	0	1	0	0	0	0	0	0	0
POSITIVE											
RESULT											
TESTED	FEMAAL	0	1	0	0	0	0	0	0	0	0
RECEIVING	MALE	9	20	16	12	5	5	4	1	0	3
POST											
TEST											
COUNSELLING	FEMALE	0	5	7	2	1	0	0	0	0	0

INDICATORS

Even though number of people counseled is 115, Number of people counseled and tested is 90.

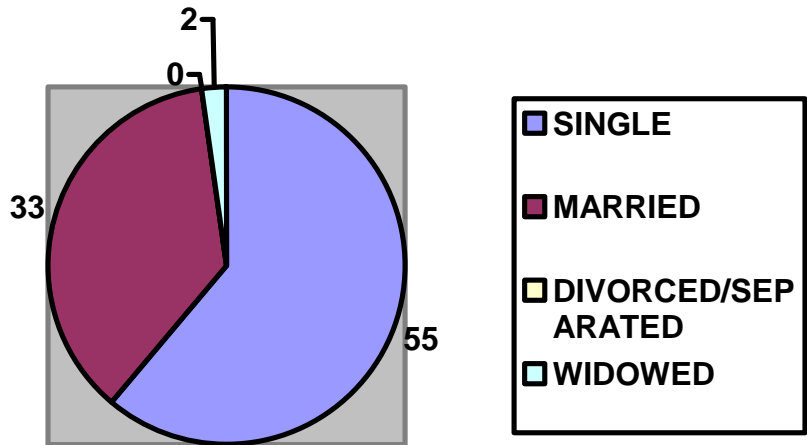
GENDER

MALE	FEMALE
75	15



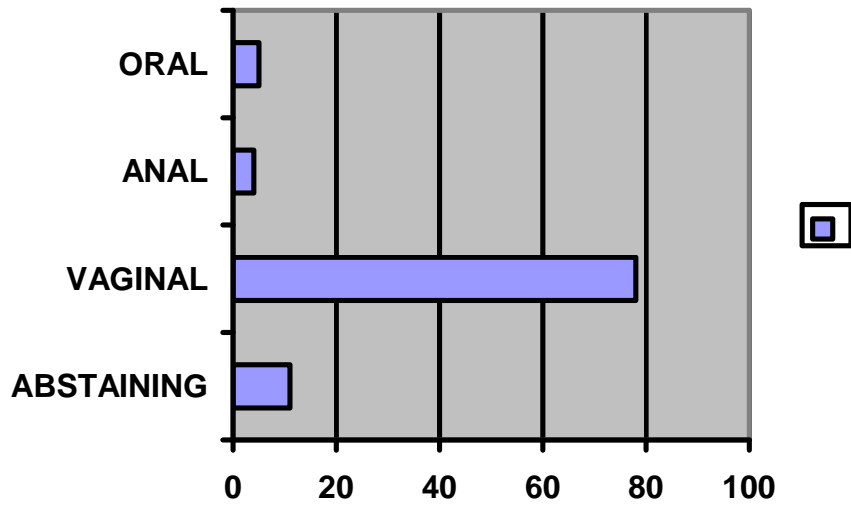
MARITAL STATUS

SINGLE	MARRIED	DIVORCED/SEPARATED	WIDOWED
55	33	0	2



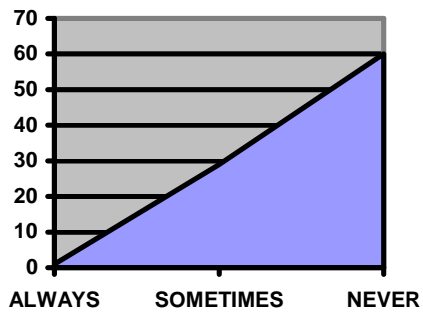
SEXUAL PRATICE

ABSTAINING	VAGINAL	ANAL	ORAL
11	78	4	5



CONDOM PRATICE

ALWAYS	SOMETIMES	NEVER
1	29	60



GENERAL COUNSELORS OBSERVATIONS

1. Most clients were scared but still wanted to know their HIV status
2. Most of the people who wanted to test felt comfortable when they knew they were given codes instead of names for their HIV results. This meant they could confide in the KEBA AFRICA team when it comes to confidentiality.
3. Most clients wanted a better clarification between HIV and AIDS.

RECOMMENDATION AND CONCLUSION

The Programme ended at about 4:30 pm and was a success as KEBA Africa played a very significant and efficient role in providing HIV Counseling and Testing sessions to all the car mechanics and people that they serve. It will however be prudent to note that there could have been a larger target thus we recommend that the next HIV Counseling and Testing exercise should target around 200 members of the Abossey Okai car mechanics centre at Tema. There is also the need to keep the sensitization as high and consistent as possible and HIV prevention services such as condom distribution must be continued as most of the mechanics asked for more condoms.

Perhaps adding a general health screening will also encourage those who are shy to test since it will shift attention from the HIV testing center to other booths such as eye screening, blood group and fasting blood sugar tests.

HIV challenges us all in how we live and affects many countries without respect for borders therefore prevention and education will have to be given priority and importantly must be accompanied by HIV care, treatment and support. Many people will not seek HIV counseling and testing if they are simply going to be told that they are HIV positive and that nothing can be done about it. In all it was a very promising and fruitful partnership between GSMF International and KEBA AFRICA in helping to halt the spread of HIV among car mechanics in and around Tema.

**GHABA VCT PROGRAMME
GHANA SOCIAL MARKETING FOUNDATION INTERNATIONAL**

VENUE: **TESHIE**

30TH JULY, 2009

REPORT SUBMITTED BY:

**KEBA AFRICA
BOX 5484 ACCRA-NORTH**

INTRODUCTION: HIV and AIDS situation

Ghana seems to have a prevalence rate much lower than other countries in the Sub-Saharan African regions. After an increase in media HIV prevalence in 2006, there has been a decline in 2007 slightly lower than the level in 2005. The 2007 HIV sentinel Survey reports indicated that the median HIV prevalence rate declined from 3.2 percent in 2006 to 2.6 percent in 2007. Since 2000, the median HIV prevalence rate increased from 2.3 percent to 3.6 percent in 2003, declined to 2.7 percent in 2005, rose to 3.2 percent in 2006 before falling to 2.6 percent in 2007 (HSS, NACP 2008). The cyclical movement is worrying and even in spite of these low prevalence rates, the rate of new infections each year seems to frustrate efforts to lower the prevalence rate even further. Nevertheless, the positive results are a reflection of an increase in funding for HIV and AIDS – related activities in the country and the government's effort to establish a comprehensive response to the HIV epidemic. It is also worth pointing out in the last three years, HIV prevalence among ages 15-24 has been consistently increasing. According to the 2007 HIV sentinel Survey report, 15-19 years group for the first time since 2005 was not the group with the lowest prevalence. There are a number of possible reasons, which may account for this; notable among them are the lack of preventive programmes focused towards out of school youth and perhaps HIV related fear and stigmatization. There are also regional variations, as has been the case in previous years. Some regions recorded increased prevalence from 2006 while others saw a decline. The Eastern Region continues to be the region with the highest prevalence rate. Overall, HIV prevalence in urban areas was higher in rural areas (HSS, NACP, 2008).

PROGRAMME DESCRIPTION

As part of the Ghana Social Marketing Foundation (GSMF's) efforts to support the Ghana Hairdressers and Beauticians Association (GHABA) in the field of HIV/AIDS and other sexually transmitted diseases, a programme was organized to increase HIV/AIDS awareness, and to afford members the opportunity to become HIV aware through the process of HIV counseling and testing. KEBA AFRICA was hence contracted to perform the Ct exercise on behalf of GSMF international.

On 30th of July, KEBA AFRICA'S mobile VCT team arrived at LA Pirogue Pleasure Spot at Teshie Nungua, a community by the coast on the Accra-Tema beach road, to implement the HIV/AIDS voluntary counseling and testing programme (HIV/VCT) for GHABA members. By 9:30am when the team of KEBA AFRICA arrived, GHABA apprentice members were already seated and having their usual meetings. The KEBA AFRICA team quickly set up two pre-counseling booths, One testing and proof writing Booth, and one post counseling booth and one GSMF International HIV/AIDS information Post displaying HIV/AIDS pamphlets, tee-shirts with HIV/AIDS messages and condoms which were all shared for GHABA members at no charge (free). When the presence of the KEBA AFRICA mobile HIV/AIDS was announced to members it was received with mix feelings and reactions, but they were entreated and encouraged to know

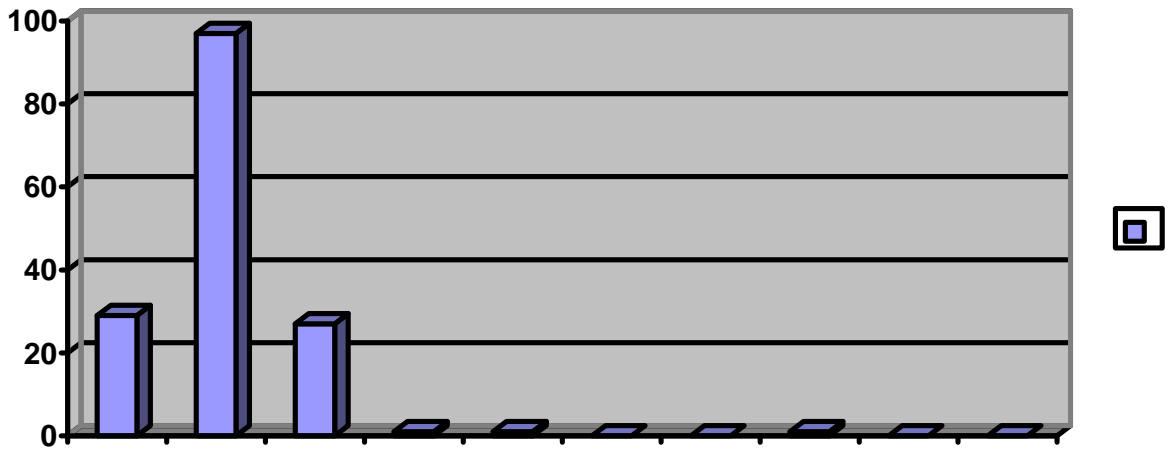
their HIV/AIDS status. They were also told that it was very important for all members to go for the pre counseling session and then decide either to take the HIV test or otherwise as it was for free. By 10:15am, members started walking in for the test slowly but as some started getting their results within a short time, the rest felt more comfortable going for the test. By 11:45am, the crowd got thicker compelling both GSMF and the KEBA AFRICA'S Team to set up a crowd control point with support from the GHABA executives. By 2:30pm, most GHABA members got counseled, tested and received their results. The programme ended successfully with 156 people tested.

HIV/VCT TESHIE HAIR DRESSERS ASSOCIATION 30TH JULY, 2009.

AGE GROUPS											
INDICATORS	SEX	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
RECEIVING PRETEST	MALE								1		
COUNSELLING	FEMALE	29	97	27	1	1	0	0		0	0
	MALE								1		
TESTED	FEMALE	29	97	27	1	1	0	0		0	0
	MALE								1		
RECEIVING TEST	FEMALE	29	97	27	1	1	0	0		0	0
RECIEVING	MALE	0	0	0	0	0	0	0	0	0	0
POSITIVE RESULT TESTED	FEMAAL	0	0	0	0	0	0	0	0	0	0
RECEIVING POST TEST	MALE								1		
COUNSELLING	FEMALE	29	97	27	1	1	0	0		0	0

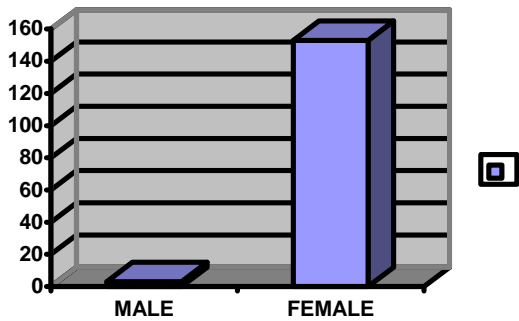
Total number of people counseled and tested was 156

Number of Re-active persons was 0



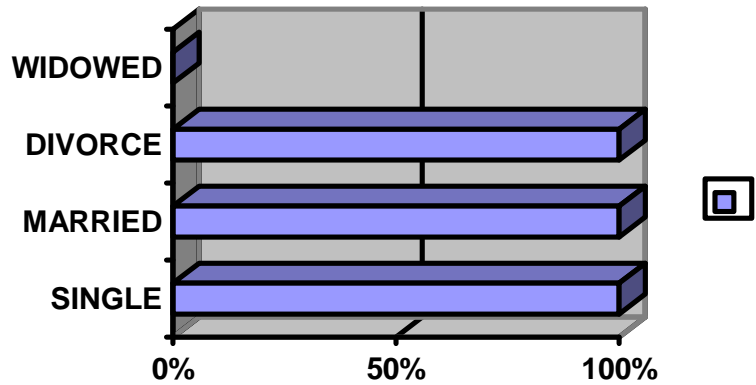
GENDER

MALE	FEMALE
3	153



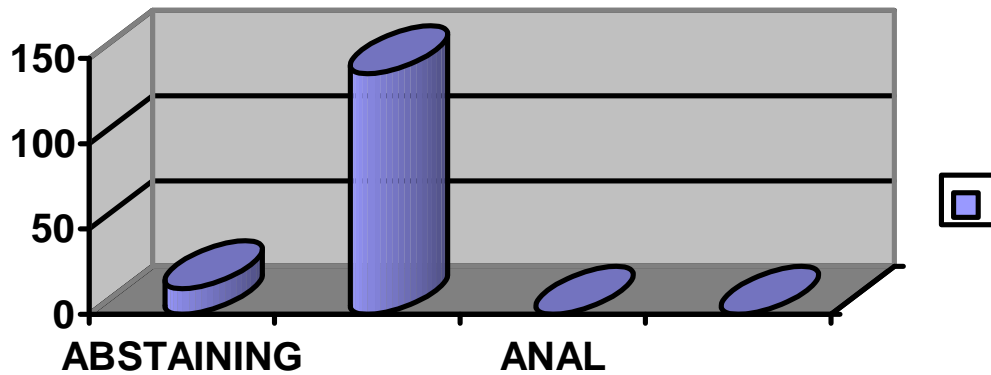
MARITAL STATUS

SINGLE	MARRIED	DIVORCE	WIDOWED
144	11	1	0



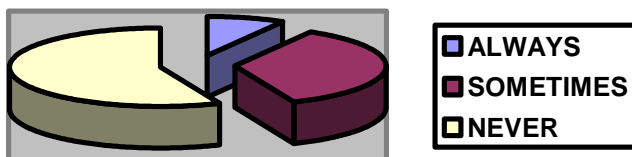
SEXUAL PRACTICE

ABSTAINING	VAGINAL	ANAL	ORAL
15	141	0	0



CONDOM PRACTICE

ALWAYS	SOMETIMES	NEVER
13	55	88



CONCLUSION/RECOMMENDATIONS

The importance of VCT is to make the test as accessible as possible and to encourage people to use it whenever they believe they have taken a sexual risk.

Taken the HIV test means facing up to reality and seeing whether one is positive or negative. This gives rise to follow-up for people with HIV, while for those that are HIV negative the test must be used to strengthen their determination to avoid risks. Unlike screening that takes place without a person's knowledge, a voluntary counselling and testing can be used to give people a sense of responsibility and mobilising them. Carried out properly and based on sound professional HIV/AIDS counselling ethics, VCT thus becomes a weapon in the fight against HIV/AIDS, as the juncture between prevention and care. But achieving this feat requires dealing with some obstacles and organizing good conditions for telling people their HIV status.

On the whole GSMF is filling the 80% programme gap identified in the provision of counseling and testing in the country and must be assisted through funding and technical expertise.